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**AvMed
Prescription Drug Formulary
2024 AvMed Individual and Family Plans
(Standard Plan)**

January 2024

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members must use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

This formulary was updated 01/01/2024

INTRODUCTION

The *AvMed Individual and Family Plans (Standard Plan) Formulary* was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The *AvMed Individual and Family Plans (Standard Plan) Formulary* is reflective of current medical practice as of the date of review.

The information contained in this *AvMed Individual and Family Plans (Standard Plan) Formulary* and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This *AvMed Individual and Family Plans (Standard Plan) 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 the *AvMed Individual and Family Plans (Standard Plan) Formulary* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the 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.

The *AvMed Individual and Family Plans (Standard Plan) Formulary* is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at <https://www.avmed.org/prescriptions>. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

Products are listed by generic name with brand name for reference only. **Boldface** type indicates that the drug is available as a generic. If a brand-name product is listed in the Brand column, the listed Tier applies to the brand-name drug. If no brand-name drug is listed, the Tier applies to the generic product.

To assist in understanding which specific strengths and dosage forms are on the AvMed Individual and Family Plans (Non-Standard Plan) Formulary, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the formulary. Any exceptions are noted.

Products on the AvMed Individual and Family Plans (Standard Plan) Formulary includes all strengths and dosage forms of the cited product.

pregabalin

Oral capsules, oral solution and all strengths of pregabalin would be included in this listing.

When a strength or dosage form is specified, only the specified strength and dosage form is on the AvMed Individual and Family Plans (Standard Plan) Formulary. Other strengths/dosage forms of the reference product are not.

acyclovir caps, tabs

The acyclovir capsules and tablets are on the *AvMed Individual and Family Plans (Non-Standard Plan) Formulary* from this entry, the acyclovir ointment cannot be assumed to be on the list unless there is a specific entry.

Extended-release and delayed-release products require their own entry.

sitagliptin/metformin

Janumet

The immediate-release product listing of Janumet alone would not include the extended-release product Janumet XR.

sitagliptin/metformin ext-rel

Janumet XR

A separate entry for Janumet XR confirms that the extended-release product is on the ***AvMed Individual and Family Plans (Standard Plan) Formulary***

Dosage forms on the *AvMed Individual and Family Plans (Standard Plan) Formulary* will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Since neomycin/polymyxin B/hydrocortisone is listed only in the OTIC section and the OPHTHALMIC section, it is limited to the otic solution and suspension, and the ophthalmic suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the ***AvMed Individual and Family Plans (Standard Plan) Formulary***.

DEFINITIONS

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

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose 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 Non-Preferred brand copay.

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

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

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

Preferred Medication 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.

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

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at <https://www.avmed.org/individuals-families/member-resources/forms/> to obtain a Medication Exception Request Form (MER).

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for all self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The co-payment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate co-payment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow 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. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication 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 the *AvMed Individual and Family Plans (Standard Plan) Formulary*. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication 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

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed participating pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine coverage 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 30-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, and is subject to a maximum of 13 refills per year. Many plans have the opportunity 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 up to a 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.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The co-payment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate co-payment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

What if my drug is not on the Drug List?

- If your drug is not on this drug list, call Member Engagement and make sure that your drug is not covered. If you learn that AvMed does not cover your drug, you have two choices: Ask Member Engagement for a list of similar drugs that are covered by AvMed.

When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AvMed. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.

- Ask AvMed to make an exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How do I ask for an exception to AvMed's Drug List?

You can ask AvMed to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list.

Certain products are available at \$0 cost share when utilized for preventive care. Additional products may be available at \$0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

Generally, AvMed will only approve your request for an exception if the preferred drugs included on the plan's drug list, [other utilization restrictions] would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list [utilization restriction exception], please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three business days for a decision.

If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 1-305-671-0200 using the Medication Exception Request Form. The Medication Exception Request Form is available at:

<https://www.avmed.org/individuals-families/member-resources/forms/>

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 by "QL". Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization, detailed in this introduction.

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 doctor decide which medication is most appropriate for you.

Tier 1: Generic

Tier 2: Preferred Brand

Tier 3: Non-Preferred Brand

Tier 4: Specialty Drugs

Tier 9: Zero Cost Share Preventive Drugs

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are 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
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- 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
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below). 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, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. 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?

Always ask your doctor 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 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 3-Month supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 3-Month supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 3-Month supplies include: Estrin, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The *AvMed Individual and Family Plans (Standard Plan) Formulary* is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card. For additional information, please visit our website at: www.avmed.org.

NOTICE

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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

Tier 1: Generic

Tier 2: Preferred Brand

Tier 3: Non-Preferred Brand

Tier 4: Specialty Drugs

Tier 9: Zero Cost Share Preventive Drugs

ACA: Affordable Care Act (ACA) preventive prescription drugs and over the counter items identified as an A or B recommendation by the United States Preventive Services Task Force. Please use this link for a list of Covered preventive care services: [healthcare.gov/what-are-my-preventive-care-benefits](https://www.healthcare.gov/what-are-my-preventive-care-benefits)

CGM: Continuous Glucose Monitor

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

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

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

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

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

Drug Name	Drug Tier	Requirements / Limits
APRETUDE	Tier 4	PA; ACA; QL (3 per 30 days)
APTIVUS	Tier 4	
<i>atazanavir</i>	Tier 2	
BARACLUDE ORAL SOLUTION	Tier 4	QL (20 per 1 day)
BIKTARVY	Tier 4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 4	PA; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 4	PA; QL (6 per 28 days)
CIMDUO	Tier 4	
COMPLERA	Tier 4	
<i>darunavir ethanolate</i>	Tier 4	
DELSTRIGO	Tier 4	
DESCOVY	Tier 4	ACA
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 4	
DOVATO	Tier 4	QL (1 per 1 day)
EDURANT	Tier 4	
<i>efavirenz</i>	Tier 2	
<i>efavirenz-emtricitabin-tenofov</i>	Tier 4	
<i>efavirenz-lamivuv-tenofov disop</i>	Tier 1	
<i>emtricitabine</i>	Tier 2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 4	ACA
EMTRIVA ORAL SOLUTION	Tier 4	
<i>entecavir</i>	Tier 4	QL (1 per 1 day)
EPCLUSA	Tier 4	PA; QL (1 per 1 day)
<i>etravirine</i>	Tier 4	
EVOTAZ	Tier 4	
<i>famciclovir</i>	Tier 1	
<i>fosamprenavir</i>	Tier 2	
FUZEON SUBCUTANEOUS RECON SOLN	Tier 4	

