Sentara® Health Plans

# SENTARA HEALTH EMPLOYER PLANS STANDARD FORMULARY (FOR LARGE GROUP EMPLOYER PLANS) PRESCRIPTION DRUG FORMULARY

**(11/01/2026 – 11/31/2026)**

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

This formulary was updated on 10/26/2026

## INTRODUCTION

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

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

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

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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

**DEFINITIONS**

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

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

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

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

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

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

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

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

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

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

## BENEFIT COVERAGE AND LIMITATIONS

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

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

### Coverage

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

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

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

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

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

**Prior Authorization Process**

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

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

**Member Initiated Prior Authorization Process**

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

**Quantity Limit Exception**

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

**Non-formulary Medication Requests**

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

**Clinically Equivalent Drugs (CED)**

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

**Tier Description**

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

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

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

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

**What's Not Covered: Common Exclusions**

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

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

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

**Mandated Generic Substitution**

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

**Health Care Reform – Preventive Medications**

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

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

**HOW CAN I SAVE MONEY ON PRESCRIPTIONS?**

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

**MAIL-SERVICE PRESCRIPTIONS**

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

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

**NOTICE**

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

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *amantadine hcl* | 1 | |
| APTIVUS | 4 | QL (4 per 1 day) |
| *atazanavir oral capsule 150 mg, 200 mg* | 2 | QL (2 per 1 day) |
| *atazanavir oral capsule 300 mg* | 2 | QL (1 per 1 day) |
| BARACLUDE ORAL SOLUTION | 4 | QL (20 per 1 day) |
| BIKTARVY | 4 | QL (1 per 1 day) |
| CIMDUO | 4 | QL (1 per 1 day) |
| *darunavir oral tablet 600 mg* | 4 | QL (2 per 1 day) |
| *darunavir oral tablet 800 mg* | 4 | QL (1 per 1 day) |
| DESCOVY | 4 | ACA; QL (1 per 1 day) |
| DOVATO | 4 | QL (1 per 1 day) |
| EDURANT PED | 4 | QL (6 per 1 day) |
| *efavirenz oral tablet* | 2 | QL (1 per 1 day) |
| *efavirenz-emtricitabin-tenofov* | 4 | QL (1 per 1 day) |
| *efavirenz-lamivu-tenofov disop* | 1 | QL (1 per 1 day) |
| *emtricitabine* | 2 | QL (1 per 1 day) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | 4 | QL (1 per 1 day) |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300 mg* | 4 | ACA; QL (1 per 1 day) |
| *emtricita-rilpivirine-tenof df* | 4 | QL (1 per 1 day) |
| EMTRIVA ORAL SOLUTION | 4 | QL (24 per 1 day) |
| *entecavir* | 4 | QL (1 per 1 day) |
| EPCLUSA | 4 | PA; QL (1 per 1 day) |
| *etravirine oral tablet 100 mg* | 4 | QL (4 per 1 day) |
| *etravirine oral tablet 200 mg* | 4 | QL (2 per 1 day) |
| EVOTAZ | 4 | QL (1 per 1 day) |
| *famciclovir* | 1 | |
| *fosamprenavir* | 2 | QL (4 per 1 day) |
| GENVOYA | 4 | QL (1 per 1 day) |
| HARVONI | 4 | PA |
| HEPCLUDEX | 4 | PA; LA; QL (1 per 1 day) |
| INTELENCE ORAL TABLET 25 MG | 4 | QL (16 per 1 day) |
| ISENTRESS HD | 4 | QL (2 per 1 day) |
| ISENTRESS ORAL TABLET | 4 | QL (2 per 1 day) |

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

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

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ribavirin inhalation* | 4 | |
| *ribavirin oral capsule* | 4 | |
| *ribavirin oral tablet 200 mg* | 4 | |
| *rilpivirine hcl* | 4 | QL (1 per 1 day) |
| *rimantadine* | 1 | |
| *ritonavir* | 1 | QL (12 per 1 day) |
| RUKOBIA | 4 | PA; QL (2 per 1 day) |
| SELZENTRY ORAL SOLUTION | 4 | QL (60 per 1 day) |
| SOFOSBUVIR-VELPATASVIR | 4 | PA; QL (1 per 1 day) |
| SOVALDI | 4 | PA |
| STRIBILD | 4 | QL (1 per 1 day) |
| *tenofovir disoproxil fumarate* | 2 | QL (1 per 1 day) |
| TIVICAY ORAL TABLET 50 MG | 4 | QL (2 per 1 day) |
| TIVICAY PD | 4 | QL (6 per 1 day) |
| TRIUMEQ | 4 | QL (1 per 1 day) |
| TRIUMEQ PD | 4 | QL (6 per 1 day) |
| *valacyclovir* | 1 | |
| *valganciclovir oral recon soln* | 4 | PA for age 9 and older |
| *valganciclovir oral tablet* | 4 | |
| VEMLIDY | 4 | PA; QL (1 per 1 day) |
| VIRACEPT ORAL TABLET 250 MG | 4 | QL (10 per 1 day) |
| VIRACEPT ORAL TABLET 625 MG | 4 | QL (4 per 1 day) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 4 | QL (1 per 1 day) |
| VOSEVI | 4 | PA |
| XOCOVA | 3 | QL (7 per 30 days) |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 3 | QL (1 per 183 days) |
| *zidovudine oral capsule* | 1 | QL (6 per 1 day) |
| *zidovudine oral syrup* | 1 | QL (60 per 1 day) |
| *zidovudine oral tablet* | 1 | QL (2 per 1 day) |
| **CEPHALOSPORINS** | | |
| *cefaclor oral capsule* | 1 | |
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml* | 1 | |
| *cefaclor oral tablet extended release 12 hr* | 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 |
|---|---|---|
| *cefadroxil oral capsule* | 1 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *cefadroxil oral tablet* | 1 | |
| *cefdinir* | 1 | |
| *cefixime oral capsule* | 2 | |
| *cefixime oral suspension for reconstitution* | 2 | |
| *cefpodoxime* | 1 | |
| *cefprozil* | 1 | |
| *cefuroxime axetil oral tablet* | 1 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral capsule 750 mg* | 2 | |
| *cephalexin oral suspension for reconstitution* | 1 | |
| **ERYTHROMYCINS & OTHER MACROLIDES** | | |
| *azithromycin oral suspension for reconstitution* | 1 | |
| *azithromycin oral tablet* | 1 | |
| *clarithromycin* | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA; 100 ml per fill |
| *e.e.s. 400 oral tablet* | 1 | |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 2 | |
| *erythrocin (as stearate) oral tablet 250 mg* | 2 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution* | 2 | PA for age 18 and older |
| *erythromycin ethylsuccinate oral tablet* | 1 | |
| *erythromycin oral capsule,delayed release(dr/ec)* | 1 | |
| *erythromycin oral tablet* | 2 | |
| *erythromycin oral tablet,delayed release (dr/ec)* | 2 | |
| *fidaxomicin* | 2 | PA; 20 tablets per fill |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| *albendazole* | 2 | 4 tablets per fill |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA; QL (180 per 1 day) |
| *amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml* | 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 |
|---|---|---|
| ARIKAYCE | 4 | PA; LA; QL (8.4 per 1 day) |
| *atovaquone* | 2 | |
| *atovaquone-proguanil* | 2 | |
| BENZNIDAZOLE | 3 | PA |
| CAYSTON | 4 | LA; QL (3 per 1 day) |
| *chloroquine phosphate* | 1 | |
| *clindamycin hcl* | 1 | |
| *clindamycin pediatric* | 1 | |
| COARTEM | 3 | QL (24 per 365 days) |
| *cycloserine* | 2 | |
| *dapsone oral* | 1 | |
| EMVERM | 3 | PA; 2 tablets per fill |
| *ethambutol* | 1 | |
| *hydroxychloroquine* | 1 | |
| *isoniazid oral* | 1 | |
| *ivermectin oral tablet 3 mg* | 1 | PA; QL (20 per 90 days) |
| KRINTAFEL | 3 | QL (2 per 365 days) |
| LAMPIT | 3 | PA |
| *linezolid* | 1 | |
| *mefloquine* | 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | |
| *neomycin* | 1 | |
| *nitazoxanide* | 2 | PA; QL (6 per 1 day) |
| *pentamidine inhalation* | 2 | QL (1 per 28 days) |
| *praziquantel* | 2 | |
| PRETOMANID | 3 | PA; QL (1 per 1 day) |
| PRIFTIN | 3 | QL (8 per 1 day) |
| *primaquine* | 1 | |
| *pyrazinamide* | 2 | |
| *pyrimethamine* | 4 | PA; QL (3 per 1 day) |
| *quinine sulfate* | 2 | |
| *rifabutin* | 2 | |
| *rifampin oral* | 1 | |
| *rifapentine* | 2 | QL (8 per 1 day) |

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

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

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *doxycycline monohydrate oral suspension for reconstitution* | 1 | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg* | 1 | |
| *minocycline oral capsule* | 1 | |
| *mondoxyne nl oral capsule 100 mg* | 1 | |
| *tetracycline oral capsule* | 1 | |
| **URINARY TRACT AGENTS** | | |
| *methenamine hippurate* | 2 | |
| *methenamine mandelate oral tablet* | 2 | QL (4 per 1 day) |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 1 | |
| *nitrofurantoin macrocrystal oral capsule 25 mg* | 2 | |
| *nitrofurantoin monohyd/m-cryst* | 1 | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 2 | |
| *trimethoprim* | 1 | |
| **VANCOMYCIN** | | |
| *vancomycin oral capsule* | 2 | |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg* | 2 | |
| *leucovorin calcium oral tablet 5 mg* | 1 | |
| VISTOGARD | 4 | QL (20 per 30 days) |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| *abiraterone oral tablet 250 mg* | 4 | PA; QL (4 per 1 day) |
| *abirtega* | 4 | PA; QL (4 per 1 day) |
| AKEEGA | 4 | PA; QL (2 per 1 day) |
| ALECENSA | 4 | PA; QL (8 per 1 day) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 4 | PA; QL (1 per 1 day) |
| ALUNBRIG ORAL TABLET 30 MG | 4 | PA; QL (4 per 1 day) |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 4 | PA; QL (30 per 365 days) |
| *anastrozole* | 1 | ACA |
| AUGTYRO ORAL CAPSULE 160 MG | 4 | PA; QL (2 per 1 day) |
| AUGTYRO ORAL CAPSULE 40 MG | 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.

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AVMAPKI-FAKZYNJA | 4 | PA; QL (66 per 28 days) |
| AYVAKIT | 4 | PA; LA; QL (1 per 1 day) |
| *azathioprine oral tablet 50 mg* | 1 | |
| BALVERSA ORAL TABLET 3 MG | 4 | PA; LA; QL (3 per 1 day) |
| BALVERSA ORAL TABLET 4 MG | 4 | PA; LA; QL (2 per 1 day) |
| BALVERSA ORAL TABLET 5 MG | 4 | PA; LA; QL (1 per 1 day) |
| *bexarotene* | 4 | PA |
| *bicalutamide* | 1 | |
| BOSULIF ORAL CAPSULE 100 MG | 4 | PA; QL (3 per 1 day) |
| BOSULIF ORAL CAPSULE 50 MG | 4 | PA; QL (1 per 1 day) |
| *bosutinib oral tablet 100 mg* | 4 | PA; QL (3 per 1 day) |
| *bosutinib oral tablet 400 mg, 500 mg* | 4 | PA; QL (1 per 1 day) |
| BRAFTOVI | 4 | PA; LA; QL (6 per 1 day) |
| BRUKINSA ORAL TABLET | 4 | PA; LA; QL (2 per 1 day) |
| BYNFEZIA | 4 | PA |
| CABOMETYX | 4 | PA; LA; QL (1 per 1 day) |
| CALQUENCE (ACALABRUTINIB MAL) | 4 | PA; LA; QL (2 per 1 day) |
| *capecitabine oral tablet 150 mg* | 4 | PA; QL (4 per 1 day) |
| *capecitabine oral tablet 500 mg* | 4 | PA; QL (10 per 1 day) |
| CAPRELSA ORAL TABLET 100 MG | 4 | PA; LA; QL (2 per 1 day) |
| CAPRELSA ORAL TABLET 300 MG | 4 | PA; LA; QL (1 per 1 day) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 4 | PA; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 4 | PA; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 4 | PA; QL (84 per 28 days) |
| COPIKTRA | 4 | PA; LA; QL (2 per 1 day) |
| COTELLIC | 4 | PA; LA; QL (3 per 1 day) |
| *cyclophosphamide oral capsule* | 4 | |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 4 | |
| *cyclosporine modified* | 1 | |
| *cyclosporine oral capsule* | 1 | |
| DANZITEN | 4 | PA; QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* | 4 | PA; QL (1 per 1 day) |
| *dasatinib oral tablet 20 mg* | 4 | PA; QL (3 per 1 day) |
| DAURISMO ORAL TABLET 100 MG | 4 | PA; QL (1 per 1 day) |
| DAURISMO ORAL TABLET 25 MG | 4 | PA; QL (2 per 1 day) |
| DROXIA | 2 | |
| ELIGARD | 4 | PA; QL (1 per 28 days) |
| ELIGARD (3 MONTH) | 4 | PA; QL (1 per 63 days) |
| ELIGARD (4 MONTH) | 4 | PA; QL (1 per 84 days) |
| ELIGARD (6 MONTH) | 4 | PA; QL (1 per 126 days) |
| ENSACOVE | 4 | PA; LA; QL (2 per 1 day) |
| ENSPRYNG | 4 | PA; QL (1 per 28 days) |
| ERIVEDGE | 4 | PA; QL (1 per 1 day) |
| ERLEADA ORAL TABLET 240 MG | 4 | PA; QL (1 per 1 day) |
| ERLEADA ORAL TABLET 60 MG | 4 | PA; QL (4 per 1 day) |
| *erlotinib oral tablet 100 mg, 150 mg* | 4 | PA; QL (1 per 1 day) |
| *erlotinib oral tablet 25 mg* | 4 | PA; QL (3 per 1 day) |
| *etoposide oral* | 4 | PA |
| EULEXIN | 4 | PA |
| *everolimus (antineoplastic) oral tablet* | 4 | PA; QL (1 per 1 day) |
| *everolimus (antineoplastic) oral tablet for suspension* | 4 | PA |
| *exemestane* | 1 | ACA |
| FENSOLVI | 4 | PA; QL (1 per 126 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 4 | PA; QL (2 per 365 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 4 | PA; QL (1 per 28 days) |
| FOTIVDA | 4 | PA; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 4 | PA; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 4 | PA; QL (21 per 28 days) |
| GAVRETO | 4 | PA; LA; QL (4 per 1 day) |
| *gefitinib* | 4 | PA; QL (1 per 1 day) |
| *gengraf oral capsule* | 1 | |
| GILOTRIF | 4 | PA; QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 |
| *hydroxyurea* | 1 | |
| HYRNUO | 4 | PA; QL (4 per 1 day) |
| IBRANCE ORAL CAPSULE 125 MG | 4 | PA; QL (1 per 1 day) |
| IBRANCE ORAL TABLET | 4 | PA; QL (1 per 1 day) |
| IBTROZI | 4 | PA; QL (3 per 1 day) |
| ICLUSIG | 4 | PA; QL (1 per 1 day) |
| IDHIFA | 4 | PA; LA; QL (1 per 1 day) |
| *imatinib oral tablet 100 mg* | 4 | PA; QL (3 per 1 day) |
| *imatinib oral tablet 400 mg* | 4 | PA; QL (2 per 1 day) |
| IMBRUVICA ORAL CAPSULE 140 MG | 4 | PA; QL (3 per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | 4 | PA; QL (1 per 1 day) |
| IMBRUVICA ORAL SUSPENSION | 4 | PA; QL (6 per 1 day) |
| IMBRUVICA ORAL TABLET | 4 | PA; QL (1 per 1 day) |
| IMKELDI | 4 | PA; QL (280 per 28 days) |
| 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) |
| ITOVEBI ORAL TABLET 3 MG | 4 | PA; QL (2 per 1 day) |
| ITOVEBI ORAL TABLET 9 MG | 4 | PA; QL (1 per 1 day) |
| IWILFIN | 4 | PA; LA; QL (8 per 1 day) |
| JAKAFI | 4 | PA; QL (2 per 1 day) |
| JAKAFI XR | 4 | PA; QL (1 per 1 day) |
| JAYPIRCA ORAL TABLET 100 MG | 4 | PA; QL (2 per 1 day) |
| JAYPIRCA ORAL TABLET 50 MG | 4 | PA; QL (1 per 1 day) |
| 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) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 4 | PA; QL (63 per 28 days) |
| KOMZIFTI | 4 | PA; QL (3 per 1 day) |
| KOSELUGO ORAL CAPSULE 10 MG | 4 | PA; QL (8 per 1 day) |
| KOSELUGO ORAL CAPSULE 25 MG | 4 | PA; QL (4 per 1 day) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG | 4 | PA; QL (20 per 1 day) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG | 4 | PA; QL (12 per 1 day) |
| KRAZATI | 4 | PA; QL (6 per 1 day) |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* | 4 | PA; QL (0.5 per 28 days) |
| *lapatinib* | 4 | PA; QL (6 per 1 day) |
| LAZCLUZE ORAL TABLET 240 MG | 4 | PA; LA; QL (1 per 1 day) |
| LAZCLUZE ORAL TABLET 80 MG | 4 | PA; LA; QL (2 per 1 day) |
| *lenalidomide* | 4 | PA; QL (1 per 1 day) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 4 | PA; QL (30 per 28 days) |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 4 | PA; QL (90 per 28 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 4 | PA; QL (60 per 28 days) |
| *letrozole* | 1 | |
| LEUKERAN | 4 | PA |
| *leuprolide subcutaneous kit* | 4 | PA; QL (2 per 28 days) |
| LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1) | 4 | PA; LA; QL (18 per 28 days) |
| LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2) | 4 | PA; LA; QL (27 per 28 days) |
| *lomustine* | 4 | PA |
| LONSURF ORAL TABLET 15-6.14 MG | 4 | PA; QL (6 per 1 day) |
| LONSURF ORAL TABLET 20-8.19 MG | 4 | PA; QL (8 per 1 day) |
| LORBRENA ORAL TABLET 100 MG | 4 | PA; QL (1 per 1 day) |
| LORBRENA ORAL TABLET 25 MG | 4 | PA; QL (3 per 1 day) |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG | 4 | PA; QL (2 per 1 day) |
| LUMAKRAS ORAL TABLET 320 MG | 4 | PA; QL (3 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml)* | 1 | |
| *megestrol oral tablet* | 1 | |
| MEKINIST ORAL RECON SOLN | 4 | PA; QL (23 per 1 day) |
| MEKINIST ORAL TABLET 0.5 MG | 4 | PA; QL (3 per 1 day) |
| MEKINIST ORAL TABLET 2 MG | 4 | PA; QL (1 per 1 day) |
| MEKTOVI | 4 | PA; LA; QL (6 per 1 day) |
| *mercaptopurine oral tablet* | 1 | |
| *methotrexate sodium* | 1 | |
| *methotrexate sodium (pf) injection solution* | 1 | |
| MODEYSO | 4 | PA; QL (20 per 28 days) |
| MYCAPSSA | 4 | PA; LA; QL (4 per 1 day) |
| *mycophenolate mofetil oral capsule* | 1 | |
| *mycophenolate mofetil oral suspension for reconstitution* | 2 | PA for age 8 and older |
| *mycophenolate mofetil oral tablet* | 1 | |
| *mycophenolate sodium* | 1 | |
| MYHIBBIN | 4 | PA for age 9 and older; QL (350 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 |
|---|---|---|
| MYLERAN | 4 | PA |
| NEMLUVIO | 4 | PA; QL (1 per 28 days) |
| NERLYNX | 4 | PA; LA; QL (6 per 1 day) |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | 4 | PA; QL (4 per 1 day) |
| *nilotinib hcl oral capsule 50 mg* | 4 | PA; QL (2 per 1 day) |
| *nilutamide* | 4 | PA; QL (1 per 1 day) |
| NINLARO | 4 | PA; QL (3 per 28 days) |
| NUBEQA | 4 | PA; LA; QL (4 per 1 day) |
| *octreotide acetate* | 4 | PA |
| *octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg* | 4 | PA; QL (1 per 28 days) |
| *octreotide,microspheres intramuscular suspension,extended rel recon 20 mg* | 4 | PA; QL (2 per 28 days) |
| ODOMZO | 4 | PA; LA; QL (1 per 1 day) |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 4 | PA; QL (2 per 1 day) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION | 4 | PA; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4) | 4 | PA; QL (16 per 28 days) |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5) | 4 | PA; QL (20 per 28 days) |
| OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6) | 4 | PA; QL (24 per 28 days) |
| OJJAARA | 4 | PA; QL (1 per 1 day) |
| ONUREG | 4 | PA; QL (14 per 28 days) |
| ORGOVYX | 4 | PA; LA; QL (1 per 1 day) |
| ORSERDU ORAL TABLET 345 MG | 4 | PA; QL (1 per 1 day) |
| ORSERDU ORAL TABLET 86 MG | 4 | PA; QL (3 per 1 day) |
| PALSONIFY | 4 | PA; QL (2 per 1 day) |
| *pazopanib oral tablet 200 mg* | 4 | PA; QL (4 per 1 day) |
| PAZOPANIB ORAL TABLET 400 MG | 4 | PA; QL (2 per 1 day) |
| PEMAZYRE | 4 | PA; LA; QL (14 per 28 days) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 4 | PA; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 4 | PA; QL (56 per 28 days) |
| *pomalidomide* | 4 | PA; QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| QINLOCK | 4 | PA; LA; QL (3 per 1 day) |
| RASONQUE | 4 | PA; QL (2 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) |
| 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) |
| RYDAPT | 4 | PA; QL (8 per 1 day) |
| SAPHNELO PEN | 4 | PA; LA; QL (3.2 per 28 days) |
| SAPHNELO SUBCUTANEOUS | 4 | PA; LA; QL (4 per 28 days) |
| SCEMBLIX ORAL TABLET 100 MG | 4 | PA; QL (4 per 1 day) |
| SCEMBLIX ORAL TABLET 20 MG | 4 | PA; QL (2 per 1 day) |
| SCEMBLIX ORAL TABLET 40 MG | 4 | PA; QL (10 per 1 day) |
| SIGNIFOR | 4 | PA |
| SIGNIFOR LAR | 4 | PA; QL (1 per 28 days) |
| *sirolimus* | 2 | |
| SOLTAMOX | 3 | |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | 4 | PA; QL (0.5 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 4 | PA; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | 4 | PA; QL (0.3 per 28 days) |
| *sorafenib* | 4 | PA; QL (4 per 1 day) |
| STIVARGA | 4 | PA; QL (84 per 28 days) |
| *sunitinib malate* | 4 | PA; QL (1 per 1 day) |
| SUPPRELIN LA | 4 | PA; QL (1 per 365 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TABLOID | 4 | PA |
| TABRECTA | 4 | PA; QL (4 per 1 day) |
| *tacrolimus oral capsule* | 1 | |
| TAFINLAR ORAL CAPSULE | 4 | PA; QL (4 per 1 day) |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 4 | PA; QL (30 per 1 day) |
| TAGRISSO | 4 | PA; LA; QL (1 per 1 day) |
| TALZENNA | 4 | PA; QL (1 per 1 day) |
| *tamoxifen* | 1 | ACA |
| *temozolomide* | 4 | PA |
| TEPMETKO | 4 | PA; QL (2 per 1 day) |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 4 | PA; QL (1 per 1 day) |
| TIBSOVO | 4 | PA; QL (2 per 1 day) |
| *toremifene* | 4 | PA; QL (1 per 1 day) |
| *torpenz* | 4 | PA; QL (1 per 1 day) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG | 4 | PA; QL (1 per 63 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 4 | PA; QL (1 per 126 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG | 4 | PA; QL (1 per 28 days) |
| *tretinoin (antineoplastic)* | 4 | PA |
| TRIPTODUR | 4 | PA; QL (1 per 126 days) |
| TRUQAP | 4 | PA; QL (64 per 28 days) |
| TUKYSA | 4 | PA; LA; QL (4 per 1 day) |
| TURALIO | 4 | PA; LA; QL (4 per 1 day) |
| 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) |
| VEPPANU | 4 | PA; QL (1 per 1 day) |
| VERZENIO | 4 | PA; LA; QL (2 per 1 day) |
| VIJOICE ORAL GRANULES IN PACKET | 4 | PA; QL (1 per 1 day) |
| VIJOICE ORAL TABLET 125 MG, 50 MG | 4 | PA; QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1) | 4 | PA; QL (56 per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 4 | PA; LA; QL (2 per 1 day) |
| VITRAKVI ORAL CAPSULE 25 MG | 4 | PA; LA; QL (6 per 1 day) |
| VITRAKVI ORAL SOLUTION | 4 | PA; LA; QL (10 per 1 day) |
| VONJO | 4 | PA; QL (4 per 1 day) |
| VORANIGO ORAL TABLET 10 MG | 4 | PA; QL (2 per 1 day) |
| VORANIGO ORAL TABLET 40 MG | 4 | PA; QL (1 per 1 day) |
| VOYXACT | 4 | PA; QL (2 per 28 days) |
| WAYRILZ | 4 | PA; LA; QL (2 per 1 day) |
| WELIREG | 4 | PA; LA; QL (3 per 1 day) |
| XALKORI ORAL CAPSULE | 4 | PA; QL (4 per 1 day) |
| XALKORI ORAL PELLET 150 MG | 4 | PA; QL (6 per 1 day) |
| XALKORI ORAL PELLET 20 MG, 50 MG | 4 | PA; QL (4 per 1 day) |
| XERMELO | 4 | PA; LA; QL (3 per 1 day) |
| XOSPATA | 4 | PA; LA; QL (3 per 1 day) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 4 | PA; LA; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4) | 4 | PA; LA; QL (16 per 28 days) |
| XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) | 4 | PA; LA; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 4 | PA; LA; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 4 | PA; LA; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE | 4 | PA; QL (4 per 1 day) |
| XTANDI ORAL TABLET 40 MG | 4 | PA; QL (4 per 1 day) |
| XTANDI ORAL TABLET 80 MG | 4 | PA; QL (2 per 1 day) |
| YONSA | 4 | PA; QL (4 per 1 day) |
| *yulithira* | 4 | PA; QL (1 per 1 day) |
| ZEJULA | 4 | PA; LA; QL (1 per 1 day) |
| ZELBORAF | 4 | PA; QL (8 per 1 day) |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | 4 | PA; QL (1 per 63 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG | 4 | PA; QL (1 per 28 days) |
| ZOLINZA | 4 | PA; QL (4 per 1 day) |
| ZYDELIG | 4 | PA; QL (2 per 1 day) |
| ZYKADIA | 4 | PA; QL (3 per 1 day) |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH** | | |
| **ANTICONVULSANTS** | | |
| *brivaracetam oral solution* | 2 | PA; QL (12 per 1 day) |
| *brivaracetam oral tablet* | 2 | PA; QL (2 per 1 day) |
| *carbamazepine oral capsule, er multiphase 12 hr* | 2 | |
| *carbamazepine oral suspension 100 mg/5 ml* | 2 | |
| *carbamazepine oral tablet* | 1 | |
| *carbamazepine oral tablet extended release 12 hr* | 2 | |
| *carbamazepine oral tablet,chewable 100 mg* | 1 | |
| *clobazam oral suspension* | 2 | PA |
| *clobazam oral tablet* | 2 | |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *clonazepam oral tablet,disintegrating* | 2 | |
| DIACOMIT ORAL CAPSULE 250 MG | 4 | PA; QL (12 per 1 day) |
| DIACOMIT ORAL CAPSULE 500 MG | 4 | PA; QL (6 per 1 day) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | 4 | PA; QL (12 per 1 day) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | 4 | PA; QL (6 per 1 day) |
| *diazepam rectal* | 2 | |
| DILANTIN | 3 | PA; QL (3 per 1 day) |
| *divalproex oral capsule, delayed rel sprinkle* | 2 | |
| *divalproex oral tablet extended release 24 hr* | 2 | |
| *divalproex oral tablet,delayed release (dr/ec)* | 1 | |
| EPIDIOLEX | 4 | PA; LA |
| EQUETRO | 3 | PA |
| *eslicarbazepine oral tablet 200 mg, 400 mg* | 2 | PA; QL (1 per 1 day) |
| *eslicarbazepine oral tablet 600 mg, 800 mg* | 2 | PA; QL (2 per 1 day) |
| *ethosuximide* | 2 | |
| *felbamate* | 2 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FINTEPLA | 4 | PA; LA; QL (12 per 1 day) |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | 1 | |
| *gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)* | 2 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 1 | |
| *lacosamide oral* | 2 | PA |
| *lamotrigine oral tablet* | 1 | |
| *lamotrigine oral tablet, chewable dispersible* | 1 | |
| *levetiracetam oral solution* | 1 | |
| *levetiracetam oral tablet* | 1 | |
| *levetiracetam oral tablet extended release 24 hr* | 1 | |
| *methsuximide* | 2 | |
| NAYZILAM | 3 | PA; QL (10 per 30 days) |
| *oxcarbazepine oral suspension* | 2 | |
| *oxcarbazepine oral tablet* | 1 | |
| *oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg* | 2 | PA; QL (2 per 1 day) |
| *oxcarbazepine oral tablet extended release 24 hr 600 mg* | 2 | PA; QL (4 per 1 day) |
| *perampanel oral suspension* | 2 | PA; QL (24 per 1 day) |
| *perampanel oral tablet* | 2 | PA; QL (1 per 1 day) |
| *phenobarbital* | 1 | |
| *phenytoin oral suspension 125 mg/5 ml* | 1 | |
| *phenytoin oral tablet,chewable* | 1 | |
| *phenytoin sodium extended oral capsule 100 mg* | 1 | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | 2 | |
| *pregabalin oral capsule* | 1 | |
| *pregabalin oral solution* | 2 | |
| *primidone oral tablet 250 mg, 50 mg* | 1 | |
| *relgaabi oral capsule 300 mg, 400 mg* | 1 | |
| *rufinamide* | 2 | PA |
| *subvenite oral tablet* | 1 | |
| *tiagabine* | 2 | PA |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | 2 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *topiramate oral tablet* | 1 | |
| *valproic acid* | 1 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)* | 1 | |
| VALTOCO | 3 | PA; QL (10 per 30 days) |
| *vigabatrin* | 4 | PA; LA |
| *vigadrone* | 4 | PA |
| VIGAFYDE | 4 | PA |
| 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 |
| *zonisamide* | 1 | |
| ZTALMY | 4 | PA; LA; QL (10 per 30 days) |
| **ANTIPARKINSONISM AGENTS** | | |
| *apomorphine* | 4 | PA; QL (3 per 1 day) |
| *benztropine oral* | 1 | |
| *bromocriptine* | 1 | |
| *carbidopa* | 2 | PA; QL (8 per 1 day) |
| *carbidopa-levodopa oral tablet* | 1 | |
| *carbidopa-levodopa oral tablet extended release* | 1 | |
| *carbidopa-levodopa oral tablet,disintegrating* | 1 | |
| *carbidopa-levodopa-entacapone* | 1 | |
| DUOPA | 4 | PA; QL (2800 per 28 days) |
| *entacapone* | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 4 | PA; QL (10 per 1 day) |
| NOURIANZ | 4 | PA; LA; QL (1 per 1 day) |
| ONAPGO | 4 | PA; QL (600 per 30 days) |
| ONGENTYS | 3 | PA; QL (1 per 1 day) |
| *pramipexole oral tablet* | 1 | |
| *rasagiline* | 2 | |
| *ropinirole oral tablet* | 1 | |
| *ropinirole oral tablet extended release 24 hr* | 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 |
|---|---|---|
| *selegiline hcl* | 1 | |
| *trihexyphenidyl* | 1 | |
| VYALEV | 4 | PA; QL (420 per 30 days) |
| **MIGRAINE & CLUSTER HEADACHE THERAPY** | | |
| AIMOVIG AUTOINJECTOR | 2 | PA; QL (1 per 30 days) |
| AJOVY AUTOINJECTOR | 3 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE | 3 | PA; QL (1.5 per 30 days) |
| *almotriptan malate* | 2 | QL (12 per 30 days) |
| *dihydroergotamine injection* | 2 | PA; QL (24 per 28 days) |
| *dihydroergotamine nasal* | 2 | PA; QL (8 per 28 days) |
| *eletriptan* | 2 | QL (12 per 30 days) |
| EMGALITY PEN | 2 | PA; QL (1 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; QL (1 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 2 | PA; QL (3 per 30 days) |
| ERGOMAR | 3 | QL (20 per 28 days) |
| *ergotamine-caffeine* | 2 | |
| *frovatriptan* | 2 | QL (12 per 30 days) |
| *naratriptan* | 1 | QL (9 per 30 days) |
| NURTEC ODT | 2 | PA; QL (8 per 30 days) |
| QULIPTA | 2 | PA; QL (1 per 1 day) |
| *rizatriptan* | 1 | QL (12 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation* | 1 | QL (6 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 5 mg/actuation* | 1 | QL (12 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg* | 1 | QL (9 per 30 days) |
| *sumatriptan succinate oral tablet 25 mg, 50 mg* | 1 | QL (18 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 1 | QL (6 per 30 days) |
| *sumatriptan succinate subcutaneous solution* | 1 | QL (6 per 30 days) |
| UBRELVY | 3 | PA; QL (10 per 30 days) |
| ZAVZPRET | 3 | PA; QL (1 per 30 days) |
| *zolmitriptan oral tablet* | 1 | QL (12 per 30 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |
| AUSTEDO | 2 | PA; LA; QL (4 per 1 day) |
| AUSTEDO XR | 2 | PA; QL (1 per 1 day) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 2 | PA; QL (28 per 365 days) |
| *dalfampridine* | 4 | QL (2 per 1 day) |
| DAYBUE | 4 | PA; QL (120 per 1 day) |
| DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG | 4 | PA; LA; QL (4 per 1 day) |
| DAYBUE STIX ORAL POWDER IN PACKET 8,000 MG | 4 | PA; LA; QL (2 per 1 day) |
| *dextromethorphan-quinidine* | 4 | PA; QL (2 per 1 day) |
| *dichlorphenamide* | 4 | PA; QL (4 per 1 day) |
| *donepezil oral tablet 10 mg, 5 mg* | 1 | |
| *donepezil oral tablet 23 mg* | 2 | |
| *donepezil oral tablet,disintegrating* | 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) |
| FIRDAPSE | 4 | PA; LA; QL (10 per 1 day) |
| *galantamine oral capsule,ext rel. pellets 24 hr* | 2 | |
| *galantamine oral tablet* | 2 | |
| INGREZZA | 2 | PA; LA; QL (1 per 1 day) |
| INGREZZA INITIATION PK(TARDIV) | 2 | PA; QL (28 per 365 days) |
| INGREZZA SPRINKLE | 2 | PA; LA; QL (1 per 1 day) |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML | 4 | PA; QL (7.2 per 28 days) |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML ( 250MG/1.25MLX2) | 4 | PA; QL (10 per 28 days) |
| *memantine oral capsule,sprinkle,er 24hr* | 2 | |
| *memantine oral tablet* | 1 | |
| MEMANTINE ORAL TABLETS,DOSE PACK | 1 | |
| MIPLYFFA | 4 | PA; LA; QL (3 per 1 day) |
| NUEDEXTA | 4 | PA; QL (2 per 1 day) |
| NULIBRY | 4 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RADICAVA ORS STARTER KIT SUSP | 4 | PA |
| *rivastigmine* | 1 | |
| *rivastigmine tartrate* | 1 | |
| SKYCLARYS | 4 | PA; LA; QL (3 per 1 day) |
| *tetrabenazine oral tablet 12.5 mg* | 4 | PA; QL (8 per 1 day) |
| *tetrabenazine oral tablet 25 mg* | 4 | PA; QL (4 per 1 day) |
| WAINUA | 4 | PA; QL (1 per 28 days) |
| ZEPOSIA | 4 | PA; QL (1 per 1 day) |
| ZEPOSIA STARTER KIT (28-DAY) | 4 | PA; QL (28 per 365 days) |
| ZEPOSIA STARTER PACK (7-DAY) | 4 | PA; QL (7 per 365 days) |
| **MUSCLE RELAXANTS & ANTISPASMODIC THERAPY** | | |
| *baclofen oral tablet 10 mg, 20 mg* | 1 | |
| *baclofen oral tablet 5 mg* | 2 | QL (3 per 1 day) |
| *carisoprodol oral tablet 350 mg* | 1 | QL (4 per 1 day) |
| *chlorzoxazone oral tablet 500 mg* | 1 | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 1 | |
| *dantrolene oral capsule 100 mg* | 2 | QL (4 per 1 day) |
| *dantrolene oral capsule 25 mg, 50 mg* | 2 | QL (3 per 1 day) |
| *meprobamate* | 1 | |
| *metaxalone oral tablet 800 mg* | 2 | ST; QL (4 per 1 day) |
| *methocarbamol oral tablet 500 mg, 750 mg* | 1 | |
| *orphenadrine citrate oral* | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 1 | |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 1 | |
| *tizanidine oral capsule 2 mg, 4 mg, 6 mg* | 2 | |
| *tizanidine oral tablet* | 1 | |
| *vanadom* | 1 | QL (4 per 1 day) |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE | 4 | PA; LA; QL (20 per 28 days) |
| ZILBRYSQ | 4 | PA; LA; QL (1 per 1 day) |
| **NARCOTIC ANALGESICS** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml* | 1 | PA |
| *acetaminophen-codeine oral tablet* | 1 | PA |
| *ascomp with codeine* | 1 | PA |