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

Drug Name	Drug Tier	Requirements / Limits
GENVOYA	Tier 4	
HARVONI	Tier 4	PA
INTELENCE ORAL TABLET 25 MG	Tier 4	
ISENTRESS	Tier 4	
ISENTRESS HD	Tier 4	
JULUCA	Tier 4	
LAGEVRIO (EUA)	Tier 3	8 caps per day; 80 caps in 365 days
<i>lamivudine oral solution</i>	Tier 1	
<i>lamivudine oral tablet 100 mg</i>	Tier 4	QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>lamivudine-zidovudine</i>	Tier 2	
LEDIPASVIR-SOFOSBUVIR	Tier 4	PA
LEXIVA ORAL SUSPENSION	Tier 4	
LIVTENCITY	Tier 4	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 2	
<i>lopinavir-ritonavir oral tablet</i>	Tier 4	
<i>maraviroc</i>	Tier 4	
MAVYRET ORAL PELLETS IN PACKET	Tier 2	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	Tier 2	PA; QL (3 per 1 day)
<i>nevirapine</i>	Tier 2	
NORVIR ORAL POWDER IN PACKET	Tier 4	
ODEFSEY	Tier 4	
<i>oseltamivir</i>	Tier 1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 3	
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3	6 tabs per day; 60 tablets in 365 days
PIFELTRO	Tier 4	
PREVYMIS ORAL	Tier 4	PA; QL (1 per 1 day)
PREZCOBIX	Tier 4	
PREZISTA ORAL SUSPENSION	Tier 4	
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 4	
REYATAZ ORAL POWDER IN PACKET	Tier 4	
<i>ribavirin inhalation</i>	Tier 4	
<i>rimantadine</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ritonavir</i>	Tier 1	
RUKOBIA	Tier 4	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	Tier 4	
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 4	
SOFOSBUVIR-VELPATASVIR	Tier 4	PA; QL (1 per 1 day)
SOVALDI	Tier 4	PA
<i>stavudine oral capsule 40 mg</i>	Tier 2	
STRIBILD	Tier 4	
SUNLENCA ORAL	Tier 4	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	Tier 4	PA; QL (3 per 126 days)
SYMTUZA	Tier 4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 4	PA; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	Tier 4	PA; LA; QL (0.5 per 28 days)
<i>tenofovir disoproxil fumarate</i>	Tier 2	QL (1 per 1 day)
TIVICAY	Tier 4	
TIVICAY PD	Tier 4	QL (6 per 1 day)
TRIUMEQ	Tier 4	
TRIUMEQ PD	Tier 4	
TYBOST	Tier 4	
<i>valacyclovir</i>	Tier 1	
<i>valganciclovir oral recon soln</i>	Tier 4	PA for age 18 and older
<i>valganciclovir oral tablet</i>	Tier 4	
VEMLIDY	Tier 4	PA; QL (1 per 1 day)
VIEKIRA PAK	Tier 4	PA
VIRACEPT ORAL TABLET	Tier 4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 4	QL (1 per 1 day)
VOSEVI	Tier 4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	Tier 3	QL (1 per 183 days)
ZEPATIER	Tier 4	PA
<i>zidovudine</i>	Tier 1	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 2	
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cefdinir</i>	Tier 1	
<i>cefixime</i>	Tier 2	
<i>cefpodoxime</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral capsule 750 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	PA; 100mL per fill
DIFICID ORAL TABLET	Tier 3	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	Tier 1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	Tier 2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	Tier 2	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	Tier 1	
<i>erythromycin oral tablet</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	Tier 2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	Tier 2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	PA; QL (180 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 1	
ARIKAYCE	Tier 4	PA; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	Tier 2	
<i>atovaquone-proguanil</i>	Tier 2	
BENZNIDAZOLE	Tier 3	PA
CAYSTON	Tier 4	LA
<i>chloroquine phosphate</i>	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin pediatric</i>	Tier 1	
COARTEM	Tier 3	
CYCLOSERINE	Tier 3	
<i>dapsone oral</i>	Tier 1	
EMVERM	Tier 3	PA; 2 tablets per fill
<i>ethambutol</i>	Tier 1	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
<i>ivermectin oral</i>	Tier 1	PA; QL (20 per 90 days)
KRINTAFEL	Tier 3	QL (2 per 365 days)
LAMPIT	Tier 3	PA
<i>linezolid</i>	Tier 1	
<i>mefloquine</i>	Tier 1	
<i>meropenem intravenous recon soln 1 gram</i>	Tier 4	
<i>metronidazole oral tablet</i>	Tier 1	
<i>neomycin</i>	Tier 1	
<i>nitazoxanide</i>	Tier 2	PA; QL (6 per 1 day)
<i>paromomycin</i>	Tier 1	
PASER	Tier 3	
<i>pentamidine inhalation</i>	Tier 2	
<i>praziquantel</i>	Tier 2	
PRETOMANID	Tier 3	PA; QL (1 per 1 day)
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 2	
<i>pyrimethamine</i>	Tier 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
<i>quinine sulfate</i>	Tier 2	
<i>rifabutin</i>	Tier 2	
<i>rifampin oral</i>	Tier 1	
SIVEXTRO ORAL	Tier 4	
<i>tinidazole</i>	Tier 1	
TOBI PODHALER	Tier 4	ST
<i>tobramycin in 0.225 % nacl</i>	Tier 4	
<i>tobramycin inhalation</i>	Tier 4	
TRECTOR	Tier 3	
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA; QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA; QL (42 per 120 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin</i>	Tier 1	
<i>penicillin v potassium</i>	Tier 1	
QUINOLONES		
BAXDELA ORAL	Tier 3	
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>levofloxacin oral solution</i>	Tier 2	
<i>levofloxacin oral tablet</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
<i>sulfatrim</i>	Tier 1	
TETRACYCLINES		
<i>avidoxy</i>	Tier 1	
<i>demeclocycline</i>	Tier 1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS,DOSE PACK	Tier 4	PA; QL (30 per 365 days)
<i>anastrozole</i>	Tier 1	ACA
AYVAKIT	Tier 4	PA; LA; QL (1 per 1 day)
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
BALVERSA ORAL TABLET 3 MG	Tier 4	PA; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	Tier 4	PA; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	Tier 4	PA; LA; QL (1 per 1 day)
<i>bexarotene</i>	Tier 4	PA
<i>bicalutamide</i>	Tier 1	
BOSULIF ORAL TABLET 100 MG	Tier 4	PA; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 4	PA; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA; LA; QL (6 per 1 day)
BRUKINSA	Tier 4	PA; LA; QL (4 per 1 day)
CABOMETYX	Tier 4	PA; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	Tier 4	PA; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	Tier 4	PA; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	Tier 4	PA; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; LA; QL (1 per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 4	PA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	Tier 4	PA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	Tier 4	PA; QL (84 per 28 days)
COPIKTRA	Tier 4	PA; LA; QL (2 per 1 day)
COTELLIC	Tier 4	PA; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	Tier 4	
CYCLOPHOSPHAMIDE ORAL TABLET	Tier 4	
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral capsule</i>	Tier 1	
DAURISMO ORAL TABLET 100 MG	Tier 4	PA; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	Tier 4	PA; QL (2 per 1 day)
DROXIA	Tier 2	
ELIGARD	Tier 4	PA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (3 MONTH)	Tier 4	PA; QL (1 per 63 days)
ELIGARD (4 MONTH)	Tier 4	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	Tier 4	PA; QL (1 per 126 days)
EMCYT	Tier 4	PA
ENSPRYNG	Tier 4	PA; QL (1 per 28 days)
ERIVEDGE	Tier 4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	Tier 4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	Tier 4	PA; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; QL (3 per 1 day)
<i>etoposide oral</i>	Tier 4	PA
<i>everolimus (antineoplastic) oral tablet</i>	Tier 4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	Tier 4	PA
<i>exemestane</i>	Tier 1	ACA
EXKIVITY	Tier 4	PA; QL (4 per 1 day)
FENSOLVI	Tier 4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	PA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	PA; QL (1 per 30 days)
FOTIVDA	Tier 4	PA; QL (21 per 28 days)
GAVRETO	Tier 4	PA; LA; QL (4 per 1 day)
<i>gengraf</i>	Tier 1	
GILOTRIF	Tier 4	PA; QL (1 per 1 day)
GLEOSTINE	Tier 4	PA
HYCAMTIN ORAL	Tier 4	PA
<i>hydroxyurea</i>	Tier 1	
IBRANCE	Tier 4	PA; QL (1 per 1 day)
ICLUSIG	Tier 4	PA; QL (1 per 1 day)
IDHIFA	Tier 4	PA; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 4	PA; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 4	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL SUSPENSION	Tier 4	PA; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG	Tier 4	PA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	Tier 4	PA; QL (4 per 1 day)
INQOVI	Tier 4	PA; QL (5 per 28 days)
INREBIC	Tier 4	PA; LA; QL (4 per 1 day)
IRESSA	Tier 4	PA; QL (1 per 1 day)