| BELBUCA | 3 | PA; QL (2 per 1 day) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML | 4 | PA; QL (0.36 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML | 4 | PA; QL (1.28 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML | 4 | PA; QL (1.92 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML | 4 | PA; QL (2.56 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML | 4 | PA; QL (0.18 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML | 4 | PA; QL (0.64 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML | 4 | PA; QL (0.27 per 28 days) |
| *buprenorphine transdermal patches* | 2 | PA; QL (4 per 28 days) |
| *buprenorphine hcl sublingual tablet 2 mg* | 1 | QL (12 per 1 day) |
| *buprenorphine hcl sublingual tablet 8 mg* | 1 | QL (3 per 1 day) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | 1 | PA |
| *butalbital-acetaminophen oral tablet 50-325 mg* | 1 | QL (6 per 1 day) |
| *butalbital-acetaminophen-caff oral tablet* | 1 | QL (6 per 1 day) |
| *butalbital-aspirin-caffeine oral capsule* | 1 | |
| *codeine sulfate* | 1 | PA |
| *codeine-butalbital-asa-caff* | 1 | PA |
| *endocet* | 1 | PA |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 1 | PA |
| *hydrocodone bitartrate* | 2 | PA |
| *hydrocodone-acetaminophen oral solution* | 2 | PA |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg* | 1 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg* | 2 | PA |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | 1 | PA |
| *hydromorphone oral liquid* | 1 | PA |
| *hydromorphone oral tablet* | 1 | PA |
| *hydromorphone oral tablet extended release 24 hr* | 2 | PA |
| *hydromorphone rectal* | 1 | PA |
| *meperidine oral solution* | 1 | PA |
| *meperidine oral tablet 50 mg* | 1 | PA |
| *methadone oral concentrate* | 1 | PA |
| *methadone oral solution* | 1 | PA |
| *methadone oral tablet* | 1 | PA |
| *methadose oral concentrate* | 1 | PA |
| *morphine concentrate oral solution* | 1 | PA |
| *morphine oral solution* | 1 | PA |
| *morphine oral tablet* | 1 | PA |
| *morphine oral tablet extended release* | 1 | PA |
| *morphine rectal* | 2 | PA |
| *oxycodone oral capsule* | 1 | PA |
| *oxycodone oral concentrate* | 1 | PA |
| *oxycodone oral solution* | 1 | PA |
| *oxycodone oral tablet* | 1 | PA |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | PA |
| *oxymorphone oral tablet* | 1 | PA |
| *oxymorphone oral tablet extended release 12 hr* | 2 | PA |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | 4 | PA; QL (0.5 per 28 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | 4 | PA; QL (1.5 per 28 days) |
| *tencon* | 1 | QL (6 per 1 day) |
| **NON-NARCOTIC ANALGESICS** | | |
| *adult aspirin regimen* | 1 | ACA; OTC |
| *aspirin childrens* | 1 | ACA; OTC |
| *aspirin oral tablet,chewable* | 1 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *aspirin oral tablet,delayed release (dr/ec) 81 mg* | 1 | ACA; OTC |
| *bayer low dose aspirin* | 1 | ACA; OTC |
| *buprenorphine-naloxone sublingual film 12-3 mg* | 2 | QL (2 per 1 day) |
| *buprenorphine-naloxone sublingual film 2-0.5 mg* | 2 | QL (12 per 1 day) |
| *buprenorphine-naloxone sublingual film 4-1 mg* | 2 | QL (6 per 1 day) |
| *buprenorphine-naloxone sublingual film 8-2 mg* | 2 | QL (3 per 1 day) |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg* | 1 | QL (12 per 1 day) |
| *buprenorphine-naloxone sublingual tablet 8-2 mg* | 1 | QL (3 per 1 day) |
| *butorphanol nasal* | 1 | PA |
| *celecoxib oral capsule 100 mg, 200 mg, 50 mg* | 1 | QL (2 per 1 day) |
| *celecoxib oral capsule 400 mg* | 1 | QL (1 per 1 day) |
| *diclofenac potassium oral tablet 50 mg* | 2 | QL (4 per 1 day) |
| *diclofenac sodium oral tablet extended release 24 hr* | 2 | QL (2 per 1 day) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg* | 2 | QL (4 per 1 day) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg* | 1 | QL (4 per 1 day) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg* | 1 | QL (2 per 1 day) |
| *diclofenac sodium topical gel 1 %* | 1 | QL (1000 per 30 days) |
| *diflunisal* | 2 | QL (3 per 1 day) |
| *ecotrin low strength* | 1 | ACA; OTC |
| *etodolac oral capsule 200 mg* | 2 | QL (4 per 1 day) |
| *etodolac oral capsule 300 mg* | 2 | QL (3 per 1 day) |
| *etodolac oral tablet* | 1 | QL (2 per 1 day) |
| *etodolac oral tablet extended release 24 hr 400 mg, 500 mg* | 2 | QL (2 per 1 day) |
| *etodolac oral tablet extended release 24 hr 600 mg* | 2 | QL (1 per 1 day) |
| *flurbiprofen oral tablet 100 mg* | 1 | QL (3 per 1 day) |
| *ibu* | 1 | |
| *ibuprofen oral suspension* | 1 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | |
| *indomethacin oral capsule 25 mg* | 1 | QL (3 per 1 day) |
| *indomethacin oral capsule 50 mg* | 1 | QL (4 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *indomethacin oral capsule, extended release* | 1 | QL (2 per 1 day) |
| *ketorolac oral* | 1 | QL (20 per 30 days) |
| KLOXXADO | 2 | 2 sprays per fill |
| *lurbiro* | 1 | QL (3 per 1 day) |
| *meloxicam oral tablet* | 1 | |
| *nabumetone oral tablet 500 mg* | 1 | QL (4 per 1 day) |
| *nabumetone oral tablet 750 mg* | 1 | QL (2 per 1 day) |
| *naloxone injection solution* | 1 | |
| *naloxone injection syringe* | 1 | |
| *naltrexone* | 1 | |
| *naproxen oral tablet 250 mg* | 1 | QL (6 per 1 day) |
| *naproxen oral tablet 375 mg* | 1 | QL (4 per 1 day) |
| *naproxen oral tablet 500 mg* | 1 | QL (3 per 1 day) |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg* | 1 | QL (4 per 1 day) |
| *naproxen oral tablet,delayed release (dr/ec) 500 mg* | 2 | QL (2 per 1 day) |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 2 | |
| OPVEE | 3 | 2 units per fill |
| *oxaprozin oral tablet* | 1 | QL (2 per 1 day) |
| *pentazocine-naloxone* | 2 | PA |
| *piroxicam* | 1 | QL (1 per 1 day) |
| REXTOVY | 3 | 2 sprays per fill |
| *salsalate* | 1 | |
| *st joseph aspirin* | 1 | ACA; OTC |
| *st. joseph aspirin* | 1 | ACA; OTC |
| *sulindac* | 1 | QL (2 per 1 day) |
| *tramadol oral tablet 50 mg* | 1 | PA |
| *tramadol oral tablet extended release 24 hr* | 2 | PA |
| *tramadol oral tablet, er multiphase 24 hr* | 2 | PA |
| *tramadol-acetaminophen* | 1 | PA |
| VIVITROL | 4 | |
| ZIMHI | 3 | 1 ml per fill |
| ZURNAI | 3 | 1mL per Fill |
| **PSYCHOTHERAPEUTIC DRUGS** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 2 | PA for age 17 and younger; QL (2.4 per 28 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 2 | PA for age 17 and younger; QL (3.2 per 28 days) |
| ABILIFY MAINTENA | 2 | PA for age 17 and younger; QL (1 per 28 days) |
| ADDYI | 3 | PA; QL (1 per 1 day) |
| *alprazolam oral tablet* | 1 | |
| *alprazolam oral tablet extended release 24 hr* | 1 | |
| *alprazolam oral tablet,disintegrating* | 2 | |
| *amitriptyline* | 1 | |
| *amitriptyline-chlordiazepoxide* | 2 | |
| *amoxapine* | 2 | |
| *aripiprazole oral tablet* | 1 | PA for age 17 and younger; QL (1 per 1 day) |
| ARISTADA INITIO | 2 | PA for age 17 and younger; QL (2.4 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 2 | PA for age 17 and younger; QL (3.9 per 42 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 2 | PA for age 17 and younger; QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 2 | PA for age 17 and younger; QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 2 | PA for age 17 and younger; QL (3.2 per 28 days) |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | 2 | QL (1 per 1 day) |
| *armodafinil oral tablet 50 mg* | 2 | QL (2 per 1 day) |
| *asenapine maleate* | 2 | PA; QL (2 per 1 day) |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 1 | QL (2 per 1 day) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | 1 | QL (1 per 1 day) |
| *bupropion hcl oral tablet 100 mg* | 1 | QL (4.5 per 1 day) |
| *bupropion hcl oral tablet 75 mg* | 1 | QL (6 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *bupropion hcl oral tablet extended release 24 hr 150 mg* | 1 | QL (3 per 1 day) |
| *bupropion hcl oral tablet extended release 24 hr 300 mg* | 1 | QL (1 per 1 day) |
| *bupropion hcl oral tablet sustained-release 12 hr* | 1 | QL (2 per 1 day) |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *chlordiazepoxide hcl* | 1 | |
| *chlorpromazine oral tablet* | 2 | PA for age 17 and younger; QL (4 per 1 day) |
| *citalopram oral solution* | 2 | QL (20 per 1 day) |
| *citalopram oral tablet 10 mg, 20 mg* | 1 | QL (1.5 per 1 day) |
| *citalopram oral tablet 40 mg* | 1 | QL (1 per 1 day) |
| *clomipramine* | 2 | |
| *clonidine hcl oral tablet extended release 12 hr* | 1 | |
| *clorazepate dipotassium* | 2 | |
| *clozapine oral tablet 100 mg* | 2 | PA for age 17 and younger; QL (9 per 1 day) |
| *clozapine oral tablet 200 mg* | 2 | PA for age 17 and younger; QL (4.5 per 1 day) |
| *clozapine oral tablet 25 mg, 50 mg* | 2 | PA for age 17 and younger; QL (3 per 1 day) |
| *desipramine* | 2 | |
| *desvenlafaxine succinate* | 2 | QL (1 per 1 day) |
| *dexmethylphenidate oral capsule,er biphasic 50-50* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *dexmethylphenidate oral tablet* | 1 | PA for age 19 and older; QL (2 per 1 day) |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg* | 2 | PA for age 19 and older; QL (4 per 1 day) |
| *dextroamphetamine sulfate oral capsule, extended release 5 mg* | 2 | PA for age 19 and older; QL (3 per 1 day) |
| *dextroamphetamine sulfate oral tablet 10 mg, 5 mg* | 1 | PA for age 19 and older; QL (3 per 1 day) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr* | 1 | PA for age 19 and older; QL (2 per 1 day) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg* | 1 | PA for age 19 and older; QL (3 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *dextroamphetamine-amphetamine oral tablet 30 mg* | 1 | PA for age 19 and older; QL (2 per 1 day) |
| *diazepam intensol* | 2 | |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 1 | |
| *diazepam oral tablet* | 1 | |
| *doxepin oral capsule* | 1 | |
| *doxepin oral concentrate* | 1 | |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* | 1 | QL (2 per 1 day) |
| *ergoloid* | 2 | |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 2 | PA for age 17 and younger; QL (0.75 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | 2 | PA for age 17 and younger; QL (1 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 2 | PA for age 17 and younger; QL (1.5 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | 2 | PA for age 17 and younger; QL (2.25 per 365 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 2 | PA for age 17 and younger; QL (0.25 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 2 | PA for age 17 and younger; QL (0.5 per 28 days) |
| *escitalopram oxalate oral solution* | 2 | QL (20 per 1 day) |
| *escitalopram oxalate oral tablet 10 mg, 5 mg* | 1 | QL (1.5 per 1 day) |
| *escitalopram oxalate oral tablet 20 mg* | 1 | QL (1 per 1 day) |
| *estazolam* | 1 | QL (1 per 1 day) |
| *eszopiclone* | 1 | QL (1 per 1 day) |
| *fluoxetine oral capsule* | 1 | QL (2 per 1 day) |
| *fluoxetine oral solution* | 2 | QL (20 per 1 day) |
| *fluoxetine oral tablet 10 mg, 20 mg* | 2 | QL (1 per 1 day) |
| *fluphenazine decanoate* | 2 | PA for age 17 and younger; QL (5 per 30 days) |
| *fluphenazine hcl injection* | 2 | PA for age 17 and younger; QL (5 per 30 days) |
| *fluphenazine hcl oral concentrate* | 2 | PA for age 17 and younger; QL (8 per 1 day) |
| *fluphenazine hcl oral elixir* | 2 | PA for age 17 and younger; QL (80 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fluphenazine hcl oral tablet* | 2 | PA for age 17 and younger; QL (4 per 1 day) |
| *flurazepam* | 1 | QL (1 per 1 day) |
| *fluvoxamine oral tablet 100 mg* | 2 | QL (3 per 1 day) |
| *fluvoxamine oral tablet 25 mg, 50 mg* | 2 | QL (1.5 per 1 day) |
| *guanfacine oral tablet extended release 24 hr* | 1 | |
| *haloperidol decanoate* | 2 | PA for age 17 and younger |
| *haloperidol lactate injection* | 1 | PA for age 17 and younger |
| *haloperidol lactate oral* | 1 | PA for age 17 and younger; QL (15 per 1 day) |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg* | 1 | PA for age 17 and younger; QL (3 per 1 day) |
| *haloperidol oral tablet 20 mg* | 1 | PA for age 17 and younger; QL (1.5 per 1 day) |
| HETLIOZ LQ | 4 | PA; QL (5 per 1 day) |
| *imipramine hcl* | 1 | |
| 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) |
| *lisdexamfetamine* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *lithium carbonate* | 1 | |
| *lorazepam intensol* | 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 |
|---|---|---|
| *lorazepam oral concentrate* | 2 | |
| *lorazepam oral tablet* | 1 | |
| *loxapine succinate oral capsule 10 mg* | 2 | PA for age 17 and younger; QL (8 per 1 day) |
| *loxapine succinate oral capsule 25 mg, 5 mg* | 2 | PA for age 17 and younger; QL (4 per 1 day) |
| *loxapine succinate oral capsule 50 mg* | 2 | PA for age 17 and younger; QL (5 per 1 day) |
| LUMRYZ | 4 | PA; QL (1 per 1 day) |
| LUMRYZ STARTER PACK | 4 | PA; QL (28 per 365 days) |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 2 | ST; PA for age 17 and younger; QL (1 per 1 day) |
| *lurasidone oral tablet 80 mg* | 2 | ST; PA for age 17 and younger; QL (2 per 1 day) |
| *methylphenidate er(la) 10 mg cp* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *methylphenidate er(la) 20 mg cp* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *methylphenidate er(la) 30 mg cp* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *methylphenidate er(la) 40 mg cp* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *methylphenidate hcl oral capsule, er biphasic 30-70* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *methylphenidate hcl oral solution 10 mg/5 ml* | 2 | PA for age 19 and older; QL (30 per 1 day) |
| *methylphenidate hcl oral solution 5 mg/5 ml* | 2 | PA for age 19 and older; QL (60 per 1 day) |
| *methylphenidate hcl oral tablet* | 1 | PA for age 19 and older; QL (3 per 1 day) |
| *methylphenidate hcl oral tablet extended release* | 1 | PA for age 19 and older; QL (3 per 1 day) |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg* | 2 | PA for age 19 and older; QL (1 per 1 day) |
| *methylphenidate hcl oral tablet extended release 24hr 36 mg* | 2 | PA for age 19 and older; QL (2 per 1 day) |
| *midazolam oral* | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg* | 1 | QL (1 per 1 day) |
| *mirtazapine oral tablet 7.5 mg* | 2 | QL (1 per 1 day) |
| *mirtazapine oral tablet,disintegrating* | 2 | QL (1 per 1 day) |
| *modafinil* | 2 | QL (1 per 1 day) |
| *nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg* | 2 | QL (2 per 1 day) |
| *nefazodone oral tablet 200 mg* | 2 | QL (3 per 1 day) |
| *nortriptyline oral capsule* | 1 | |
| *nortriptyline oral solution* | 2 | |
| NUPLAZID | 4 | PA; QL (1 per 1 day) |
| *olanzapine oral tablet* | 1 | PA for age 17 and younger; QL (1 per 1 day) |
| *oxazepam* | 2 | |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg* | 2 | PA; QL (1 per 1 day) |
| *paliperidone oral tablet extended release 24hr 6 mg* | 2 | PA; QL (2 per 1 day) |
| *paroxetine hcl oral tablet 10 mg, 40 mg* | 1 | QL (1.5 per 1 day) |
| *paroxetine hcl oral tablet 20 mg* | 1 | QL (1 per 1 day) |
| *paroxetine hcl oral tablet 30 mg* | 1 | QL (2 per 1 day) |
| *perphenazine oral tablet 16 mg* | 2 | PA for age 17 and younger; QL (2 per 1 day) |
| *perphenazine oral tablet 2 mg, 4 mg, 8 mg* | 2 | PA for age 17 and younger; QL (4 per 1 day) |
| *perphenazine-amitriptyline* | 2 | PA for age 17 and younger |
| *phenelzine* | 1 | |
| *pimozide oral tablet 1 mg* | 2 | QL (10 per 1 day) |
| *pimozide oral tablet 2 mg* | 2 | QL (5 per 1 day) |
| *protriptyline* | 2 | |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG | 3 | PA; QL (1 per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG | 3 | PA; QL (2 per 1 day) |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | PA for age 17 and younger; QL (3 per 1 day) |
| *quetiapine oral tablet 300 mg, 400 mg* | 1 | PA for age 17 and younger; QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg* | 2 | PA for age 17 and younger; QL (1 per 1 day) |
| *quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg* | 2 | PA for age 17 and younger; QL (2 per 1 day) |
| *ramelteon* | 2 | ST; QL (1 per 1 day) |
| *risperidone microspheres* | 2 | PA for age 17 and younger; QL (2 per 28 days) |
| *risperidone oral solution* | 1 | PA for age 17 and younger; QL (8 per 1 day) |
| *risperidone oral tablet* | 1 | PA for age 17 and younger; QL (2 per 1 day) |
| RYKINDO | 2 | PA for age 17 and younger; QL (2 per 28 days) |
| *sertraline oral concentrate* | 2 | QL (10 per 1 day) |
| *sertraline oral tablet 100 mg* | 1 | QL (2 per 1 day) |
| *sertraline oral tablet 25 mg, 50 mg* | 1 | QL (1.5 per 1 day) |
| *sodium oxybate* | 4 | PA; LA; QL (18 per 1 day) |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2) | 4 | PA; QL (8 per 28 days) |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3) | 4 | PA; QL (12 per 28 days) |
| *tasimelteon* | 4 | PA; QL (1 per 1 day) |
| *temazepam oral capsule 15 mg, 30 mg* | 1 | QL (1 per 1 day) |
| *thioridazine oral tablet 10 mg, 25 mg, 50 mg* | 2 | PA for age 17 and younger; QL (4 per 1 day) |
| *thioridazine oral tablet 100 mg* | 2 | PA for age 17 and younger; QL (8 per 1 day) |
| *thiothixene oral capsule 1 mg, 2 mg, 5 mg* | 2 | PA for age 17 and younger; QL (3 per 1 day) |
| *thiothixene oral capsule 10 mg* | 2 | PA for age 17 and younger; QL (6 per 1 day) |
| *tranylcypromine* | 2 | QL (6 per 1 day) |
| *trazodone oral tablet 100 mg, 150 mg, 50 mg* | 1 | QL (3 per 1 day) |
| *trazodone oral tablet 300 mg* | 2 | QL (2 per 1 day) |
| *triazolam* | 1 | QL (1 per 1 day) |
| *trifluoperazine* | 2 | PA for age 17 and younger; QL (4 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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) |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg* | 1 | QL (1 per 1 day) |
| *venlafaxine oral capsule,extended release 24hr 75 mg* | 1 | QL (3 per 1 day) |
| *venlafaxine oral tablet* | 1 | QL (3 per 1 day) |
| XYWAV | 4 | PA; LA; QL (18 per 1 day) |
| *zaleplon* | 1 | QL (1 per 1 day) |
| *zenzedi oral tablet 10 mg, 5 mg* | 1 | PA for age 19 and older; QL (3 per 1 day) |
| *ziprasidone hcl* | 2 | PA for age 17 and younger; QL (2 per 1 day) |
| *zolpidem oral tablet* | 1 | QL (1 per 1 day) |
| *zolpidem oral tablet,ext release multiphase* | 2 | QL (1 per 1 day) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 4 | PA; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 4 | PA; QL (14 per 14 days) |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY** | | |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 4 | ST; QL (1 per 28 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AVONEX INTRAMUSCULAR SYRINGE KIT | 4 | ST; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT | 4 | ST; QL (14 per 28 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | 4 | QL (60 per 365 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg* | 4 | QL (2 per 1 day) |
| *fingolimod* | 4 | QL (1 per 1 day) |
| *glatiramer subcutaneous syringe 20 mg/ml* | 4 | QL (1 per 1 day) |
| *glatiramer subcutaneous syringe 40 mg/ml* | 4 | QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | 4 | QL (1 per 1 day) |
| *glatopa subcutaneous syringe 40 mg/ml* | 4 | QL (12 per 28 days) |
| KESIMPTA PEN | 4 | PA; QL (0.4 per 28 days) |
| PLEGRIDY INTRAMUSCULAR | 4 | ST; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 4 | ST; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 4 | ST; QL (1 per 365 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 4 | ST; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 4 | ST; QL (1 per 365 days) |
| *teriflunomide* | 4 | QL (1 per 1 day) |
| VUMERITY | 4 | PA; QL (4 per 1 day) |
| **CARDIOVASCULAR, HYPERTENSION & LIPIDS** | | |
| **ANTIARRHYTHMIC AGENTS** | | |
| *amiodarone oral tablet 100 mg, 400 mg* | 2 | |
| *amiodarone oral tablet 200 mg* | 1 | |
| *disopyramide phosphate oral capsule* | 2 | |
| *dofetilide* | 2 | QL (2 per 1 day) |
| *flecainide* | 1 | |
| *mexiletine* | 2 | |
| MULTAQ | 2 | |
| *pacerone oral tablet 200 mg* | 1 | |
| *propafenone oral tablet* | 1 | |
| *sotalol af* | 1 | |
| *sotalol oral* | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **ANTIHYPERTENSIVE THERAPY** | | |
| *acebutolol* | 1 | |
| *amiloride* | 1 | |
| *amiloride-hydrochlorothiazide* | 1 | |
| *amlodipine* | 1 | |
| *amlodipine-benazepril* | 1 | |
| *amlodipine-olmesartan* | 2 | |
| *amlodipine-valsartan* | 2 | |
| *atenolol* | 1 | |
| *atenolol-chlorthalidone* | 1 | |
| *benazepril* | 1 | |
| *benazepril-hydrochlorothiazide* | 1 | |
| *betaxolol oral* | 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | |
| *bisoprolol-hydrochlorothiazide* | 1 | |
| *bumetanide oral* | 1 | |
| *candesartan* | 2 | ST; QL (1 per 1 day) |
| *captopril* | 1 | |
| CARDAMYST | 3 | PA; QL (4 per 30 days) |
| *cartia xt* | 1 | |
| *carvedilol* | 1 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | |
| *clonidine* | 2 | QL (4 per 28 days) |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | |
| *diltiazem hcl oral capsule,ext.rel 24h degradable* | 1 | |
| *diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | |
| *diltiazem hcl oral capsule,extended release 24hr 360 mg* | 2 | |
| *diltiazem hcl oral tablet* | 1 | |
| *diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 2 | |
| *dilt-xr* | 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 |
|---|---|---|
| *doxazosin* | 1 | |
| *enalapril maleate oral tablet* | 1 | |
| *enalapril-hydrochlorothiazide* | 1 | |
| *eplerenone* | 1 | |
| *ethacrynic acid* | 2 | PA |
| *felodipine* | 1 | |
| *fosinopril* | 1 | |
| *fosinopril-hydrochlorothiazide* | 1 | |
| *furosemide oral* | 1 | |
| *guanfacine oral tablet* | 1 | |
| HEMANGEOL | 3 | PA |
| *hydralazine oral* | 1 | |
| *hydrochlorothiazide* | 1 | |
| *indapamide* | 1 | |
| *irbesartan* | 1 | |
| *irbesartan-hydrochlorothiazide* | 1 | |
| *isradipine* | 2 | |