JAKAFI	Tier 4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	Tier 4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	Tier 4	PA; QL (1 per 1 day)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	Tier 4	PA; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	Tier 4	PA; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 4	PA; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	Tier 4	PA; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	Tier 4	PA; QL (63 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	Tier 4	PA; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	Tier 4	PA; QL (4 per 1 day)
KRAZATI	Tier 4	PA; QL (6 per 1 day)
<i>lapatinib</i>	Tier 4	PA; QL (6 per 1 day)
<i>lenalidomide</i>	Tier 4	PA; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	Tier 4	PA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 4	PA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	Tier 4	PA; QL (60 per 30 days)
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 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
LEUPROLIDE (3 MONTH)	Tier 4	PA; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	Tier 4	PA; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	Tier 4	PA; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	Tier 4	PA; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	Tier 4	PA; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	Tier 4	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	Tier 4	PA; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	Tier 4	PA; QL (3 per 1 day)
LUPKYNIS	Tier 4	PA; QL (6 per 1 day)
LUPRON DEPOT	Tier 4	PA; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	Tier 4	PA; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	Tier 4	PA; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	Tier 4	PA; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	Tier 4	PA; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	Tier 4	PA; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; QL (1 per 126 days)
LYNPARZA	Tier 4	PA; QL (4 per 1 day)
LYSODREN	Tier 4	PA
LYTGOBI	Tier 4	PA; LA; QL (12 per 63 days)
MATULANE	Tier 4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MEKINIST ORAL RECON SOLN	Tier 4	PA; QL (40 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	Tier 4	PA; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	Tier 4	PA; QL (1 per 1 day)
MEKTOVI	Tier 4	PA; LA; QL (6 per 1 day)
<i>melphalan</i>	Tier 4	PA
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution</i>	Tier 1	
MYCAPSSA	Tier 4	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	Tier 2	
<i>mycophenolate mofetil oral tablet</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
MYLERAN	Tier 4	PA
NERLYNX	Tier 4	PA; LA; QL (6 per 1 day)
<i>nilutamide</i>	Tier 4	PA; QL (1 per 1 day)
NINLARO	Tier 4	PA; QL (3 per 30 days)
NUBEQA	Tier 4	PA; LA; QL (4 per 1 day)
ODOMZO	Tier 4	PA; LA; QL (1 per 1 day)
ONUREG	Tier 4	PA; QL (14 per 28 days)
ORGOVYX	Tier 4	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	Tier 4	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	Tier 4	PA; QL (3 per 1 day)
PEMAZYRE	Tier 4	PA; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 4	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Tier 4	PA; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	Tier 4	PA; QL (56 per 28 days)
POMALYST	Tier 4	PA; LA; QL (1 per 1 day)
QINLOCK	Tier 4	PA; LA; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	Tier 4	PA; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	Tier 4	PA; LA; QL (4 per 1 day)
REVLIMID	Tier 4	PA; LA; QL (1 per 1 day)
REZLIDHIA	Tier 4	PA; QL (2 per 1 day)
REZUROCK	Tier 4	PA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	Tier 4	PA; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	Tier 4	PA; LA; QL (3 per 1 day)
RUBRACA	Tier 4	PA; LA; QL (4 per 1 day)
RYDAPT	Tier 4	PA; QL (8 per 1 day)
SANDIMMUNE ORAL SOLUTION	Tier 2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	Tier 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
SCEMBLIX ORAL TABLET 20 MG	Tier 4	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	Tier 4	PA; QL (10 per 1 day)
SIGNIFOR	Tier 4	PA
<i>sirolimus</i>	Tier 2	
SOLTAMOX	Tier 3	
<i>sorafenib</i>	Tier 4	PA; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	Tier 4	PA; QL (3 per 1 day)
STIVARGA	Tier 4	PA; QL (84 per 30 days)
<i>sunitinib malate</i>	Tier 4	PA; QL (1 per 1 day)
SUPPRELIN LA	Tier 4	PA; QL (1 per 365 days)
TABLOID	Tier 4	PA
TABRECTA	Tier 4	PA; QL (4 per 1 day)
<i>tacrolimus oral</i>	Tier 1	
TAFINLAR ORAL CAPSULE	Tier 4	PA; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	Tier 4	PA; QL (30 per 1 day)
TAGRISSE	Tier 4	PA; LA; QL (1 per 1 day)
TALZENNA	Tier 4	PA; QL (1 per 1 day)
<i>tamoxifen</i>	Tier 1	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	Tier 4	PA; QL (2 per 1 day)
TAZVERIK	Tier 4	PA; LA; QL (8 per 1 day)
<i>temozolomide</i>	Tier 4	PA
TEPMETKO	Tier 4	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	QL (1 per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	Tier 4	QL (2 per 1 day)
TIBSOVO	Tier 4	PA; QL (2 per 1 day)
<i>toremifene</i>	Tier 2	QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	Tier 4	PA; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 4	PA; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	Tier 4	PA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin (antineoplastic)</i>	Tier 4	PA
TRIPTODUR	Tier 4	PA; QL (1 per 126 days)
TUKYSA	Tier 4	PA; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA; LA; QL (4 per 1 day)
VANFLYTA	Tier 4	PA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	Tier 4	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	Tier 4	PA; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	Tier 4	PA; QL (42 per 365 days)
VERZENIO	Tier 4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	Tier 4	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Tier 4	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	Tier 4	PA; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	Tier 4	PA; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	Tier 4	PA; LA; QL (10 per 1 day)
VIZIMPRO	Tier 4	PA; QL (1 per 1 day)
VONJO	Tier 4	PA; QL (4 per 1 day)
VOTRIENT	Tier 4	PA; QL (4 per 1 day)
WELIREG	Tier 4	PA; LA; QL (3 per 1 day)
XALKORI	Tier 4	PA; QL (4 per 1 day)
XOSPATA	Tier 4	PA; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	Tier 4	PA; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	Tier 4	PA; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 4	PA; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	Tier 4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	Tier 4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	Tier 4	PA; QL (2 per 1 day)
YONSA	Tier 4	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZEJULA ORAL CAPSULE	Tier 4	PA; LA; QL (3 per 1 day)
ZEJULA ORAL TABLET	Tier 4	PA; LA; QL (1 per 1 day)
ZELBORAF	Tier 4	PA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	Tier 4	PA; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Tier 4	PA; QL (1 per 28 days)
ZOLINZA	Tier 4	PA; QL (4 per 1 day)
ZYDELIG	Tier 4	PA; QL (2 per 1 day)
ZYKADIA	Tier 4	PA; QL (3 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	Tier 3	PA
BRIVIACT ORAL	Tier 3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
<i>clobazam</i>	Tier 2	PA
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating</i>	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG	Tier 4	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	Tier 4	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	Tier 4	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	Tier 4	PA; QL (6 per 1 day)
<i>diazepam rectal</i>	Tier 1	
DILANTIN	Tier 3	PA
<i>divalproex</i>	Tier 1	
EPIDIOLEX	Tier 4	PA; LA
<i>epitol</i>	Tier 1	
EQUETRO	Tier 3	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide</i>	Tier 1	
<i>felbamate</i>	Tier 2	
FINTEPLA	Tier 4	PA; LA; QL (12 per 1 day)
FYCOMPA	Tier 3	PA
<i>gabapentin oral capsule</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>lacosamide oral</i>	Tier 2	PA
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 2	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>levetiracetam oral</i>	Tier 1	
<i>methsuximide</i>	Tier 2	
NAYZILAM	Tier 3	PA; QL (10 per 30 days)
<i>oxcarbazepine</i>	Tier 1	
OXTELLAR XR	Tier 3	PA
<i>phenobarbital</i>	Tier 1	
<i>phenytoin oral suspension</i>	Tier 1	
<i>phenytoin oral tablet, chewable</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<i>pregabalin oral capsule</i>	Tier 1	
<i>pregabalin oral solution</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
<i>roweepra oral tablet 500 mg</i>	Tier 1	
<i>rufinamide</i>	Tier 2	PA
<i>subvenite</i>	Tier 1	
<i>tiagabine</i>	Tier 2	
<i>topiramate oral capsule, sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	Tier 1	
VALTOCO	Tier 3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	Tier 4	PA; LA