| KERENDIA | 3 | PA; QL (1 per 1 day) |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | 1 | |
| *lisinopril* | 1 | |
| *lisinopril-hydrochlorothiazide* | 1 | |
| *losartan* | 1 | |
| *losartan-hydrochlorothiazide* | 1 | |
| *matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg* | 2 | |
| *methyldopa* | 1 | |
| *metolazone* | 1 | |
| *metoprolol succinate* | 1 | |
| *metoprolol ta-hydrochlorothiaz* | 2 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| *metyrosine* | 2 | PA; QL (16 per 1 day) |
| *minoxidil oral* | 1 | |
| *moexipril* | 1 | |
| *nadolol* | 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 |
|---|---|---|
| *nebivolol* | 2 | |
| *nifedipine* | 1 | |
| *nimodipine oral capsule* | 2 | |
| *olmesartan* | 1 | |
| *olmesartan-hydrochlorothiazide* | 1 | |
| ORENITRAM | 4 | PA; QL (3 per 1 day) |
| ORENITRAM MONTH 1 TITRATION KT | 4 | PA; QL (168 per 365 days) |
| ORENITRAM MONTH 2 TITRATION KT | 4 | PA; QL (336 per 365 days) |
| ORENITRAM MONTH 3 TITRATION KT | 4 | PA; QL (252 per 365 days) |
| *perindopril erbumine* | 1 | |
| *phenoxybenzamine* | 2 | PA; QL (24 per 1 day) |
| *pindolol* | 2 | |
| *prazosin* | 1 | |
| *propranolol oral* | 1 | |
| *quinapril* | 1 | |
| *quinapril-hydrochlorothiazide* | 1 | |
| *ramipril* | 1 | |
| *spironolactone oral tablet* | 1 | |
| *spironolacton-hydrochlorothiaz* | 1 | |
| *telmisartan* | 1 | |
| *terazosin* | 1 | |
| *tiadylt er* | 1 | |
| *timolol maleate oral* | 2 | |
| *torsemide oral* | 1 | |
| *trandolapril* | 1 | |
| *trandolapril-verapamil* | 2 | |
| *triamterene-hydrochlorothiazid* | 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) |
| *valsartan oral tablet* | 1 | |
| *valsartan-hydrochlorothiazide* | 1 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg* | 2 | |
| *verapamil oral tablet* | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *verapamil oral tablet extended release* | 1 | |
| **CARDIAC GLYCOSIDES** | | |
| *digoxin oral solution* | 1 | |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 1 | |
| **COAGULATION THERAPY** | | |
| ALHEMO PEN | 4 | PA |
| ALVAIZ ORAL TABLET 18 MG, 9 MG | 4 | PA; QL (1 per 1 day) |
| ALVAIZ ORAL TABLET 36 MG, 54 MG | 4 | PA; QL (2 per 1 day) |
| *aminocaproic acid oral solution* | 2 | |
| *aminocaproic acid oral tablet* | 1 | |
| *aspirin-dipyridamole* | 2 | |
| CABLIVI INJECTION KIT | 4 | PA; LA; QL (59 per 365 days) |
| *cilostazol* | 1 | |
| *clopidogrel* | 1 | |
| *dabigatran etexilate* | 2 | |
| *dipyridamole oral* | 1 | |
| DOPTELET (15 TAB PACK) | 4 | PA; LA; QL (2 per 1 day) |
| DOPTELET SPRINKLE | 4 | PA; QL (2 per 1 day) |
| ELIQUIS DVT-PE TREAT 30D START | 2 | |
| ELIQUIS ORAL TABLET | 2 | |
| *eltrombopag olamine oral powder in packet 12.5 mg* | 4 | PA; QL (1 per 1 day) |
| *eltrombopag olamine oral powder in packet 25 mg* | 4 | PA; QL (3 per 1 day) |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg* | 4 | PA; QL (1 per 1 day) |
| *eltrombopag olamine oral tablet 50 mg* | 4 | PA; QL (3 per 1 day) |
| *eltrombopag olamine oral tablet 75 mg* | 4 | PA; QL (2 per 1 day) |
| *enoxaparin* | 4 | |
| *fondaparinux* | 4 | |
| FRAGMIN SUBCUTANEOUS SOLUTION | 4 | |
| FRAGMIN SUBCUTANEOUS SYRINGE | 4 | |
| *heparin (porcine) injection solution* | 1 | |
| *heparin (porcine) injection syringe 5,000 unit/ml* | 1 | |
| *heparin, porcine (pf) injection* | 1 | |
| HYMPAVZI PEN | 4 | PA; QL (4 per 28 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MULPLETA | 4 | PA; QL (7 per 365 days) |
| *pentoxifylline* | 1 | |
| *phytonadione (vitamin k1) oral tablet 5 mg* | 1 | |
| *prasugrel hcl* | 1 | |
| QFITLIA | 4 | PA; QL (0.2 per 28 days) |
| QFITLIA PEN | 4 | PA; QL (0.5 per 28 days) |
| *rivaroxaban oral suspension for reconstitution* | 2 | QL (20 per 1 day) |
| *rivaroxaban oral tablet* | 2 | |
| TAVALISSE | 4 | PA; LA; QL (2 per 1 day) |
| *ticagrelor* | 2 | |
| *warfarin* | 1 | |
| XARELTO DVT-PE TREAT 30D START | 2 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION | 2 | QL (20 per 1 day) |
| XARELTO ORAL TABLET | 2 | |
| ZONTIVITY | 3 | PA |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | |
| *amlodipine-atorvastatin* | 2 | QL (1 per 1 day) |
| *atorvastatin oral tablet 10 mg, 20 mg* | 1 | ACA |
| *atorvastatin oral tablet 40 mg, 80 mg* | 1 | |
| *cholestyramine (with sugar)* | 1 | |
| *cholestyramine light* | 1 | |
| *colesevelam* | 2 | |
| *colestipol* | 1 | |
| *ezetimibe* | 1 | |
| *ezetimibe-simvastatin* | 2 | PA; QL (1 per 1 day) |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | 1 | |
| *fenofibrate nanocrystallized* | 1 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | 1 | |
| *fenofibric acid (choline)* | 1 | |
| *gemfibrozil* | 1 | |
| *icosapent ethyl* | 2 | PA; QL (4 per 1 day) |
| JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 5 MG | 4 | PA; LA; QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 4 | PA; LA; QL (2 per 1 day) |
| *lovastatin* | 1 | ACA |
| NEXLETOL | 3 | PA; QL (1 per 1 day) |
| NEXLIZET | 3 | PA; QL (1 per 1 day) |
| *niacin oral tablet 500 mg* | 2 | |
| *niacin oral tablet extended release 24 hr* | 2 | |
| NIACOR | 2 | |
| *omega-3 acid ethyl esters* | 2 | QL (4 per 1 day) |
| *pravastatin* | 1 | ACA |
| *prevalite oral powder in packet* | 1 | |
| REDEMPLO | 4 | PA; LA; QL (0.5 per 68 days) |
| REPATHA SURECLICK | 2 | PA; QL (3 per 28 days) |
| REPATHA SYRINGE | 2 | PA; QL (3 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 5 mg* | 1 | ACA |
| *rosuvastatin oral tablet 20 mg, 40 mg* | 1 | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | ACA |
| *simvastatin oral tablet 80 mg* | 1 | |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML | 4 | PA; LA; QL (0.8 per 30 days) |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |
| ATTRUBY | 4 | PA; QL (4 per 1 day) |
| CAMZYOS | 4 | PA; QL (1 per 1 day) |
| FILSPARI | 4 | PA; QL (1 per 1 day) |
| *ivabradine* | 2 | QL (2 per 1 day) |
| MYQORZO | 4 | PA; QL (1 per 1 day) |
| *ranolazine* | 2 | |
| *sacubitril-valsartan* | 2 | QL (2 per 1 day) |
| TRYVIO | 4 | PA; QL (1 per 1 day) |
| VANRAFIA | 4 | PA; QL (1 per 1 day) |
| VECAMYL | 4 | PA |
| VERQUVO | 3 | PA; QL (1 per 1 day) |
| VYNDAMAX | 4 | PA; QL (1 per 1 day) |
| **NITRATES** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *isosorbide mononitrate* | 1 | |
| *nitro-bid* | 2 | |
| *nitroglycerin sublingual* | 1 | |
| *nitroglycerin transdermal ointment* | 2 | |
| *nitroglycerin transdermal patch 24 hour* | 1 | |
| **DERMATOLOGICALS/TOPICAL THERAPY** | | |
| **ANTIPSORIATIC / ANTISEBORRHEIC** | | |
| *acitretin* | 2 | |
| *calcipotriene scalp* | 2 | |
| *calcipotriene topical cream* | 2 | |
| *calcipotriene topical ointment* | 2 | |
| COSENTYX (2 SYRINGES) | 4 | PA; QL (2 per 28 days) |
| COSENTYX PEN | 4 | PA; QL (1 per 28 days) |
| COSENTYX PEN (2 PENS) | 4 | PA; QL (2 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | 4 | PA; QL (1 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 4 | PA; QL (0.5 per 28 days) |
| COSENTYX UNOREADY PEN | 4 | PA; QL (2 per 28 days) |
| ILUMYA | 4 | PA; QL (1 per 63 days) |
| *pellix* | 2 | |
| 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) |
| *selenium sulfide topical lotion* | 1 | |
| *selenium sulfide topical shampoo 2.25 %* | 2 | |
| SILIQ | 4 | PA; QL (3 per 28 days) |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 4 | PA; QL (1 per 63 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 4 | PA; QL (1 per 63 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML | 4 | PA; QL (0.37 per 63 days) |
| SOTYKTU | 4 | PA; QL (1 per 1 day) |
| SPEVIGO SUBCUTANEOUS | 4 | PA; QL (2 per 28 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TALTZ AUTOINJECTOR | 4 | PA; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR (2 PACK) | 4 | PA; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR (3 PACK) | 4 | PA; QL (1 per 28 days) |
| TALTZ SYRINGE | 4 | PA; QL (1 per 28 days) |
| TREMFYA ONE-PRESS | 4 | PA; QL (1 per 42 days) |
| TREMFYA PEN INDUCTION PK(2PEN) | 4 | PA; QL (12 per 365 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 4 | PA; QL (1 per 42 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 4 | PA; QL (2 per 28 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; QL (1 per 42 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML | 4 | PA; QL (2 per 28 days) |
| YESINTEK SUBCUTANEOUS SOLUTION | 4 | PA; QL (0.5 per 63 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 4 | PA; QL (0.5 per 63 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 4 | PA; QL (1 per 42 days) |
| ZORYVE | 3 | PA; QL (1 per 30 days) |
| **BURN THERAPY** | | |
| *silver sulfadiazine* | 1 | |
| *ssd* | 1 | |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| ADBRY | 4 | PA; QL (4 per 28 days) |
| *ammonium lactate* | 1 | |
| *diclofenac sodium topical gel 3 %* | 1 | QL (100 per 365 days) |
| DRYSOL DAB-O-MATIC | 1 | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 4 | PA; QL (2.28 per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 4 | PA; QL (4 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 4 | PA; QL (2.28 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML | 4 | PA; QL (4 per 28 days) |
| EBGLYSS PEN | 4 | PA; QL (2 per 28 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| EBGLYSS SYRINGE | 4 | PA; QL (2 per 28 days) |
| EUCRISA | 3 | ST; QL (1 per 30 days) |
| FILSUVEZ | 4 | PA |
| *fluorouracil topical cream 5 %* | 1 | QL (40 per 365 days) |
| *fluorouracil topical solution* | 1 | QL (10 per 365 days) |
| HYFTOR | 4 | PA; QL (3 per 30 days) |
| *imiquimod topical cream in packet 5 %* | 1 | QL (36 per 365 days) |
| *methoxsalen* | 4 | |
| OPZELURA | 4 | PA; QL (60 per 30 days) |
| PANRETIN | 4 | PA |
| *pimecrolimus* | 2 | ST |
| *podofilox topical solution* | 1 | |
| *tacrolimus topical* | 1 | |
| VALCHLOR | 4 | PA; QL (60 per 30 days) |
| ZELSUVMI | 4 | PA; QL (31 per 28 days) |
| **THERAPY FOR ACNE** | | |
| *adapalene topical cream* | 2 | PA for age 29 and older; QL (45 per 30 days) |
| *adapalene topical gel 0.3 %* | 2 | PA for age 29 and older; QL (45 per 30 days) |
| *adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %* | 2 | |
| *amnesteem* | 2 | |
| *azelaic acid* | 2 | |
| *brimonidine topical* | 2 | PA; QL (30 per 30 days) |
| *claravis* | 2 | |
| *clindacin etz topical swab* | 1 | |
| *clindacin p* | 1 | |
| *clindamycin phosphate topical gel* | 2 | |
| *clindamycin phosphate topical lotion* | 2 | |
| *clindamycin phosphate topical solution* | 1 | |
| *clindamycin phosphate topical swab* | 1 | |
| *clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %* | 1 | |
| *dapsone topical gel 5 %* | 2 | ST |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ery pads* | 2 | |
| *erythromycin with ethanol topical gel* | 2 | |
| *erythromycin with ethanol topical solution* | 1 | |
| *erythromycin-benzoyl peroxide* | 2 | ST |
| *ivermectin topical cream* | 2 | PA |
| *metronidazole topical cream* | 1 | |
| *metronidazole topical gel 0.75 %* | 1 | QL (45 per 30 days) |
| *metronidazole topical gel 1 %* | 2 | QL (60 per 30 days) |
| *metronidazole topical gel with pump* | 2 | QL (60 per 30 days) |
| *neuac* | 1 | |
| *rosadan topical cream* | 1 | |
| *rosadan topical gel* | 1 | QL (45 per 30 days) |
| *sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)* | 1 | |
| *tazarotene topical cream 0.1 %* | 2 | |
| *tretinoin topical cream 0.025 %, 0.05 %* | 1 | PA for age 29 and older; QL (1 per 30 days) |
| *tretinoin topical cream 0.1 %* | 2 | PA for age 29 and older; QL (1 per 30 days) |
| *zenatane* | 2 | |
| **TOPICAL ANESTHETICS** | | |
| *dermacinrx lidocan* | 2 | QL (3 per 1 day) |
| *lidocaine hcl mucous membrane solution 2 %* | 1 | |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | 2 | |
| *lidocaine topical adhesive patch,medicated 5 %* | 2 | QL (3 per 1 day) |
| *lidocaine topical ointment* | 1 | |
| *lidocaine-prilocaine topical cream* | 1 | |
| *lidocan iii* | 2 | QL (3 per 1 day) |
| *lidocan iv* | 2 | QL (3 per 1 day) |
| *lidocan v* | 2 | QL (3 per 1 day) |
| **TOPICAL ANTIBACTERIALS** | | |
| *gentamicin topical* | 1 | |
| *mupirocin* | 1 | |
| *sulfacetamide sodium (acne)* | 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 |
|---|---|---|
| **TOPICAL ANTIFUNGALS** | | |
| *ciclodan* | 1 | |
| *ciclopirox topical cream* | 1 | |
| *ciclopirox topical gel* | 2 | |
| *ciclopirox topical shampoo* | 2 | |
| *ciclopirox topical solution* | 1 | |
| *ciclopirox topical suspension* | 2 | |
| *clotrimazole-betamethasone topical cream* | 1 | |
| *econazole nitrate topical cream* | 2 | |
| *ketoconazole topical cream* | 1 | |
| *ketoconazole topical shampoo* | 1 | |
| *klayesta* | 1 | |
| *nystatin topical* | 1 | |
| *nystatin-triamcinolone* | 1 | |
| *nystop* | 1 | |
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir topical ointment* | 1 | |
| **TOPICAL CORTICOSTEROIDS** | | |
| *alclometasone* | 2 | |
| *betamethasone dipropionate* | 2 | |
| *betamethasone valerate topical cream* | 2 | |
| *betamethasone valerate topical lotion* | 2 | |
| *betamethasone valerate topical ointment* | 2 | |
| *betamethasone, augmented topical cream* | 1 | |
| *betamethasone, augmented topical ointment* | 2 | |
| *clobetasol scalp* | 1 | |
| *clobetasol topical cream 0.05 %* | 1 | |
| *clobetasol topical gel* | 2 | |
| *clobetasol topical ointment* | 1 | |
| *clobetasol topical shampoo* | 2 | |
| *clobetasol topical spray,non-aerosol* | 2 | |
| *clobetasol-emollient topical cream* | 2 | |
| *desonide topical cream* | 2 | |
| *desonide topical lotion* | 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 |
|---|---|---|
| *desonide topical ointment* | 2 | |
| *desoximetasone topical cream 0.25 %* | 2 | |
| *desoximetasone topical ointment 0.25 %* | 2 | |
| *fluocinolone and shower cap* | 2 | |
| *fluocinolone topical cream 0.01 %* | 2 | |
| *fluocinolone topical cream 0.025 %* | 1 | |
| *fluocinolone topical oil* | 2 | |
| *fluocinolone topical ointment* | 2 | |
| *fluocinolone topical solution* | 2 | |
| *fluocinonide topical cream 0.05 %* | 2 | |
| *fluocinonide topical ointment* | 2 | |
| *fluocinonide topical solution* | 2 | |
| *fluticasone propionate topical cream* | 1 | |
| *fluticasone propionate topical ointment* | 1 | |
| *halobetasol propionate topical cream* | 2 | |
| *hydrocortisone butyrate topical cream* | 2 | |
| *hydrocortisone butyrate topical ointment* | 2 | |
| *hydrocortisone butyrate topical solution* | 2 | |
| *hydrocortisone topical cream 2.5 %* | 1 | |
| *hydrocortisone topical lotion 2.5 %* | 1 | |
| *hydrocortisone topical ointment 2.5 %* | 1 | |
| *hydrocortisone valerate topical cream* | 2 | |
| *mometasone topical* | 1 | |
| *triamcinolone acetonide topical cream* | 1 | |
| *triamcinolone acetonide topical lotion* | 1 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triderm topical cream 0.5 %* | 1 | |
| **TOPICAL ENZYMES** | | |
| SANTYL | 3 | QL (2 per 720 days) |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| *malathion* | 1 | QL (120 per 30 days) |
| *permethrin* | 1 | QL (120 per 30 days) |
| *spinosad* | 2 | QL (120 per 30 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **DIAGNOSTICS & MISCELLANEOUS AGENTS** | | |
| **ANOREXIANTS** | | |
| IMCIVREE | 4 | PA; QL (9 per 30 days) |
| **MISCELLANEOUS AGENTS** | | |
| *acamprosate* | 2 | |
| *anagrelide* | 1 | |
| AQVESME | 4 | PA; QL (2 per 1 day) |
| *caffeine citrate oral* | 1 | |
| *carglumic acid* | 4 | PA |
| *cevimeline* | 2 | |
| CHEMET | 3 | PA for age 18 and older |
| CUVRIOR | 4 | PA; QL (10 per 1 day) |
| *deferasirox* | 4 | PA |
| *deferiprone* | 4 | PA |
| *disulfiram* | 2 | |
| *droxidopa* | 4 | PA |
| DUVYZAT | 4 | PA; QL (3 per 32 days) |
| EMPAVELI | 4 | PA; LA; QL (160 per 28 days) |
| FABHALTA | 4 | PA; QL (2 per 1 day) |
| FERRIPROX ORAL SOLUTION | 4 | PA |
| FORZINITY | 4 | PA; LA; QL (4 per 28 days) |
| *glutamine (sickle cell)* | 4 | PA; QL (6 per 1 day) |
| *glycerol phenylbutyrate* | 4 | PA; QL (17.5 per 1 day) |
| HARLIKU | 4 | PA; LA; QL (1 per 1 day) |
| INCRELEX | 4 | PA; LA |
| JOENJA ORAL TABLET 40 MG, 50 MG | 4 | PA |
| JOENJA ORAL TABLET 70 MG | 4 | PA; QL (2 per 1 day) |
| KYGEVVI | 4 | PA; LA; QL (16 per 1 day) |
| *levocarnitine (with sugar)* | 2 | |
| *levocarnitine oral solution 100 mg/ml* | 2 | |
| *levocarnitine oral tablet* | 2 | |
| LITFULO | 4 | PA; QL (1 per 1 day) |
| *midodrine* | 1 | |
| *nitisinone* | 4 | PA; LA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NITYR | 4 | PA; LA |
| OLPRUVA | 4 | PA |
| ORFADIN ORAL SUSPENSION | 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) |
| REVCOVI | 4 | PA; LA |
| REZDIFFRA | 4 | PA; QL (1 per 1 day) |
| RHAPSIDO | 4 | PA; QL (2 per 1 day) |
| *riluzole* | 2 | |
| *risedronate oral tablet 30 mg* | 2 | QL (1 per 1 day) |
| *sodium chloride irrigation* | 1 | |
| *sodium phenylbutyrate* | 4 | PA |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG | 4 | PA; LA; QL (2 per 1 day) |
| SOHONOS ORAL CAPSULE 2.5 MG, 5 MG | 4 | PA; LA; QL (1 per 1 day) |
| TAVNEOS | 4 | PA; QL (6 per 1 day) |
| *tiopronin* | 4 | PA |
| *trientine oral capsule 250 mg* | 4 | PA; QL (8 per 1 day) |
| TRIENTINE ORAL CAPSULE 500 MG | 4 | PA; QL (4 per 1 day) |
| *venxxiva* | 4 | PA |
| VOYDEYA | 4 | PA; LA; QL (180 per 30 days) |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG | 4 | PA; QL (3 per 1 day) |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG | 4 | PA; QL (4 per 1 day) |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | 4 | PA; QL (7 per 1 day) |
| XURIDEN | 4 | |
| ZOKINVY | 4 | PA; LA; QL (4 per 1 day) |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl (smoking deter)* | 1 | ACA; QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *nicorette buccal gum 4 mg* | 9 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| *nicotine* | 9 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| *nicotine (polacrilex) buccal gum* | 9 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| *nicotine (polacrilex) buccal lozenge 2 mg* | 9 | 183 day supply in rolling 365 days; ACA; OTC |
| *nicotine (polacrilex) buccal lozenge 4 mg* | 9 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| *nicotine (polacrilex) buccal mini lozenge* | 9 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| NICOTROL NS | 3 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA |
| *quit 2* | 9 | 183 day supply in rolling 365 days; ACA; OTC |
| *quit 4* | 9 | 183 day supply in rolling 365 days; ACA; OTC |
| *stop smoking aid* | 9 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| *varenicline tartrate* | 2 | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA |
| **EAR, NOSE & THROAT MEDICATIONS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 1 | |
| *chlorhexidine gluconate mucous membrane* | 1 | |
| *denta 5000 plus* | 1 | |
| *denta 5000 plus sensitive* | 1 | |
| *dentagel* | 1 | |
| *fluoride (sodium) dental cream* | 1 | |
| *fluoride (sodium) dental gel* | 1 | |
| *fluoride (sodium) dental paste* | 1 | |
| GELCLAIR | 3 | 15 units per fill |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | 1 | QL (1 per 28 days) |
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | 1 | QL (3 per 30 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *kourzeq* | 1 | |
| *olopatadine nasal* | 2 | QL (1 per 30 days) |
| *paroex oral rinse* | 1 | |
| *periogard* | 1 | |
| *pilocarpine hcl oral* | 1 | |
| *sf* | 1 | |
| *sf 5000 plus* | 1 | |
| *sodium fluoride 5000 plus* | 1 | |
| *sodium fluoride-pot nitrate* | 1 | |
| *triamcinolone acetonide dental* | 1 | |
| **MISCELLANEOUS OTIC PREPARATIONS** | | |
| *acetic acid otic (ear)* | 1 | |
| *ciprofloxacin hcl otic (ear)* | 2 | |
| *flac otic oil* | 2 | |
| *fluocinolone acetonide oil* | 2 | |
| *hydrocortisone-acetic acid* | 1 | |
| *ofloxacin otic (ear)* | 1 | |
| **OTIC STEROID / ANTIBIOTIC** | | |
| *ciprofloxacin-dexamethasone* | 2 | |
| *ciprofloxacin-hydrocortisone* | 2 | |
| *neomycin-polymyxin-hc otic (ear)* | 1 | |
| **ENDOCRINE/DIABETES** | | |
| **ADRENAL HORMONES** | | |
| ACTHAR | 4 | PA |
| ACTHAR SELFJECT | 4 | PA |
| AGAMREE | 3 | PA; QL (200 per 26 days) |
| CORTROPHIN GEL | 4 | PA |
| *deflazacort* | 4 | PA |
| *dexamethasone oral elixir* | 1 | |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *fludrocortisone* | 1 | |
| *hydrocortisone oral* | 1 | |
| *hydrocortisone sod succinate* | 2 | 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 |
|---|---|---|
| *jaythari* | 4 | PA |
| *kymbee* | 4 | PA |
| *methylprednisolone oral tablet 16 mg, 32 mg, 8 mg* | 2 | |
| *methylprednisolone oral tablet 4 mg* | 1 | |
| *methylprednisolone oral tablets,dose pack* | 1 | |
| *prednisolone oral solution* | 1 | |
| *prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | 1 | |
| *prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)* | 2 | |
| *prednisone oral solution* | 1 | |
| *prednisone oral tablet* | 1 | |
| *prednisone oral tablets,dose pack* | 1 | |
| *pyquvi* | 4 | PA |
| SOLU-CORTEF | 3 | QL (2 per 28 days) |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML | 3 | QL (2 per 28 days) |
| TARPEYO | 4 | PA; QL (4 per 1 day) |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | |
| *propylthiouracil* | 1 | |
| **BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES** | | |
| DEXCOM G6 RECEIVER | 3 | PA; CGM; QL (1 per 365 days) |
| DEXCOM G6 SENSOR | 3 | PA; CGM; QL (3 per 30 days) |
| DEXCOM G6 TRANSMITTER | 3 | PA; CGM; QL (1 per 68 days) |
| DEXCOM G7 15 DAY SENSOR | 3 | PA; CGM; QL (2 per 30 days) |
| DEXCOM G7 RECEIVER | 3 | PA; CGM; QL (1 per 365 days) |
| DEXCOM G7 SENSOR | 3 | PA; CGM; QL (3 per 30 days) |
| FREESTYLE CONTROL | 1 | OTC |
| FREESTYLE FREEDOM | 9 | OTC; QL (1 per 365 days) |
| FREESTYLE FREEDOM LITE | 9 | OTC; QL (1 per 365 days) |
| FREESTYLE INSULINX | 9 | OTC; QL (1 per 365 days) |
| FREESTYLE INSULINX TEST STRIPS | 1 | OTC; QL (100 per 30 days) |
| FREESTYLE LIBRE 14 DAY READER | 2 | PA; CGM; QL (1 per 365 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; CGM; QL (2 per 28 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR | 2 | PA; CGM; QL (2 per 30 days) |