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

Drug Name	Drug Tier	Requirements / Limits
<i>vigadrone oral powder in packet</i>	Tier 4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	Tier 3	PA; 1 tab per day; 28 tablets in 365 days
<i>zonisamide</i>	Tier 1	
ZTALMY	Tier 3	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	Tier 4	PA; QL (3 per 1 day)
<i>benztropine oral</i>	Tier 1	
<i>bromocriptine</i>	Tier 1	
<i>carbidopa</i>	Tier 2	
<i>carbidopa-levodopa</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	Tier 4	PA; QL (10 per 1 day)
NEUPRO	Tier 3	ST
NOURIANZ	Tier 3	PA; LA; QL (1 per 1 day)
ONGENTYS	Tier 3	PA; QL (1 per 1 day)
<i>pramipexole oral tablet</i>	Tier 1	
<i>rasagiline</i>	Tier 2	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr</i>	Tier 2	
<i>selegiline hcl</i>	Tier 1	
<i>tolcapone</i>	Tier 2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	Tier 1	
XADAGO	Tier 3	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	Tier 3	PA; QL (1.5 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
AJOVY SYRINGE	Tier 3	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	Tier 2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	Tier 2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	Tier 2	PA; QL (8 per 28 days)
<i>eletriptan</i>	Tier 2	QL (12 per 30 days)
EMGALITY PEN	Tier 2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; QL (3 per 30 days)
ERGOMAR	Tier 3	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	Tier 2	
<i>frovatriptan</i>	Tier 2	QL (12 per 30 days)
<i>naratriptan</i>	Tier 1	QL (9 per 30 days)
NURTEC ODT	Tier 2	PA; QL (8 per 30 days)
QULIPTA	Tier 3	PA; QL (1 per 1 day)
REYVOW	Tier 3	PA; QL (4 per 30 days)
<i>rizatriptan</i>	Tier 1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	Tier 1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	Tier 1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	QL (6 per 30 days)
UBRELVY	Tier 3	PA; QL (10 per 30 days)
ZAVZPRET	Tier 3	PA; QL (1 per 30 days)
<i>zolmitriptan oral tablet</i>	Tier 1	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	Tier 1	QL (2 per 1 day)
<i>dichlorphenamide</i>	Tier 4	PA; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet 23 mg</i>	Tier 2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet, disintegrating</i>	Tier 1	
EVRYSDI	Tier 4	PA; LA; QL (6.7 per 1 day)
FIRDAPSE	Tier 4	PA; LA; QL (8 per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	Tier 2	
<i>galantamine oral tablet</i>	Tier 2	
INGREZZA	Tier 4	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PACK	Tier 4	PA; QL (28 per 365 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	Tier 2	
<i>memantine oral tablet</i>	Tier 1	
MEMANTINE ORAL TABLETS, DOSE PACK	Tier 1	
NUEDEXTA	Tier 4	PA; QL (2 per 1 day)
NULIBRY	Tier 4	PA
RADICAVA ORS STARTER KIT SUSP	Tier 4	PA
RELYVRIO	Tier 4	PA; QL (2 per 1 day)
<i>rivastigmine</i>	Tier 1	
<i>rivastigmine tartrate</i>	Tier 1	
SKYCLARYS	Tier 4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (4 per 1 day)
ZEPOSIA	Tier 4	PA; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	Tier 4	PA; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	Tier 4	
<i>baclofen oral tablet</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	Tier 1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet</i>	Tier 1	
<i>dantrolene oral</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<i>metaxalone oral tablet 800 mg</i>	Tier 2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	Tier 4	
<i>orphenadrine citrate oral</i>	Tier 1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release</i>	Tier 1	
<i>tizanidine oral capsule</i>	Tier 2	
<i>tizanidine oral tablet</i>	Tier 1	
<i>vanadom</i>	Tier 1	QL (4 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	Tier 1	PA; QL (6 per 1 day)
BELBUCA	Tier 3	PA; QL (2 per 1 day)
<i>buprenorphine</i>	Tier 2	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	Tier 1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	Tier 1	QL (3 per 1 day)
<i>butalbital compound w/codeine</i>	Tier 1	PA; QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg</i>	Tier 1	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>codeine-bitalbital-asa-caff</i>	Tier 1	PA; QL (6 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	Tier 1	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	Tier 1	PA; QL (8 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier 1	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	Tier 3	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (10 per 30 days)
FENTORA	Tier 3	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	Tier 2	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	Tier 1	PA; QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier 1	PA; QL (12 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 2	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	Tier 1	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	Tier 1	PA; QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	Tier 1	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	Tier 1	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 2	PA; QL (1 per 1 day)
<i>hydromorphone rectal</i>	Tier 1	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	Tier 1	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	Tier 1	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>methadose oral concentrate</i>	Tier 1	PA; QL (3 per 1 day)
<i>morphine concentrate oral solution</i>	Tier 1	PA; QL (4 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	Tier 1	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	Tier 1	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
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	Tier 1	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	Tier 1	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	Tier 2	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	Tier 2	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	Tier 2	PA; QL (3 per 1 day)
<i>oxycodone oral capsule</i>	Tier 1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	Tier 1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	Tier 1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	Tier 1	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	Tier 1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	Tier 1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	Tier 1	PA; QL (12 per 1 day)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	Tier 2	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Tier 1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Tier 1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	Tier 3	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	Tier 1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	Tier 1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier 2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	Tier 4	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	Tier 4	PA; QL (1.5 per 28 days)
<i>tencon</i>	Tier 1	QL (6 per 1 day)
XTAMPZA ER	Tier 3	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	Tier 1	OTC
<i>aspirin childrens</i>	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin oral tablet, chewable</i>	Tier 1	OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC
<i>aspir-trin</i>	Tier 1	OTC
<i>bayer low dose aspirin</i>	Tier 1	OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	Tier 2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	Tier 2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	Tier 2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	Tier 2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	Tier 1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	Tier 1	QL (3 per 1 day)
<i>butorphanol nasal</i>	Tier 1	PA; QL (5 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Tier 1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 2	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	Tier 2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	Tier 2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	Tier 1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	Tier 1	QL (300 per 30 days)
<i>diclofenac-misoprostol</i>	Tier 2	PA; QL (4 per 1 day)
<i>diflunisal</i>	Tier 2	QL (3 per 1 day)
<i>ecotrin low strength</i>	Tier 1	OTC
<i>etodolac oral capsule 200 mg</i>	Tier 2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	Tier 2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	Tier 1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	Tier 2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	Tier 2	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	QL (3 per 1 day)
<i>ibu</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral suspension</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg</i>	Tier 1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Tier 1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	Tier 1	QL (2 per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	Tier 2	PA; QL (4 per 1 day)
<i>ketorolac oral</i>	Tier 1	QL (20 per 30 days)
KLOXXADO	Tier 2	2 sprays per fill
<i>lofena</i>	Tier 1	
<i>mefenamic acid</i>	Tier 2	PA; 29 capsules per fill
<i>meloxicam oral tablet</i>	Tier 1	
<i>nabumetone oral tablet 500 mg</i>	Tier 1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	Tier 1	QL (2 per 1 day)
<i>naloxone injection solution</i>	Tier 1	
<i>naloxone injection syringe</i>	Tier 1	
<i>naloxone nasal</i>	Tier 2	2 sprays per fill
<i>naltrexone</i>	Tier 1	
<i>naproxen oral tablet 250 mg</i>	Tier 1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	Tier 1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	Tier 1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	Tier 1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 2	
NUCYNTA	Tier 3	PA; QL (4 per 1 day)
NUCYNTA ER	Tier 3	PA; QL (2 per 1 day)
<i>oxaprozin</i>	Tier 1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	Tier 2	PA; QL (4 per 1 day)
<i>piroxicam</i>	Tier 1	QL (1 per 1 day)
<i>salsalate</i>	Tier 1	
<i>st joseph aspirin</i>	Tier 1	OTC
<i>st. joseph aspirin</i>	Tier 1	OTC
<i>sulindac</i>	Tier 1	QL (2 per 1 day)
<i>tolmetin oral capsule</i>	Tier 2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tolmetin oral tablet 600 mg</i>	Tier 2	
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (8 per 1 day)
VIVITROL	Tier 4	
ZIMHI	Tier 3	1mL per fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	Tier 2	PA for age 17 and younger; QL (1 per 28 days)
ADDYI	Tier 3	PA; QL (1 per 1 day)
<i>alprazolam</i>	Tier 1	
<i>amitriptyline</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide</i>	Tier 2	
<i>amoxapine</i>	Tier 1	
<i>aripiprazole oral tablet</i>	Tier 1	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	Tier 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	Tier 2	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	PA for age 17 and younger; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 2	QL (2 per 1 day)
<i>asenapine maleate</i>	Tier 2	PA; QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	QL (4.5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	Tier 1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	Tier 1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	QL (2 per 1 day)
<i>bupropion</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	
<i>chlorpromazine oral tablet</i>	Tier 2	PA for age 17 and younger; QL (4 per 1 day)
<i>citalopram oral solution</i>	Tier 2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	Tier 1	QL (1 per 1 day)
<i>clomipramine</i>	Tier 2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	
<i>clorazepate dipotassium</i>	Tier 1	
<i>clozapine oral tablet 100 mg</i>	Tier 1	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	Tier 1	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 1	PA for age 17 and younger; QL (3 per 1 day)
<i>desipramine</i>	Tier 2	
<i>desvenlafaxine succinate</i>	Tier 2	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	Tier 2	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	Tier 1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	Tier 2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	Tier 1	PA for age 19 and older; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 7.5 mg</i>	Tier 1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	Tier 1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	Tier 1	PA; QL (3 per 1 day)
<i>diazepam intensol</i>	Tier 2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet</i>	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxepin oral tablet</i>	Tier 2	ST; QL (1 per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 per 1 day)
<i>ergoloid</i>	Tier 2	
<i>escitalopram oxalate oral solution</i>	Tier 2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 per 1 day)
<i>estazolam</i>	Tier 1	
<i>eszopiclone</i>	Tier 1	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	Tier 1	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	Tier 2	QL (20 per 1 day)
<i>fluoxetine oral tablet</i>	Tier 2	QL (1 per 1 day)
<i>fluphenazine decanoate</i>	Tier 2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	Tier 2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	Tier 2	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	Tier 2	PA for age 17 and younger; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	Tier 2	PA for age 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	Tier 1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	Tier 1	QL (1.5 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 2	PA for age 17 and younger