| FREESTYLE LIBRE 2 READER | 2 | PA; CGM; QL (1 per 365 days) |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; CGM; QL (2 per 28 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | PA; CGM; QL (2 per 30 days) |
| FREESTYLE LIBRE 3 READER | 2 | PA; CGM; QL (1 per 365 days) |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; CGM; QL (2 per 28 days) |
| FREESTYLE TEST | 1 | OTC; QL (100 per 30 days) |
| PRECISION XTRA MONITOR | 9 | OTC; QL (1 per 365 days) |
| **DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT** | | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 1 | |
| OMNIPOD 5 (LIBRE 2/3 PLUS) | 2 | QL (10 per 30 days) |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) | 2 | QL (1 per 720 days) |
| **GLUCOSE ELEVATING AGENTS** | | |
| BAQSIMI | 2 | |
| *glucagon emergency kit (human)* | 2 | |
| GVOKE | 2 | |
| GVOKE HYPOPEN 2-PACK | 2 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 2 | |
| **INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU** | | |
| BD MICROTAINER LANCET 30 GAUGE | 1 | OTC; QL (210 per 30 days) |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 1 | |
| GENTEEL VACUUM LANCING DEVICE | 1 | OTC; QL (2 per 365 days) |
| LANCETS 33 GAUGE | 1 | OTC; QL (210 per 30 days) |
| LANCING DEVICE | 1 | OTC; QL (2 per 365 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 2 | QL (1 per 720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 2 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2 | QL (1 per 720 days) |
| OMNIPOD DASH PODS (GEN 4) | 2 | QL (10 per 30 days) |
| V-GO 20 | 2 | QL (30 per 30 days) |
| V-GO 30 | 2 | QL (30 per 30 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| V-GO 40 | 2 | QL (30 per 30 days) |
| **INSULIN THERAPY** | | |
| HUMALOG JUNIOR KWIKPEN U-100 | 2 | QL (100 per 30 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 2 | QL (100 per 30 days) |
| HUMALOG MIX 50-50 KWIKPEN | 2 | QL (100 per 30 days) |
| HUMALOG MIX 75-25 KWIKPEN | 2 | QL (100 per 30 days) |
| HUMALOG MIX 75-25(U-100)INSULN | 2 | QL (100 per 30 days) |
| HUMALOG U-100 INSULIN | 2 | QL (100 per 30 days) |
| HUMULIN 70/30 U-100 INSULIN | 2 | QL (100 per 30 days) |
| HUMULIN 70/30 U-100 KWIKPEN | 2 | QL (100 per 30 days) |
| HUMULIN N NPH INSULIN KWIKPEN | 2 | QL (100 per 30 days) |
| HUMULIN N NPH U-100 INSULIN | 2 | QL (100 per 30 days) |
| HUMULIN R REGULAR U-100 INSULN | 2 | QL (100 per 30 days) |
| HUMULIN R U-500 (CONC) KWIKPEN | 2 | QL (100 per 30 days) |
| INSULIN GLARGINE-YFGN | 2 | QL (100 per 30 days) |
| INSULIN LISPRO | 2 | QL (100 per 30 days) |
| INSULIN LISPRO PROTAMIN-LISPRO | 2 | QL (100 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN | 2 | QL (100 per 30 days) |
| LANTUS U-100 INSULIN | 2 | QL (100 per 30 days) |
| SOLIQUA 100/33 | 3 | ST; QL (18 per 28 days) |
| TOUJEO MAX U-300 SOLOSTAR | 2 | QL (100 per 30 days) |
| TOUJEO SOLOSTAR U-300 INSULIN | 2 | QL (100 per 30 days) |
| XULTOPHY 100/3.6 | 3 | ST; QL (15 per 28 days) |
| **MISCELLANEOUS HORMONES** | | |
| *cabergoline* | 1 | |
| *calcitonin (salmon) nasal* | 1 | |
| *calcitriol oral* | 1 | |
| CERDELGA | 4 | PA; QL (2 per 1 day) |
| CHORIONIC GONADOTROPIN, HUMAN | 4 | PA |
| *cinacalcet oral tablet 30 mg, 60 mg* | 2 | PA; QL (2 per 1 day) |
| *cinacalcet oral tablet 90 mg* | 2 | PA; QL (4 per 1 day) |
| CRENESSITY ORAL CAPSULE | 4 | PA; LA; QL (2 per 1 day) |
| CRENESSITY ORAL SOLUTION | 4 | PA; LA; QL (4 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *danazol* | 2 | |
| *desmopressin injection* | 1 | |
| *desmopressin nasal spray with pump* | 1 | |
| DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 4 | |
| *desmopressin oral* | 1 | |
| *doxercalciferol oral* | 2 | |
| GALAFOLD | 4 | PA; LA; QL (14 per 28 days) |
| ISTURISA | 4 | PA; LA; QL (4 per 1 day) |
| *methyltestosterone oral capsule* | 2 | QL (5 per 1 day) |
| *mifepristone oral tablet 300 mg* | 4 | PA; QL (4 per 1 day) |
| *miglustat* | 4 | PA; LA; QL (3 per 1 day) |
| MYALEPT | 4 | PA; LA |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | 4 | PA |
| OPFOLDA | 4 | PA; QL (8 per 28 days) |
| ORILISSA | 3 | PA |
| OVIDREL | 4 | PA |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 4 | PA; LA; QL (0.5 per 1 day) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML | 4 | PA; LA; QL (0.15 per 1 day) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML | 4 | PA; LA; QL (3 per 1 day) |
| *paricalcitol oral* | 2 | |
| PREGNYL | 4 | PA |
| RECORLEV | 4 | PA; QL (8 per 1 day) |
| *sapropterin* | 4 | PA |
| 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) |
| *testosterone cypionate* | 1 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *testosterone enanthate* | 1 | PA |
| *testosterone transdermal gel* | 2 | PA; QL (2 per 1 day) |
| *testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation* | 2 | PA; QL (60 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | 2 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 2 | PA; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | 2 | PA; QL (5 per 1 day) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | 2 | PA; QL (10 per 1 day) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | 2 | PA; QL (1 per 1 day) |
| *testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)* | 2 | PA; QL (2 per 1 day) |
| *testosterone transdermal solution in metered pump w/app* | 2 | PA; QL (180 per 30 days) |
| *tolvaptan (polycys kidney dis) oral tablet 15 mg* | 4 | PA; LA; QL (2 per 1 day) |
| *tolvaptan (polycys kidney dis) oral tablet 30 mg* | 4 | PA; LA; QL (1 per 1 day) |
| *tolvaptan (polycys kidney dis) oral tablets, sequential* | 4 | PA; LA; QL (56 per 28 days) |
| *tolvaptan oral tablet 15 mg* | 4 | PA; LA; QL (30 per 365 days) |
| *tolvaptan oral tablet 30 mg* | 4 | PA; LA; QL (60 per 365 days) |
| VOXZOGO | 4 | PA; QL (1 per 1 day) |
| YORVIPATH | 4 | PA; QL (2 per 28 days) |
| YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG | 4 | PA; QL (4 per 28 days) |
| YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG | 4 | PA; QL (8 per 28 days) |
| *zelvysia* | 4 | PA |
| **NON-INSULIN HYPOGLYCEMIC AGENTS** | | |
| *acarbose* | 1 | |
| CYCLOSET | 3 | |
| *dapagliflozin* | 2 | QL (1 per 1 day) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg* | 2 | QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg* | 2 | QL (2 per 1 day) |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | |
| *glipizide oral tablet extended release 24hr* | 1 | |
| *glipizide-metformin* | 1 | |
| *glyburide* | 1 | |
| *glyburide-metformin* | 1 | |
| GLYXAMBI | 2 | QL (1 per 1 day) |
| JANUMET | 2 | QL (2 per 1 day) |
| 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) |
| *metformin oral tablet 1,000 mg, 500 mg, 850 mg* | 1 | |
| *metformin oral tablet extended release 24 hr* | 1 | |
| *miglitol* | 2 | |
| MOUNJARO | 2 | PA; QL (2 per 28 days) |
| *nateglinide* | 2 | |
| OZEMPIC ORAL TABLET 1.5 MG | 2 | PA; QL (30 per 365 days) |
| OZEMPIC ORAL TABLET 4 MG, 9 MG | 2 | PA; QL (1 per 1 day) |
| OZEMPIC SUBCUTANEOUS | 2 | PA; QL (3 per 28 days) |
| *pioglitazone* | 1 | |
| *pioglitazone-metformin* | 1 | QL (2 per 1 day) |
| *repaglinide* | 2 | |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 2 | PA; QL (1 per 1 day) |
| RYBELSUS ORAL TABLET 3 MG | 2 | PA; QL (30 per 365 days) |
| *sitagliptin phos-metformin oral tablet* | 2 | QL (2 per 1 day) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg* | 2 | QL (1 per 1 day) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg* | 2 | QL (2 per 1 day) |
| *sitagliptin phosphate* | 2 | QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 2.5-1,000 MG | 3 | QL (2 per 1 day) |
| **THYROID HORMONES** | | |
| *levo-t* | 1 | |
| *levothyroxine oral tablet* | 1 | |
| *levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| *liomny* | 1 | |
| *liothyronine oral* | 1 | |
| *np thyroid* | 1 | |
| SYNTHROID | 3 | |
| *unithroid* | 1 | |
| **GASTROENTEROLOGY** | | |
| **ANTIDIARRHEALS & ANTISPASMODICS** | | |
| *chlordiazepoxide-clidinium* | 2 | |
| *dicyclomine oral capsule* | 1 | |
| *dicyclomine oral solution* | 2 | QL (40 per 1 day) |
| *dicyclomine oral tablet 20 mg* | 1 | |
| *digenyx* | 1 | |
| *diphenoxylate-atropine oral tablet* | 1 | |
| *ed-spaz* | 1 | |
| *glycopyrrolate oral solution* | 2 | PA |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *hyoscyamine sulfate oral elixir* | 1 | |
| *hyoscyamine sulfate oral tablet* | 1 | |
| *hyoscyamine sulfate oral tablet extended release 12 hr* | 1 | |
| *hyoscyamine sulfate oral tablet,disintegrating* | 1 | |
| *hyoscyamine sulfate sublingual* | 1 | |
| *hyosyne oral elixir* | 1 | |
| *methscopolamine* | 1 | |
| *oscimin* | 1 | |
| *oscimin sl* | 1 | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| AKYNZEO (NETUPITANT) | 3 | QL (1 per 28 days) |
| *alosetron* | 2 | PA; QL (2 per 1 day) |
| *alvimopan* | 2 | |
| *anucort-hc* | 1 | |
| *aprepitant oral capsule 125 mg* | 2 | QL (5 per 28 days) |
| *aprepitant oral capsule 40 mg* | 2 | 1 capsule per fill |
| *aprepitant oral capsule 80 mg* | 2 | QL (10 per 28 days) |
| *aprepitant oral capsule,dose pack* | 2 | QL (15 per 28 days) |
| *balsalazide* | 1 | |
| *betaine* | 4 | |
| *bisacodyl oral* | 9 | ACA; OTC |
| *budesonide oral capsule,delayed,extend.release* | 1 | |
| *budesonide oral tablet,delayed and ext.release* | 2 | PA |
| *budesonide rectal* | 2 | |
| BYLVAY ORAL CAPSULE 1,200 MCG | 4 | PA; LA; QL (5 per 1 day) |
| BYLVAY ORAL CAPSULE 400 MCG | 4 | PA; LA; QL (10 per 1 day) |
| BYLVAY ORAL PELLET 200 MCG | 4 | PA; LA; QL (8 per 1 day) |
| BYLVAY ORAL PELLET 600 MCG | 4 | PA; LA; QL (4 per 1 day) |
| CHOLBAM ORAL CAPSULE 250 MG | 4 | PA; QL (7 per 1 day) |
| CHOLBAM ORAL CAPSULE 50 MG | 4 | PA; QL (4 per 1 day) |
| CIMZIA | 4 | PA; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST | 4 | PA; QL (2 per 28 days) |
| *citroma* | 9 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *clearlax oral powder* | 9 | ACA; OTC |
| *compro* | 1 | |
| *constulose* | 1 | |
| CREON | 2 | |
| *cromolyn oral* | 1 | |
| CTEXLI | 4 | PA; QL (3 per 1 day) |
| DIPENTUM | 3 | ST |
| *doxylamine-pyridoxine (vit b6)* | 2 | ST; QL (4 per 1 day) |
| *dronabinol oral capsule* | 1 | |
| *dulcolax (magnesium hydroxide) oral suspension* | 9 | ACA; OTC |
| ENTYVIO PEN | 4 | PA; QL (1.36 per 28 days) |
| *enulose* | 1 | |
| EOHILIA | 4 | PA; QL (600 per 30 days) |
| GATTEX 30-VIAL | 4 | PA |
| *gavilax oral powder* | 9 | ACA; OTC |
| *gavilyte-c* | 1 | ACA |
| *gavilyte-g* | 1 | ACA |
| *gavilyte-n* | 1 | ACA |
| *generlac* | 1 | |
| *gentle laxative (bisacodyl) oral* | 9 | ACA; OTC |
| *gentle laxative (mag hydrox)* | 9 | ACA; OTC |
| *gentlelax* | 9 | ACA; OTC |
| *granisetron hcl oral* | 1 | QL (10 per 30 days) |
| *hemmorex-hc rectal suppository 25 mg* | 1 | |
| *hydrocortisone acetate rectal suppository 25 mg* | 1 | |
| *hydrocortisone rectal* | 1 | |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | 1 | |
| *hydrocortisone-pramoxine rectal cream* | 2 | |
| IBSRELA | 3 | PA; QL (2 per 1 day) |
| IQIRVO | 4 | PA; QL (1 per 1 day) |
| *lactulose oral solution* | 1 | |
| *laxative (bisacodyl) oral tablet,delayed release (dr/ec)* | 9 | ACA; OTC |
| *laxative peg 3350* | 9 | 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 |
|---|---|---|
| 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) |
| *lubiprostone* | 2 | QL (2 per 1 day) |
| LYNAVOY | 4 | PA; QL (2 per 1 day) |
| *magnesium citrate oral solution* | 9 | ACA; OTC |
| *meclizine oral tablet 12.5 mg, 25 mg* | 1 | |
| *mesalamine oral capsule (with del rel tablets)* | 2 | |
| *mesalamine oral capsule, extended release* | 2 | |
| *mesalamine oral capsule,extended release 24hr* | 2 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | 2 | |
| *mesalamine oral tablet,delayed release (dr/ec) 800 mg* | 2 | ST |
| *mesalamine rectal enema* | 1 | |
| *mesalamine rectal suppository* | 1 | QL (1 per 1 day) |
| *metoclopramide hcl oral solution* | 1 | |
| *metoclopramide hcl oral tablet* | 1 | |
| *milk of magnesia* | 9 | ACA; OTC |
| *milk of magnesia concentrated* | 9 | ACA; OTC |
| MOVANTIK | 2 | QL (1 per 1 day) |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML | 4 | PA; QL (2 per 28 days) |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML) | 4 | PA; QL (3 per 28 days) |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 4 | PA; QL (2 per 28 days) |
| OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML) | 4 | PA; QL (3 per 28 days) |
| *ondansetron hcl oral solution* | 1 | |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *onelax magnesium citrate* | 9 | ACA; OTC |
| *oral saline laxative* | 9 | ACA; OTC |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT | 3 | ST |
| *peg 3350-electrolytes* | 1 | ACA |
| *peg-electrolyte soln* | 1 | ACA |
| PERTZYE | 3 | ST |
| *phosphate laxative* | 9 | ACA; OTC |
| *polyethylene glycol 3350 oral powder* | 9 | ACA; OTC |
| *powderlax oral powder* | 9 | ACA; OTC |
| *prochlorperazine* | 1 | |
| *prochlorperazine maleate* | 1 | |
| PROCTOFOAM HC | 2 | |
| *procto-med hc* | 1 | |
| *proctosol hc topical* | 1 | |
| *proctozone-hc* | 1 | |
| *prucalopride* | 2 | ST; QL (1 per 1 day) |
| *purelax oral powder* | 9 | ACA; OTC |
| RELISTOR ORAL | 3 | PA; QL (3 per 1 day) |
| RELISTOR SUBCUTANEOUS SOLUTION | 3 | PA; QL (0.6 per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 3 | PA; QL (0.6 per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 3 | PA; QL (0.4 per 1 day) |
| *scopolamine base* | 1 | QL (10 per 30 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | 4 | PA; QL (1.2 per 42 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 4 | PA; QL (2.4 per 42 days) |
| *smoothlax oral powder* | 9 | ACA; OTC |
| SUCRAID | 4 | PA; QL (8 per 1 day) |
| *sulfasalazine* | 1 | |
| SYMPROIC | 2 | QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SYNDROS | 3 | PA |
| *trimethobenzamide oral* | 1 | |
| TRULANCE | 3 | PA; QL (1 per 1 day) |
| *ursodiol oral capsule 300 mg* | 2 | |
| *ursodiol oral tablet* | 2 | |
| VARUBI | 3 | QL (4 per 28 days) |
| VELSIPITY | 4 | PA; QL (1 per 1 day) |
| VIBERZI | 3 | PA; QL (2 per 1 day) |
| VIOKACE | 3 | ST |
| VOWST | 4 | PA; QL (12 per 365 days) |
| *women's gentle laxative(bisac)* | 9 | ACA; OTC |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2 | |
| ZYMFENTRA | 4 | PA; QL (2 per 28 days) |
| **ULCER THERAPY** | | |
| *amoxicil-clarithromy-lansopraz* | 2 | QL (224 per 365 days) |
| *cimetidine hcl oral* | 1 | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | 1 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | 1 | QL (2 per 1 day) |
| *esomeprazole magnesium oral granules dr for susp in packet* | 2 | PA for age 9 and older; QL (2 per 1 day) |
| *famotidine oral suspension for reconstitution* | 2 | |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | |
| *lansoprazole oral capsule,delayed release(dr/ec)* | 1 | QL (2 per 1 day) |
| *lansoprazole oral tablet,disintegrat, delay rel* | 2 | PA for age 8 and older; QL (1 per 1 day) |
| *misoprostol* | 1 | |
| *nizatidine oral capsule* | 2 | |
| *omeprazole oral capsule,delayed release(dr/ec)* | 1 | QL (2 per 1 day) |
| *pantoprazole oral tablet,delayed release (dr/ec)* | 1 | QL (2 per 1 day) |
| *rabeprazole oral tablet,delayed release (dr/ec)* | 2 | QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *sucralfate oral suspension* | 2 | |
| *sucralfate oral tablet* | 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) |
| ARMLUPEG | 4 | PA |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 4 | PA |
| FILKRI | 4 | PA |
| FULPHILA | 4 | PA |
| FYLNETRA | 4 | PA |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML | 4 | PA; QL (3 per 1 day) |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML | 4 | PA; QL (1.5 per 1 day) |
| GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML | 4 | PA; QL (2.4 per 1 day) |
| LEUKINE INJECTION RECON SOLN | 4 | PA |
| MIRCERA | 4 | PA |
| NEULASTA ONPRO | 4 | PA |
| NEULASTA SUBCUTANEOUS SYRINGE | 4 | PA |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML | 4 | PA; QL (3 per 1 day) |
| NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML | 4 | PA; QL (4.8 per 1 day) |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML | 4 | PA; QL (1.5 per 1 day) |
| 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) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML | 4 | PA; QL (4.8 per 1 day) |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML | 4 | PA; QL (1.5 per 1 day) |
| NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML | 4 | PA; QL (2.4 per 1 day) |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML | 4 | PA; QL (1.5 per 1 day) |
| NYPOZI INJECTION SYRINGE 480 MCG/0.8 ML | 4 | PA; QL (2.4 per 1 day) |
| NYVEPRIA | 4 | PA |
| 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 | PA; QL (2.4 per 1 day) |
| RETACRIT | 4 | PA |
| ROLVEDON | 4 | PA |
| RYZNEUTA | 4 | PA |
| STIMUFEND | 4 | PA |
| UDENYCA | 4 | PA |
| UDENYCA AUTOINJECTOR | 4 | PA |
| UDENYCA ONBODY | 4 | PA |
| XOLREMDI | 4 | PA; QL (4 per 1 day) |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML | 4 | PA; QL (1.5 per 1 day) |
| ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML | 4 | PA; QL (2.4 per 1 day) |
| ZIEXTENZO | 4 | PA |
| **GROWTH HORMONES** | | |
| GENOTROPIN | 4 | PA |
| GENOTROPIN MINIQUICK | 4 | PA |
| HUMATROPE INJECTION CARTRIDGE | 4 | PA |
| NGENLA | 4 | PA |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 4 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| OMNITROPE | 4 | PA |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 4 | PA |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG | 4 | PA; QL (4 per 28 days) |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG | 4 | PA; QL (8 per 28 days) |
| SOGROYA | 4 | PA; QL (3 per 28 days) |
| ZOMACTON | 4 | PA |
| **INTERFERONS** | | |
| ACTIMMUNE | 4 | PA |
| ALFERON N | 4 | |
| BESREMI | 4 | PA; QL (2 per 28 days) |
| BESREMI PEN | 4 | PA; QL (1 per 28 days) |
| PEGASYS | 4 | QL (4 per 28 days) |
| **VACCINES & MISCELLANEOUS IMMUNOLOGICALS** | | |
| ABRYSVO (PF) | 9 | PA for age 49 and younger; ACA; QL (1 per 720 days) |
| AREXVY (PF) | 9 | PA for age 49 and younger; ACA; QL (1 per 720 days) |
| AUDENZ (NATIONAL STOCKPILE) | 9 | |
| AUDENZ(PF)(NATIONAL STOCKPILE) | 9 | |
| BOTOX INJECTION RECON SOLN 100 UNIT | 4 | PA; QL (2 per 63 days) |
| BOTOX INJECTION RECON SOLN 200 UNIT | 4 | PA; QL (1 per 63 days) |
| CAPVAXIVE (PF) | 9 | ACA |
| COMIRNATY 2026-2027(5-11Y)(PF) | 9 | ACA |
| COMIRNATY 2026-27 (12Y UP)(PF) | 9 | ACA |
| DAXXIFY | 4 | PA; QL (3 per 63 days) |
| 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) |
| FLUAD 2026-2027 (65 YR UP)(PF) | 9 | ACA |
| FLUARIX 2026-2027 (PF) | 9 | ACA |
| FLUBLOK 2026-2027 (PF) | 9 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FLUCELVAX 2026-2027 (PF) | 9 | ACA |
| FLULAVAL 2026-2027 (PF) | 9 | ACA |
| FLUMIST 2026-2027 | 9 | ACA |
| FLUMIST HOME 2026-2027 | 9 | ACA |
| FLUZONE 2026-2027 | 9 | ACA |
| FLUZONE 2026-2027 (PF) | 9 | ACA |
| FLUZONE HIGH-DOSE 2026-27 (PF) | 9 | ACA |
| GRASTEK | 3 | PA; QL (1 per 1 day) |
| MNEXSPIKE 2026-2027 (PF) | 9 | ACA |
| MRESVIA (PF) | 9 | PA for age 49 and younger; ACA; QL (1 per 720 days) |
| MYOBLOC | 4 | PA; QL (1 per 63 days) |
| NUVAXOVID 2026-2027 (PF) | 9 | ACA |
| ODACTRA | 3 | PA; QL (1 per 1 day) |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY | 3 | PA; QL (1 per 1 day) |
| PALFORZIA (LEVEL 1) | 4 | PA; QL (45 per 365 days) |
| PALFORZIA (LEVEL 2) | 4 | PA; QL (90 per 365 days) |
| PALFORZIA (LEVEL 3) | 4 | PA; QL (45 per 365 days) |
| PALFORZIA (LEVEL 4) | 4 | PA; QL (15 per 365 days) |
| PALFORZIA (LEVEL 5) | 4 | PA; QL (30 per 365 days) |
| PALFORZIA (LEVEL 6) | 4 | PA; QL (60 per 365 days) |
| PALFORZIA (LEVEL 7) | 4 | PA; QL (30 per 365 days) |
| PALFORZIA (LEVEL 8) | 4 | PA; QL (60 per 365 days) |
| PALFORZIA (LEVEL 9) | 4 | PA; QL (30 per 365 days) |
| PALFORZIA (LEVEL 10) | 4 | PA; QL (60 per 365 days) |
| PALFORZIA INITIAL (4-17 YRS) | 4 | PA; QL (13 per 365 days) |
| PALFORZIA LEVEL 11 MAINTENANCE | 4 | PA; QL (30 per 30 days) |
| PNEUMOVAX-23 INJECTION SYRINGE | 9 | ACA |
| PREVNAR 20 (PF) | 9 | ACA |
| RAGWITEK | 3 | PA; QL (1 per 1 day) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE | 9 | ACA |
| SPIKEVAX 2026-2027(12Y UP)(PF) | 9 | ACA |
| SPIKEVAX 2026-27 (6M-11Y) (PF) | 9 | ACA |
| VAXNEUVANCE (PF) | 9 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT | 4 | PA; QL (1 per 63 days) |
| XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT | 4 | PA; QL (2 per 63 days) |
| **MUSCULOSKELETAL & RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | |
| *colchicine oral tablet* | 1 | |
| *febuxostat* | 1 | ST |
| *probenecid* | 1 | |
| *probenecid-colchicine* | 1 | |
| **OSTEOPOROSIS THERAPY** | | |
| *alendronate oral tablet 10 mg* | 1 | QL (1 per 1 day) |
| *alendronate oral tablet 35 mg, 70 mg* | 1 | QL (4 per 28 days) |
| FOSAMAX PLUS D | 2 | QL (4 per 28 days) |
| *ibandronate oral* | 1 | QL (1 per 28 days) |
| *raloxifene* | 1 | ACA |
| *risedronate oral tablet 150 mg* | 2 | QL (1 per 28 days) |
| *risedronate oral tablet 35 mg* | 2 | QL (4 per 28 days) |
| *risedronate oral tablet 5 mg* | 2 | QL (1 per 1 day) |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | 4 | PA; QL (1 per 28 days) |
| **OTHER RHEUMATOLOGICALS** | | |
| ACTEMRA ACTPEN | 4 | PA; QL (3.6 per 28 days) |
| ACTEMRA SUBCUTANEOUS | 4 | PA; QL (3.6 per 28 days) |
| ADALIMUMAB-ADBM | 4 | PA; QL (2 per 28 days) |
| BENLYSTA SUBCUTANEOUS | 4 | PA; QL (4 per 28 days) |
| ENBREL MINI | 4 | PA; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | 4 | PA; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE | 4 | PA; QL (4 per 28 days) |
| ENBREL SURECLICK | 4 | PA; QL (4 per 28 days) |
| 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.