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

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate injection</i>	Tier 1	PA for age 17 and younger
<i>haloperidol lactate intramuscular</i>	Tier 1	PA for age 17 and younger
<i>haloperidol lactate oral</i>	Tier 1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	Tier 1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ LQ	Tier 4	PA
<i>imipramine hcl</i>	Tier 1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	PA for age 17 and younger; QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	PA for age 17 and younger; QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	PA for age 17 and younger; QL (2.63 per 63 days)
<i>lisdexamfetamine</i>	Tier 2	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	Tier 1	
<i>lorazepam intensol</i>	Tier 2	
<i>lorazepam oral concentrate</i>	Tier 2	
<i>lorazepam oral tablet</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>loxapine succinate oral capsule 10 mg</i>	Tier 1	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	Tier 1	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	Tier 1	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	Tier 4	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	Tier 2	PA; QL (2 per 1 day)
MARPLAN	Tier 3	PA
<i>methamphetamine</i>	Tier 2	PA for age 19 and older; QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	Tier 2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 2	PA for age 19 and older; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 2	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	Tier 1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 2	PA for age 19 and older; QL (2 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	Tier 3	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>mirtazapine</i>	Tier 1	QL (1 per 1 day)
<i>modafinil</i>	Tier 2	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	Tier 2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	Tier 2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	Tier 1	
<i>nortriptyline oral solution</i>	Tier 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
NUPLAZID	Tier 4	PA; QL (1 per 1 day)
<i>olanzapine oral tablet</i>	Tier 1	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	Tier 2	PA for age 17 and younger
<i>oxazepam</i>	Tier 1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 2	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	Tier 1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	Tier 1	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	Tier 1	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	Tier 2	PA for age 17 and younger
PERSERIS	Tier 2	PA for age 17 and younger; QL (1 per 28 days)
<i>phenelzine</i>	Tier 1	
<i>pimozide oral tablet 1 mg</i>	Tier 1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	Tier 1	QL (5 per 1 day)
<i>protriptyline</i>	Tier 2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	Tier 3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	PA; QL (2 per 1 day)
QUAZEPAM	Tier 2	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	PA for age 17 and younger; QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 2	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 2	PA for age 17 and younger; QL (2 per 1 day)
<i>ramelteon</i>	Tier 2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET	Tier 3	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA	Tier 2	PA for age 17 and younger; QL (2 per 28 days)
<i>risperidone oral solution</i>	Tier 1	PA for age 17 and younger; QL (8 per 1 day)
<i>risperidone oral tablet</i>	Tier 1	PA for age 17 and younger; QL (2 per 1 day)
<i>sertraline oral concentrate</i>	Tier 1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	Tier 1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	Tier 1	QL (1.5 per 1 day)
SODIUM OXYBATE	Tier 4	PA; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA; QL (8 per 28 days)
SUNOSI	Tier 3	PA; QL (1 per 1 day)
<i>tasimelteon</i>	Tier 4	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	PA for age 17 and younger; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	Tier 1	PA for age 17 and younger; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	PA for age 17 and younger; QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	Tier 2	PA for age 17 and younger; QL (6 per 1 day)
<i>tranylcypromine</i>	Tier 2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	Tier 2	QL (2 per 1 day)
<i>triazolam</i>	Tier 1	QL (1 per 1 day)
<i>trifluoperazine</i>	Tier 1	PA for age 17 and younger; QL (4 per 1 day)
<i>trimipramine</i>	Tier 2	
TRINTELLIX	Tier 3	ST; QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	Tier 1	QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	Tier 1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	Tier 1	QL (3 per 1 day)
<i>vilazodone</i>	Tier 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
VYVANSE	Tier 2	PA for age 19 and older; QL (1 per 1 day)
WAKIX	Tier 4	PA; LA; QL (2 per 1 day)
XYREM	Tier 4	PA; LA; QL (18 per 1 day)
XYWAV	Tier 4	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	Tier 1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 1	PA for age 19 and older; QL (3 per 1 day)
<i>ziprasidone hcl</i>	Tier 1	PA for age 17 and younger; QL (2 per 1 day)
<i>zolpidem oral tablet</i>	Tier 1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	Tier 2	QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 2	PA for age 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 2	PA for age 17 and younger; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	Tier 1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>aliskiren</i>	Tier 2	
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 2	
<i>amlodipine-valsartan</i>	Tier 2	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>betaxolol oral</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>bumetanide oral</i>	Tier 1	
<i>candesartan</i>	Tier 2	ST
<i>candesartan-hydrochlorothiazid</i>	Tier 2	ST
<i>captopril</i>	Tier 1	
<i>cartia xt</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>clonidine</i>	Tier 2	
<i>clonidine hcl oral tablet</i>	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	Tier 1	
<i>diltiazem hcl oral tablet</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	Tier 2	
<i>dilt-xr</i>	Tier 1	
DIURIL	Tier 3	
<i>doxazosin</i>	Tier 1	
<i>enalapril maleate oral tablet</i>	Tier 1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>nicardipine oral</i>	Tier 2	
<i>nifedipine</i>	Tier 1	
<i>nimodipine</i>	Tier 1	
<i>nisoldipine</i>	Tier 2	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
ORENITRAM	Tier 4	PA; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	Tier 4	PA; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	Tier 4	PA; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	Tier 4	PA; QL (252 per 365 days)
<i>perindopril erbumine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 2	PA
<i>pindolol</i>	Tier 2	
<i>prazosin</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>taztia xt</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>terazosin</i>	Tier 1	
<i>tiadylt er</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 2	
<i>torseamide oral</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<i>trandolapril-verapamil</i>	Tier 2	
<i>triamterene</i>	Tier 1	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
UPTRAVI ORAL TABLET	Tier 4	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	Tier 4	PA; LA; QL (200 per 365 days)
<i>valsartan oral tablet 160 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 320 mg, 40 mg</i>	Tier 2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 2	
<i>verapamil oral tablet</i>	Tier 1	
<i>verapamil oral tablet extended release</i>	Tier 1	
CARDIAC GLYCOSIDES		
<i>digox</i>	Tier 1	
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	Tier 2	
<i>aminocaproic acid oral tablet</i>	Tier 1	
<i>aspirin-dipyridamole</i>	Tier 2	
BRILINTA	Tier 2	
CABLIVI INJECTION KIT	Tier 4	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	Tier 1	
<i>clopidogrel</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
DOPTELET (15 TAB PACK)	Tier 4	PA; LA; QL (2 per 1 day)
ELIQUIS	Tier 2	
ELIQUIS DVT-PE TREAT 30D START	Tier 2	
<i>enoxaparin</i>	Tier 4	
<i>fondaparinux</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier 4	
FRAGMIN SUBCUTANEOUS SYRINGE	Tier 4	
<i>heparin (porcine) injection cartridge</i>	Tier 1	
<i>heparin (porcine) injection solution</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 1	
<i>jantoven</i>	Tier 1	
MULPLETA	Tier 4	PA; QL (7 per 365 days)
<i>pentoxifylline</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
<i>prasugrel</i>	Tier 1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	Tier 4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	Tier 4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	Tier 4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	Tier 4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	Tier 4	PA; LA; QL (2 per 1 day)
TAVALISSE	Tier 4	PA; LA; QL (2 per 1 day)
<i>warfarin</i>	Tier 1	
XARELTO DVT-PE TREAT 30D START	Tier 2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (20 per 1 day)
XARELTO ORAL TABLET	Tier 2	
ZONTIVITY	Tier 3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	Tier 2	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	
<i>cholestyramine (with sugar)</i>	Tier 1	
<i>cholestyramine light</i>	Tier 1	
<i>colesevelam</i>	Tier 2	
<i>colestipol</i>	Tier 1	
<i>ezetimibe</i>	Tier 1	
<i>ezetimibe-simvastatin</i>	Tier 2	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
<i>icosapent ethyl</i>	Tier 2	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
JUXTAPID	Tier 4	PA; LA
<i>lovastatin</i>	Tier 1	ACA
NEXLETOL	Tier 3	PA; QL (1 per 1 day)
NEXLIZET	Tier 3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	Tier 2	
<i>niacin oral tablet extended release 24 hr</i>	Tier 2	
NIACOR	Tier 2	
<i>omega-3 acid ethyl esters</i>	Tier 2	QL (4 per 1 day)
<i>pravastatin</i>	Tier 1	ACA
<i>prevalite</i>	Tier 1	
REPATHA PUSHTRONEX	Tier 2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	Tier 2	PA; QL (2 per 28 days)
REPATHA SYRINGE	Tier 2	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	ACA
<i>simvastatin oral tablet 80 mg</i>	Tier 1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	Tier 4	PA; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	Tier 3	PA; QL (15 per 1 day)
CORLANOR ORAL TABLET	Tier 3	QL (2 per 1 day)
ENTRESTO	Tier 3	
<i>ranolazine</i>	Tier 2	
VERQUVO	Tier 3	PA; QL (1 per 1 day)
VYNDAMAX	Tier 4	PA; QL (1 per 1 day)
VYNDAQEL	Tier 4	PA; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
<i>nitro-bid</i>	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 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
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	Tier 2	
<i>calcipotriene scalp</i>	Tier 1	
<i>calcipotriene topical cream</i>	Tier 1	
<i>calcipotriene topical ointment</i>	Tier 2	
<i>calcipotriene-betamethasone topical ointment</i>	Tier 2	ST
<i>calcitriol topical</i>	Tier 2	
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (2 per 28 days)
COSENTYX PEN	Tier 4	PA; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	Tier 4	PA; QL (2 per 28 days)
ILUMYA	Tier 4	PA; QL (1 per 63 days)
<i>selenium sulfide topical lotion</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1	
SILIQ	Tier 4	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 per 63 days)
STELARA INTRAVENOUS	Tier 4	PA; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (1 per 42 days)
TALTZ AUTOINJECTOR	Tier 4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	Tier 4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	Tier 4	PA; QL (1 per 28 days)
TALTZ SYRINGE	Tier 4	PA; QL (1 per 28 days)
TREMFYA	Tier 4	PA; QL (1 per 42 days)
BURN THERAPY		

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Drug Name	Drug Tier	Requirements / Limits
<i>silver sulfadiazine</i>	Tier 1	
<i>ssd</i>	Tier 1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	Tier 4	PA; QL (4 per 28 days)
<i>ammonium lactate</i>	Tier 1	
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	Tier 2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 4	PA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 4	PA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA; QL (4 per 28 days)
EUCRISA	Tier 3	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 per 365 days)
HYFTOR	Tier 4	PA; QL (30 per 30 days)
<i>methoxsalen</i>	Tier 4	
OPZELURA	Tier 4	PA; QL (60 per 30 days)
PANRETIN	Tier 4	PA
<i>pimecrolimus</i>	Tier 2	ST
<i>podofilox</i>	Tier 1	
REGRANEX	Tier 3	QL (15 per 720 days)
<i>tacrolimus topical</i>	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
VALCHLOR	Tier 4	PA; QL (60 per 30 days)
THERAPY FOR ACNE		
<i>accutane</i>	Tier 1	
<i>adapalene topical cream</i>	Tier 1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	Tier 1	PA for age 29 and older; QL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical gel with pump</i>	Tier 1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	
ALTRENO	Tier 3	PA
<i>amnesteem</i>	Tier 1	
<i>avita topical cream</i>	Tier 1	PA for age 29 and older; QL (1 per 30 days)
<i>azelaic acid</i>	Tier 2	
<i>brimonidine topical</i>	Tier 2	PA; QL (30 per 30 days)
<i>claravis</i>	Tier 1	
<i>clindacin etz topical swab</i>	Tier 1	
<i>clindacin p</i>	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily</i>	Tier 2	
<i>clindamycin phosphate topical lotion</i>	Tier 1	
<i>clindamycin phosphate topical solution</i>	Tier 1	
<i>clindamycin phosphate topical swab</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 2	
<i>dapsone topical gel</i>	Tier 2	ST
<i>ery pads</i>	Tier 2	
<i>erygel</i>	Tier 2	
<i>erythromycin with ethanol topical gel</i>	Tier 1	
<i>erythromycin with ethanol topical solution</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>ivermectin topical cream</i>	Tier 2	PA
<i>metronidazole topical cream</i>	Tier 1	
<i>metronidazole topical gel 0.75 %</i>	Tier 2	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	Tier 2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	Tier 2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>neuac</i>	Tier 2	
RHOFADE	Tier 3	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	Tier 1	
<i>rosadan topical gel</i>	Tier 2	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	Tier 1	
<i>sulfacleanse 8-4</i>	Tier 1	
<i>tazarotene topical cream</i>	Tier 2	ST
<i>tretinoin microspheres topical gel</i>	Tier 2	PA for age 29 and older
<i>tretinoin topical cream</i>	Tier 1	PA for age 29 and older; QL (1 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 1	PA for age 29 and older; QL (1 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	Tier 2	PA
<i>zenatane</i>	Tier 1	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	Tier 2	QL (3 per 1 day)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	Tier 1	
<i>lidocaine viscous</i>	Tier 1	PA for age 2 and younger
<i>lidocaine-prilocaine topical cream</i>	Tier 1	
<i>lidocort</i>	Tier 1	
<i>lidopin topical cream 3 %</i>	Tier 1	
TOPICAL ANTIBACTERIALS		
ALTABAX	Tier 3	PA; 30 grams per fill
<i>gentamicin topical</i>	Tier 1	
<i>mupirocin</i>	Tier 1	
<i>sulfacetamide sodium (acne)</i>	Tier 1	
SULFAMYLON TOPICAL CREAM	Tier 3	PA