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *leflunomide* | 1 | |
| LEQSELVI | 4 | PA; QL (2 per 1 day) |
| OLUMIANT | 4 | PA; QL (1 per 1 day) |
| ORENCIA CLICKJECT | 4 | PA; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | 4 | PA; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | 4 | PA; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | 4 | PA; QL (2.8 per 28 days) |
| OTEZLA | 4 | PA; QL (2 per 1 day) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 4 | PA; QL (55 per 365 days) |
| OTEZLA XR | 4 | PA; QL (1 per 1 day) |
| OTEZLA XR INITIATION | 4 | PA; QL (41 per 365 days) |
| *penicillamine* | 4 | PA; QL (16 per 1 day) |
| RASUVO (PF) | 3 | ST |
| RINVOQ LQ | 4 | PA; QL (12 per 1 day) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | 4 | PA; QL (1 per 1 day) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | 4 | PA; QL (56 per 365 days) |
| SIMLANDI(CF) AUTOINJECTOR | 4 | PA; QL (2 per 28 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | 4 | PA; QL (2 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 4 | PA; QL (1 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | 4 | PA; QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; QL (1 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | 4 | PA; QL (0.5 per 28 days) |
| *tofacitinib oral solution* | 4 | PA; QL (10 per 1 day) |
| *tofacitinib oral tablet* | 4 | PA; QL (2 per 1 day) |
| *tofacitinib oral tablet extended release 24 hr* | 4 | PA; QL (1 per 1 day) |
| TYENNE AUTOINJECTOR | 4 | PA; QL (3.6 per 28 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TYENNE SUBCUTANEOUS | 4 | PA; QL (3.6 per 28 days) |
| **OBSTETRICS & GYNECOLOGY** | | |
| **DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES** | | |
| CAYA CONTOURED | 9 | ACA |
| DUREX AVANTI BARE REAL FEEL | 9 | ACA; OTC |
| DUREX TROPICAL CONDOM | 9 | ACA; OTC |
| FC2 FEMALE CONDOM | 9 | 12 per fill; ACA; OTC |
| FEMCAP VAGINAL DEVICE 22 MM | 9 | ACA |
| TRUSTEX-RIA NON-LUB CONDOMS | 9 | ACA; OTC |
| **ESTROGENS & PROGESTINS** | | |
| *abigale* | 2 | |
| *abigale lo* | 2 | |
| BIJUVA | 3 | QL (1 per 1 day) |
| *camila* | 1 | ACA |
| COMBIPATCH | 3 | |
| *conjugated estrogens* | 2 | |
| *covaryx* | 2 | |
| *covaryx h.s.* | 2 | |
| CRINONE | 3 | PA |
| *deblitane* | 1 | ACA |
| *dotti* | 2 | QL (8 per 28 days) |
| *eemt* | 2 | |
| *eemt hs* | 2 | |
| *emzahh* | 1 | ACA |
| *errin* | 1 | ACA |
| *estradiol oral* | 1 | |
| *estradiol transdermal patch semiweekly* | 2 | QL (8 per 28 days) |
| *estradiol transdermal patch weekly* | 2 | QL (4 per 28 days) |
| *estradiol vaginal* | 2 | |
| *estradiol-norethindrone acet* | 2 | |
| *estrogens-methyltestosterone* | 2 | |
| *fyavolv* | 2 | |
| *gallifrey* | 1 | |
| *heather* | 1 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *incassia* | 1 | ACA |
| *jencycla* | 1 | ACA |
| *jinteli* | 2 | |
| *lyleq* | 1 | ACA |
| *lyllana* | 2 | QL (8 per 28 days) |
| *lyza* | 1 | ACA |
| *medroxyprogesterone intramuscular* | 1 | ACA |
| *medroxyprogesterone oral* | 1 | |
| *meleya* | 1 | ACA |
| *mimvey* | 2 | |
| *nora-be* | 1 | ACA |
| *norethindrone (contraceptive)* | 1 | ACA |
| *norethindrone acetate* | 1 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 2 | |
| OPILL | 9 | OTC |
| *orquidea* | 1 | ACA |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| *progesterone* | 1 | |
| *progesterone micronized oral* | 1 | |
| *sharobel* | 1 | ACA |
| *tulana* | 1 | ACA |
| *yuvafem* | 2 | |
| **MISCELLANEOUS OB/GYN** | | |
| CLEOCIN VAGINAL SUPPOSITORY | 3 | |
| *clindamycin phosphate vaginal* | 1 | |
| CLINDESSE | 3 | |
| *eluryng* | 1 | ACA |
| *enilloring* | 1 | ACA |
| *etonogestrel-ethinyl estradiol* | 1 | ACA |
| INTRAROSA | 3 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 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 |
|---|---|---|
| *miconazole-3 vaginal suppository* | 1 | |
| *mifepristone oral tablet 200 mg* | 2 | |
| MYFEMBREE | 3 | PA; QL (1 per 1 day) |
| *norelgestromin-ethin.estradiol* | 1 | ACA |
| NUVESSA | 3 | |
| ORIAHNN | 3 | PA; QL (2 per 1 day) |
| *terconazole* | 1 | |
| *tranexamic acid oral* | 2 | |
| *vandazole* | 1 | |
| XACIATO | 3 | |
| *xulane* | 1 | ACA |
| *zafemy* | 1 | ACA |
| **ORAL CONTRACEPTIVES & RELATED AGENTS** | | |
| *afirmelle* | 1 | ACA |
| *after pill* | 9 | ACA; OTC |
| *altavera (28)* | 1 | ACA |
| *alyacen 1/35 (28)* | 1 | ACA |
| *alyacen 7/7/7 (28)* | 1 | ACA |
| *amethia* | 1 | ACA |
| *amethyst (28)* | 1 | ACA |
| *apri* | 1 | ACA |
| *aranelle (28)* | 1 | ACA |
| *ashlyna* | 1 | ACA |
| *aubra* | 1 | ACA |
| *aubra eq* | 1 | ACA |
| *aurovela 1.5/30 (21)* | 1 | ACA |
| *aurovela 1/20 (21)* | 1 | ACA |
| *aurovela 24 fe* | 1 | ACA |
| *aurovela fe 1.5/30 (28)* | 1 | ACA |
| *aurovela fe 1-20 (28)* | 1 | ACA |
| *aviane* | 1 | ACA |
| *ayuna* | 1 | ACA |
| *azurette (28)* | 1 | ACA |
| *balziva (28)* | 1 | ACA |

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

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

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *introvale* | 1 | ACA |
| *isibloom* | 1 | ACA |
| *jaimiess* | 1 | ACA |
| *jasmiel (28)* | 1 | ACA |
| *jolessa* | 1 | ACA |
| *juleber* | 1 | ACA |
| *junel 1.5/30 (21)* | 1 | ACA |
| *junel 1/20 (21)* | 1 | ACA |
| *junel fe 1.5/30 (28)* | 1 | ACA |
| *junel fe 1/20 (28)* | 1 | ACA |
| *junel fe 24* | 1 | ACA |
| *kaitlib fe* | 1 | ACA |
| *kalliga* | 1 | ACA |
| *kariva (28)* | 1 | ACA |
| *kelnor 1/35 (28)* | 1 | ACA |
| *kurvelo (28)* | 1 | ACA |
| *larin 1.5/30 (21)* | 1 | ACA |
| *larin 1/20 (21)* | 1 | ACA |
| *larin 24 fe* | 1 | ACA |
| *larin fe 1.5/30 (28)* | 1 | ACA |
| *larin fe 1/20 (28)* | 1 | ACA |
| *lessina* | 1 | ACA |
| *levonest (28)* | 1 | ACA |
| *levonorgestrel* | 9 | ACA; OTC |
| *levonorgestrel-ethinyl estrad* | 1 | ACA |
| *levonorg-eth estrad triphasic* | 1 | ACA |
| LO LOESTRIN FE | 2 | |
| *lojaimiess* | 1 | ACA |
| *loryna (28)* | 1 | ACA |
| *low-ogestrel (28)* | 1 | ACA |
| *lo-zumandimine (28)* | 1 | ACA |
| *luizza* | 1 | ACA |
| *lutera (28)* | 1 | ACA |
| *marlissa (28)* | 1 | ACA |

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

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *syeda* | 1 | ACA |
| *tarina 24 fe* | 1 | ACA |
| *tarina fe 1/20 (28)* | 1 | ACA |
| *tilia fe* | 1 | ACA |
| *tri-estarylla* | 1 | ACA |
| *tri-legest fe* | 1 | ACA |
| *tri-linyah* | 1 | ACA |
| *tri-lo-estarylla* | 1 | ACA |
| *tri-lo-marzia* | 1 | ACA |
| *tri-lo-mili* | 1 | ACA |
| *tri-lo-sprintec* | 1 | ACA |
| *tri-mili* | 1 | ACA |
| *tri-sprintec (28)* | 1 | ACA |
| *tri-vylibra* | 1 | ACA |
| *tri-vylibra lo* | 1 | ACA |
| *turqoz (28)* | 1 | ACA |
| *tydemy* | 1 | ACA |
| *valtya* | 1 | ACA |
| *velivet triphasic regimen (28)* | 1 | ACA |
| *vestura (28)* | 1 | ACA |
| *vienva* | 1 | ACA |
| *viorele (28)* | 1 | ACA |
| *volnea (28)* | 1 | ACA |
| *vyfemla (28)* | 1 | ACA |
| *vylibra* | 1 | ACA |
| *wera (28)* | 1 | ACA |
| *wymzya fe* | 1 | ACA |
| *xarah fe* | 1 | ACA |
| *xelria fe* | 1 | ACA |
| *your choice* | 9 | ACA; OTC |
| *zarah* | 1 | ACA |
| *zovia 1-35 (28)* | 1 | ACA |
| *zumandimine (28)* | 1 | ACA |
| **OXYTOCICS** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *methylergonovine oral* | 2 | QL (8 per 1 day) |
| **OPHTHALMOLOGY** | | |
| **ANTIBIOTICS** | | |
| *bacitracin ophthalmic (eye)* | 2 | |
| *bacitracin-polymyxin b* | 1 | |
| BETADINE OPHTHALMIC PREP | 3 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT | 3 | |
| *ciprofloxacin hcl ophthalmic (eye)* | 1 | |
| *erythromycin ophthalmic (eye)* | 1 | |
| *gatifloxacin* | 2 | |
| *gentamicin ophthalmic (eye) drops* | 1 | |
| *levofloxacin ophthalmic (eye)* | 2 | |
| *moxifloxacin ophthalmic (eye) drops* | 1 | |
| NATACYN | 3 | |
| *neomycin-bacitracin-polymyxin* | 1 | |
| *neomycin-polymyxin-gramicidin* | 1 | |
| *ofloxacin ophthalmic (eye)* | 1 | |
| *polymyxin b sulf-trimethoprim* | 1 | |
| *tobramycin ophthalmic (eye)* | 1 | |
| **ANTIVIRALS** | | |
| *trifluridine* | 1 | |
| ZIRGAN | 3 | |
| **BETA-BLOCKERS** | | |
| *betaxolol ophthalmic (eye)* | 2 | |
| *carteolol* | 2 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 1 | |
| *timolol maleate ophthalmic (eye) drops* | 1 | |
| **CYCLOPLEGIC MYDRIATICS** | | |
| *atropine ophthalmic (eye) drops 1 %* | 2 | |
| *cyclopentolate* | 1 | |
| *homatropaire* | 1 | |
| *tropicamide* | 1 | |
| **DIRECT ACTING MIOTICS** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | 1 | |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | |
| *allergy eye (ketotifen)* | 1 | OTC |
| *azelastine ophthalmic (eye)* | 1 | |
| *cromolyn ophthalmic (eye)* | 1 | |
| *cyclosporine ophthalmic (eye)* | 2 | QL (2 per 1 day) |
| CYSTADROPS | 4 | PA; QL (20 per 28 days) |
| CYSTARAN | 4 | PA; QL (60 per 28 days) |
| *epinastine* | 2 | |
| *eye itch relief* | 1 | OTC |
| *ketotifen fumarate* | 1 | OTC |
| OXERVATE | 4 | PA; QL (56 per 720 days) |
| *proparacaine* | 1 | |
| *tetracaine hcl* | 1 | |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) | 1 | |
| XDEMVY | 4 | PA; QL (10 per 365 days) |
| XIIDRA | 2 | QL (2 per 1 day) |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| *bromfenac ophthalmic (eye) drops 0.09 %* | 2 | |
| *diclofenac sodium ophthalmic (eye)* | 1 | |
| *flurbiprofen sodium* | 2 | |
| *ketorolac ophthalmic (eye)* | 1 | |
| **ORAL DRUGS FOR GLAUCOMA** | | |
| *acetazolamide* | 1 | |
| *methazolamide* | 2 | |
| **OTHER GLAUCOMA DRUGS** | | |
| *bimatoprost ophthalmic (eye)* | 2 | |
| *brimonidine-timolol* | 2 | |
| *brinzolamide* | 2 | |
| *dorzolamide* | 1 | |
| *dorzolamide-timolol* | 1 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette* | 2 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *latanoprost* | 1 | |
| *travoprost* | 2 | ST |
| **STEROID-ANTIBIOTIC COMBINATIONS** | | |
| *neomycin-bacitracin-poly-hc* | 1 | |
| *neomycin-polymyxin b-dexameth* | 1 | |
| *neomycin-polymyxin-hc ophthalmic (eye)* | 1 | |
| *tobramycin-dexamethasone* | 1 | |
| **STEROIDS** | | |
| *dexamethasone sodium phosphate ophthalmic (eye)* | 1 | |
| *fluorometholone* | 1 | |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | 2 | |
| *prednisolone acetate* | 1 | |
| *prednisolone sodium phosphate ophthalmic (eye)* | 1 | |
| **STEROID-SULFONAMIDE COMBINATIONS** | | |
| *sulfacetamide-prednisolone* | 1 | |
| **SULFONAMIDES** | | |
| *sulfacetamide sodium ophthalmic (eye) drops* | 2 | |
| **SYMPATHOMIMETICS** | | |
| *apraclonidine* | 1 | |
| *brimonidine ophthalmic (eye) drops 0.15 %* | 2 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | 1 | |
| **VASOCONSTRICTOR DECONGESTANTS** | | |
| *phenylephrine hcl ophthalmic (eye)* | 2 | |
| **RESPIRATORY, ALLERGY, COUGH & COLD** | | |
| **ANTIHISTAMINE & ANTIALLERGENIC AGENTS** | | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML | 3 | PA |
| *carbinoxamine maleate oral tablet 4 mg* | 1 | |
| *cetirizine oral solution 1 mg/ml* | 1 | |
| *clemastine oral tablet* | 2 | QL (3 per 1 day) |
| *clemsza* | 2 | QL (3 per 1 day) |
| *cyproheptadine oral syrup* | 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *cyproheptadine oral tablet* | 1 | |
| *desloratadine oral tablet* | 1 | |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml* | 2 | |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | 1 | |
| *hydroxyzine hcl oral tablet* | 1 | |
| *hydroxyzine pamoate* | 1 | |
| *levocetirizine* | 1 | |
| *promethazine oral* | 1 | |
| *promethazine rectal* | 1 | |
| *promethegan* | 1 | |
| **COUGH & COLD THERAPY** | | |
| *benzonatate oral capsule 100 mg, 200 mg* | 1 | |
| *benzonatate oral capsule 150 mg* | 2 | |
| *codeine-guaifenesin* | 1 | |
| *g tussin ac* | 1 | |
| *hydrocodone-chlorpheniramine* | 1 | QL (120 per 30 days) |
| *hydrocodone-homatropine oral solution 5-1.5 mg/5 ml* | 1 | |
| *hydrocodone-homatropine oral tablet* | 1 | |
| *maxi-tuss ac* | 1 | |
| *promethazine-codeine* | 1 | |
| *promethazine-dm* | 1 | |
| *promethazine-phenylephrine* | 1 | |
| TUXARIN ER | 3 | QL (24 per 30 days) |
| **PULMONARY AGENTS** | | |
| *24 hour nasal allergy* | 1 | OTC |
| *acetylcysteine* | 1 | |
| ADEMPAS | 4 | PA; LA; QL (3 per 1 day) |
| ADVAIR HFA | 2 | QL (1 per 30 days) |
| *albuterol sulfate inhalation* | 1 | |
| *albuterol sulfate oral syrup* | 1 | |
| *albuterol sulfate oral tablet* | 1 | |
| ALYFTREK ORAL TABLET 10-50-125 MG | 4 | PA; QL (2 per 1 day) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 4 | PA; QL (3 per 1 day) |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *alyq* | 4 | PA; QL (2 per 1 day) |
| *ambrisentan* | 4 | PA; LA; QL (1 per 1 day) |
| ANDEMBRY AUTOINJECTOR | 4 | PA; QL (1.2 per 30 days) |
| ANORO ELLIPTA | 2 | QL (1 per 30 days) |
| ARNUITY ELLIPTA | 2 | QL (1 per 30 days) |
| ASMANEX HFA | 2 | QL (13 per 30 days) |
| 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) |
| *bosentan oral tablet* | 4 | PA; LA; QL (2 per 1 day) |
| *bosentan oral tablet for suspension* | 4 | PA; LA; QL (4 per 1 day) |
| BREO ELLIPTA | 2 | QL (1 per 30 days) |
| *breyna* | 2 | QL (1 per 30 days) |
| BRONCHITOL | 4 | PA; 20 capsules per day; 10 capsules per 365 days |
| *budesonide inhalation* | 1 | QL (120 per 30 days) |
| *budesonide nasal* | 1 | OTC |
| *budesonide-formoterol* | 2 | QL (1 per 30 days) |
| CINRYZE | 4 | PA |
| COMBIVENT RESPIMAT | 2 | QL (8 per 30 days) |
| *cromolyn inhalation* | 1 | |
| 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) |
| FASENRA | 4 | PA; QL (1 per 42 days) |
| FASENRA PEN | 4 | PA; QL (1 per 42 days) |
| *flunisolide* | 2 | ST |
| *fluticasone propionate nasal* | 1 | QL (1 per 30 days) |
| *fluticasone propion-salmeterol inhalation blister with device* | 1 | QL (1 per 30 days) |
| HAEGARDA | 4 | PA; LA |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % | 3 | |
| *icatibant* | 4 | PA; QL (9 per 28 days) |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| INCRUSE ELLIPTA | 2 | QL (1 per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler* | 2 | QL (2 per 30 days) |
| *ipratropium bromide inhalation solution* | 1 | |
| *ipratropium-albuterol* | 1 | QL (540 per 30 days) |
| JASCAYD | 4 | PA; QL (2 per 1 day) |
| KALYDECO | 4 | PA; QL (2 per 1 day) |
| *levalbuterol hcl* | 2 | |
| *macitentan* | 4 | PA; QL (1 per 1 day) |
| *mometasone nasal* | 2 | ST; QL (17 per 30 days) |
| *montelukast* | 1 | |
| *nasal allergy* | 1 | OTC |
| *nintedanib* | 4 | PA; QL (2 per 1 day) |
| NUCALA | 4 | PA; LA; QL (1 per 28 days) |
| OHTUVAYRE | 4 | PA; QL (5 per 1 day) |
| OPSYNVI | 4 | PA; QL (1 per 1 day) |
| ORKAMBI ORAL GRANULES IN PACKET | 4 | PA; QL (2 per 1 day) |
| ORKAMBI ORAL TABLET | 4 | PA; QL (4 per 1 day) |
| ORLADEYO | 4 | PA; LA; QL (1 per 1 day) |
| *pirfenidone oral capsule* | 4 | PA; QL (6 per 1 day) |
| *pirfenidone oral tablet 267 mg* | 4 | PA; QL (6 per 1 day) |
| PIRFENIDONE ORAL TABLET 534 MG | 4 | PA; QL (3 per 1 day) |
| *pirfenidone oral tablet 801 mg* | 4 | PA; QL (3 per 1 day) |
| PULMOZYME | 4 | PA; QL (5 per 1 day) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | 2 | QL (10.6 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | 2 | QL (21.2 per 30 days) |
| *roflumilast* | 2 | PA; QL (1 per 1 day) |
| RUCONEST | 4 | PA; QL (2 per 28 days) |
| *sajazir* | 4 | PA; QL (9 per 28 days) |
| SEREVENT DISKUS | 2 | QL (1 per 30 days) |
| *sildenafil (pulm.hypertension) oral suspension for reconstitution* | 4 | PA; QL (6 per 1 day) |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *sildenafil (pulm.hypertension) oral tablet* | 4 | PA; QL (3 per 1 day) |
| *sodium chloride inhalation* | 1 | |
| SPIRIVA RESPIMAT | 2 | QL (4 per 30 days) |
| STIOLTO RESPIMAT | 2 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT | 2 | QL (4 per 30 days) |
| SYMDEKO | 4 | PA; QL (2 per 1 day) |
| *tadalafil (pulm. hypertension)* | 4 | PA; QL (2 per 1 day) |
| TADLIQ | 4 | PA; QL (10 per 1 day) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | 4 | PA; LA; QL (1 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | 4 | PA; LA; QL (2 per 28 days) |
| *terbutaline oral* | 1 | |
| TEZSPIRE | 4 | PA; QL (1.91 per 28 days) |
| *theophylline oral tablet extended release 12 hr* | 1 | |
| *theophylline oral tablet extended release 24 hr* | 1 | |
| TRELEGY ELLIPTA | 2 | QL (1 per 30 days) |
| *triamcinolone acetonide nasal* | 1 | OTC |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL | 4 | PA; QL (2 per 1 day) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | 4 | PA; QL (3 per 1 day) |
| TYVASO | 4 | PA; QL (11.6 per 365 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG | 4 | PA; QL (1 per 30 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG | 4 | PA; QL (1 per 365 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG | 4 | PA; QL (224 per 30 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 48-80 MCG | 4 | PA; QL (224 per 28 days) |
| TYVASO REFILL KIT | 4 | PA; QL (81.2 per 28 days) |
| TYVASO STARTER KIT | 4 | PA; QL (1 per 365 days) |
| WINREVAIR | 4 | PA; QL (1 per 20 days) |
| *wixela inhub* | 1 | QL (1 per 30 days) |
| XHANCE | 3 | PA; QL (32 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 |
|---|---|---|
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML | 4 | PA; LA; QL (1 per 28 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML | 4 | PA; LA; QL (2 per 28 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML | 4 | PA; LA; QL (0.5 per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN | 4 | PA; LA; QL (1 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML | 4 | PA; LA; QL (1 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML | 4 | PA; LA; QL (2 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 4 | PA; LA; QL (0.5 per 28 days) |
| YUTREPIA | 4 | PA; QL (112 per 28 days) |
| *zafirlukast* | 2 | |
| **PULMONARY DEVICES** | | |
| AEROCHAMBER MECHANICAL VENT | 2 | |
| AEROCHAMBER MINI | 2 | |
| AEROCHAMBER PLUS FLOW-VU | 2 | |
| AEROCHAMBER PLUS Z STAT | 2 | |
| AEROCHAMBER2GO | 2 | |
| AEROVENT PLUS | 2 | |
| COMPACT SPACE CHAMBER | 2 | |
| EASIVENT HOLDING CHAMBER | 2 | |
| FLEXICHAMBER | 2 | |
| MICROCHAMBER | 2 | |
| OPTICHAMBER DIAMOND VHC | 2 | |
| POCKET CHAMBER | 2 | |
| RITEFLO AEROCHAMBER | 2 | |
| SPACE CHAMBER | 2 | |
| VORTEX HOLDING CHAMBER | 2 | |
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS & ANTISPASMODICS** | | |
| *darifenacin* | 2 | |
| *flavoxate* | 1 | |
| *mirabegron oral tablet extended release 24 hr* | 2 | ST; QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *oxybutynin chloride oral syrup* | 1 | |
| *oxybutynin chloride oral tablet 5 mg* | 1 | |
| *oxybutynin chloride oral tablet extended release 24hr* | 1 | |
| *solifenacin* | 1 | |
| *tolterodine* | 2 | |
| *trospium oral capsule,extended release 24hr* | 2 | |
| *trospium oral tablet* | 1 | |
| **BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY** | | |
| *alfuzosin* | 1 | |
| *dutasteride* | 1 | |
| *dutasteride-tamsulosin* | 2 | |
| *finasteride oral tablet 5 mg* | 1 | |
| *silodosin* | 2 | |
| *tadalafil oral tablet 10 mg, 20 mg* | 1 | QL (6 per 30 days) |
| *tadalafil oral tablet 2.5 mg, 5 mg* | 1 | PA; QL (1 per 1 day) |
| *tamsulosin* | 1 | |
| **CHOLINERGIC STIMULANTS** | | |
| *bethanechol chloride* | 1 | |
| **MISCELLANEOUS UROLOGICALS** | | |
| CAVERJECT | 3 | QL (4 per 30 days) |
| CAVERJECT IMPULSE | 3 | QL (4 per 30 days) |
| CYSTAGON | 4 | LA |
| EDEX | 3 | QL (4 per 30 days) |
| OXLUMO | 4 | PA |
| *potassium citrate oral tablet extended release* | 1 | |
| PROCYSBI | 4 | PA |
| RIVFLOZA | 4 | PA; QL (1 per 28 days) |
| *sildenafil* | 1 | QL (6 per 30 days) |
| **URINARY ANESTHETICS** | | |
| *phenazopyridine oral tablet 100 mg, 200 mg* | 1 | |
| **VITAMINS, HEMATINICS & ELECTROLYTES** | | |
| **ELECTROLYTES** | | |
| *calcium acetate(phosphat bind)* | 1 | QL (12 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *effer-k oral tablet, effervescent 25 meq* | 1 | |
| *kionex oral suspension* | 2 | |
| *klor-con 10* | 1 | |
| *klor-con 8* | 1 | |
| *klor-con m10* | 1 | |
| *klor-con m15* | 1 | |
| *klor-con m20* | 1 | |
| *lanthanum* | 2 | ST; QL (3 per 1 day) |
| LOKELMA | 3 | PA; QL (3 per 1 day) |
| *potassium chloride oral capsule, extended release* | 1 | |
| *potassium chloride oral liquid* | 1 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | 1 | |
| *potassium chloride oral tablet,er particles/crystals* | 1 | |
| *sevelamer carbonate oral tablet* | 1 | QL (17 per 1 day) |
| *sodium polystyrene sulfonate oral powder* | 1 | |
| *sodium polystyrene sulfonate oral suspension* | 2 | |
| *sps (with sorbitol)* | 2 | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM | 3 | PA; QL (4 per 1 day) |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM | 3 | PA; QL (1 per 1 day) |
| **MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES** | | |
| AQNEURSA | 4 | PA; LA; QL (4 per 1 day) |
| DOJOLVI | 4 | PA; LA |
| **VITAMINS & HEMATINICS** | | |
| *b complex 1 (with folic acid)* | 9 | ACA; OTC |
| *b complex-vitamin c-folic acid oral tablet* | 9 | ACA; OTC |
| *bal-care dha* | 1 | |
| *b-complex with vitamin c oral tablet 400-500 mcg-mg* | 9 | ACA; OTC |
| *classic prenatal* | 9 | ACA; OTC |
| *complete natal dha* | 1 | |
| *cyanocobalamin (vitamin b-12) injection* | 1 | |
| *dialyvite 800 oral tablet* | 9 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *elite-ob* | 1 | |
| *ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)* | 1 | |
| *flotrex* | 9 | ACA; OTC |
| *fluoride (sodium) oral drops* | 9 | ACA; OTC |
| *fluoride (sodium) oral tablet,chewable* | 9 | ACA; OTC |
| *folic acid oral tablet 1 mg* | 1 | |
| *folic acid oral tablet 400 mcg, 800 mcg* | 9 | ACA; OTC |
| *folitab* | 9 | ACA; OTC |
| *folivane-ob* | 1 | |
| *foltabs 800* | 9 | ACA; OTC |
| *full spectrum b-vitamin c* | 9 | ACA; OTC |
| *kobee* | 9 | ACA; OTC |
| *ludent fluoride* | 9 | ACA; OTC |
| *m-natal plus* | 1 | |
| *multi-vitamin with fluoride* | 9 | ACA; OTC |
| *multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride* | 9 | ACA; OTC |
| *mvc-fluoride* | 9 | ACA; OTC |
| *mynatal* | 1 | |
| *mynatal plus* | 1 | |
| *mynatal-z* | 1 | |
| *nephro vitamins* | 9 | ACA; OTC |
| *newgen* | 1 | |
| *pnv-dha* | 1 | |
| *pnv-omega* | 1 | |
| *pnv-select* | 1 | |
| *pr natal 400* | 1 | |
| *pr natal 400 ec* | 1 | |
| *pr natal 430* | 1 | |
| *pr natal 430 ec* | 1 | |
| *prenatabs fa* | 1 | |
| *prenatabs rx* | 1 | |
| *prenatal complete* | 9 | ACA; OTC |
| *prenatal multi-dha (algal oil)* | 9 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *prenatal multivitamins* | 9 | ACA; OTC |
| *prenatal one daily* | 9 | ACA; OTC |
| *prenatal oral tablet 28 mg iron- 800 mcg* | 9 | ACA; OTC |
| *prenatal plus* | 1 | |
| *prenatal plus (calcium carb)* | 1 | |
| *prenatal vit no.179-iron-folic* | 9 | ACA; OTC |
| *prenatal vitamin oral tablet 27 mg iron- 0.8 mg* | 9 | ACA; OTC |
| *prenatal vitamin with minerals* | 9 | ACA; OTC |
| *prenatal-u* | 1 | |
| *purevita folic acid oral tablet* | 9 | ACA; OTC |
| *renal vitamin* | 9 | ACA; OTC |
| *renal-vite* | 9 | ACA; OTC |
| *rena-vite* | 9 | ACA; OTC |
| *soluvita a,c,d with fluoride* | 9 | ACA; OTC |
| *stress formula with iron(sulf)* | 9 | ACA; OTC |
| *super b-50 complex* | 9 | ACA; OTC |
| *super quints* | 9 | ACA; OTC |
| *taron-c dha* | 1 | |
| *tricon* | 9 | ACA; OTC |
| *trinatal rx 1* | 1 | |
| *trinate* | 1 | |
| *tri-vitamin with fluoride* | 9 | ACA; OTC |
| *westab plus* | 1 | |
| *zatean-pn dha* | 1 | |
| *zatean-pn plus* | 1 | |

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**Notice Informing Individuals About Nondiscrimination and Accessibility Requirements**
**Discrimination is Against the Law**

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

Sentara Health Plans:

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

If you need these services, contact:

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

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

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

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

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

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

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

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

Sentara Health Plans

## Alternative Language Options for Notices and other Written Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Navajo:**
SHOOH: Diné Bizaad bee yáníłti'go doo bą́ą́h ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojį' hólne' 1-855-687-6260 (TTY: 711).

**Persian/Farsi:**

توجه:

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

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

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

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

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

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

**Urdu:**

توجہ دیں:

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

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

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

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