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

Drug Name	Drug Tier	Requirements / Limits
XEPI	Tier 3	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	Tier 1	
<i>ciclopirox</i>	Tier 1	
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	
<i>econazole</i>	Tier 1	
<i>ketconazole topical cream</i>	Tier 1	
<i>ketconazole topical shampoo</i>	Tier 1	
LULICONAZOLE	Tier 3	PA
MENTAX	Tier 3	PA
<i>naftifine topical cream</i>	Tier 2	PA
<i>nyamyc</i>	Tier 1	
<i>nystatin topical</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	
<i>nystop</i>	Tier 1	
<i>oxiconazole</i>	Tier 2	PA
SULCONAZOLE TOPICAL SOLUTION	Tier 3	
<i>tavaborole</i>	Tier 2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	Tier 1	
<i>penciclovir</i>	Tier 2	PA; 5 grams per fill
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	Tier 1	
<i>betamethasone dipropionate topical cream</i>	Tier 1	
<i>betamethasone dipropionate topical lotion</i>	Tier 1	
<i>betamethasone dipropionate topical ointment</i>	Tier 2	
<i>betamethasone valerate topical cream</i>	Tier 1	
<i>betamethasone valerate topical lotion</i>	Tier 1	
<i>betamethasone valerate topical ointment</i>	Tier 1	
<i>betamethasone, augmented topical cream</i>	Tier 1	
<i>betamethasone, augmented topical gel</i>	Tier 1	
<i>betamethasone, augmented topical lotion</i>	Tier 1	
<i>betamethasone, augmented topical ointment</i>	Tier 2	
<i>clobetasol scalp</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical cream</i>	Tier 1	
<i>clobetasol topical gel</i>	Tier 1	
<i>clobetasol topical lotion</i>	Tier 2	
<i>clobetasol topical ointment</i>	Tier 1	
<i>clobetasol topical spray,non-aerosol</i>	Tier 2	ST
<i>clobetasol-emollient topical cream</i>	Tier 1	
<i>desonide topical cream</i>	Tier 1	
<i>desonide topical lotion</i>	Tier 1	
<i>desonide topical ointment</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %</i>	Tier 2	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel</i>	Tier 2	ST
<i>desoximetasone topical ointment 0.05 %</i>	Tier 2	ST
<i>desoximetasone topical ointment 0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol</i>	Tier 2	
<i>fluocinolone and shower cap</i>	Tier 2	
<i>fluocinolone topical cream</i>	Tier 1	
<i>fluocinolone topical oil</i>	Tier 2	
<i>fluocinolone topical ointment</i>	Tier 1	
<i>fluocinolone topical solution</i>	Tier 2	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i>	Tier 2	ST
<i>fluocinonide topical gel</i>	Tier 1	
<i>fluocinonide topical ointment</i>	Tier 1	
<i>fluocinonide topical solution</i>	Tier 1	
<i>fluocinonide-e</i>	Tier 1	
<i>fluticasone propionate topical cream</i>	Tier 1	
<i>fluticasone propionate topical ointment</i>	Tier 1	
<i>halobetasol propionate topical cream</i>	Tier 1	
<i>halobetasol propionate topical ointment</i>	Tier 1	
<i>hydrocortisone butyrate topical cream</i>	Tier 2	
<i>hydrocortisone butyrate topical ointment</i>	Tier 2	
<i>hydrocortisone butyrate topical solution</i>	Tier 2	
<i>hydrocortisone butyr-emollient</i>	Tier 2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream</i>	Tier 1	
<i>hydrocortisone valerate topical ointment</i>	Tier 2	
<i>mometasone topical</i>	Tier 1	
<i>prednicarbate topical ointment</i>	Tier 2	
<i>triamcinolone acetonide topical cream</i>	Tier 1	
<i>triamcinolone acetonide topical lotion</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triderm topical cream</i>	Tier 1	
TOPICAL ENZYMES		
SANTYL	Tier 3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	Tier 1	QL (120 per 30 days)
<i>permethrin</i>	Tier 1	QL (120 per 30 days)
<i>spinosad</i>	Tier 2	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	Tier 4	PA; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	Tier 2	
<i>anagrelide</i>	Tier 1	
<i>caffeine citrate oral</i>	Tier 1	
<i>carglumic acid</i>	Tier 4	PA
<i>cevimeline</i>	Tier 1	
CHEMET	Tier 3	PA for age 18 and older
<i>deferasirox</i>	Tier 4	PA
<i>deferiprone</i>	Tier 4	PA
<i>disulfiram</i>	Tier 2	
<i>droxidopa</i>	Tier 4	PA
ENDARI	Tier 4	PA; QL (2 per 1 day)
FERRIPROX ORAL SOLUTION	Tier 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
INCRELEX	Tier 4	PA; LA
<i>levocarnitine (with sugar)</i>	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 2	
<i>levocarnitine oral tablet</i>	Tier 2	
<i>midodrine</i>	Tier 1	
<i>nitisinone</i>	Tier 4	PA; LA
NITYR	Tier 4	PA; LA
ORFADIN ORAL SUSPENSION	Tier 4	PA; LA
OXBRYTA	Tier 4	PA; LA; QL (3 per 1 day)
PHEBURANE	Tier 4	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	Tier 4	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	Tier 4	PA; 2 tabs per day; 7 tablets in 365 days; LA
PYRUKYND ORAL TABLETS,DOSE PACK	Tier 4	PA; LA; QL (14 per 365 days)
RAVICTI	Tier 4	PA; QL (17.5 per 1 day)
REVCOVI	Tier 4	PA; LA
<i>riluzole</i>	Tier 2	
<i>risedronate oral tablet 30 mg</i>	Tier 2	
<i>sodium chloride irrigation</i>	Tier 1	
<i>sodium phenylbutyrate</i>	Tier 4	PA
TAVNEOS	Tier 4	PA; QL (6 per 1 day)
THIOLA EC	Tier 4	PA
<i>tiopronin</i>	Tier 4	PA
<i>trientine oral capsule 250 mg</i>	Tier 4	PA; QL (8 per 1 day)
XURIDEN	Tier 4	
ZOKINVY	Tier 4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	Tier 1	ACA; QL (2 per 1 day)
CHANTIX CONTINUING MONTH BOX	Tier 3	183 day supply every 365 days; ACA
CHANTIX ORAL TABLET 1 MG	Tier 3	183 day supply every 365 days; ACA
CHANTIX STARTING MONTH BOX	Tier 3	183 day supply every 365 days; ACA
<i>nicorette buccal gum 4 mg</i>	Tier 9	183 day supply every 365 days; ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine</i>	Tier 9	183 day supply every 365 days; ACA; OTC
<i>nicotine (polacrilex)</i>	Tier 9	183 day supply every 365 days; ACA; OTC
NICOTROL	Tier 3	183 day supply every 365 days; ACA
NICOTROL NS	Tier 3	183 day supply every 365 days; ACA
<i>quit 2</i>	Tier 9	183 day supply every 365 days; ACA; OTC
<i>quit 4</i>	Tier 9	183 day supply every 365 days; ACA; OTC
<i>stop smoking aid</i>	Tier 9	183 day supply every 365 days; ACA; OTC
<i>varenicline</i>	Tier 2	183 day supply every 365 days; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	Tier 1	
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
<i>denta 5000 plus</i>	Tier 1	
<i>dentagel</i>	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
GELCLAIR	Tier 3	15 mL per fill
<i>ipratropium bromide nasal</i>	Tier 1	
<i>kourzeq</i>	Tier 1	
<i>olopatadine nasal</i>	Tier 2	
<i>oralone</i>	Tier 1	
<i>paroex oral rinse</i>	Tier 1	
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	Tier 1	
<i>sf</i>	Tier 1	
<i>sf 5000 plus</i>	Tier 1	
<i>sodium fluoride 5000 plus</i>	Tier 1	
<i>sodium fluoride-pot nitrate</i>	Tier 1	
<i>triamcinolone acetonide dental</i>	Tier 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
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	Tier 1	
<i>ciprofloxacin hcl otic (ear)</i>	Tier 2	
<i>flac otic oil</i>	Tier 2	
<i>fluocinolone acetonide oil</i>	Tier 2	
<i>hydrocortisone-acetic acid</i>	Tier 1	
<i>ofloxacin otic (ear)</i>	Tier 1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	Tier 3	
<i>ciprofloxacin-dexamethasone</i>	Tier 2	
CORTISPORIN-TC	Tier 3	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	Tier 4	PA
CORTROPHIN GEL	Tier 4	PA
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>fludrocortisone</i>	Tier 1	
<i>hydrocortisone oral</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	Tier 2	
<i>methylprednisolone oral tablet 4 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	Tier 2	
<i>prednisone</i>	Tier 1	
TARPEYO	Tier 4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil</i>	Tier 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
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	Tier 2	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	Tier 2	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	Tier 2	OTC; QL (100 per 30 days)
ONETOUCH ULTRA TEST	Tier 2	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	Tier 2	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI	Tier 2	
AEROCHAMBER PLUS FLOW-VU	Tier 2	
AEROCHAMBER PLUS Z STAT	Tier 2	
AEROVENT PLUS	Tier 2	
COMPACT SPACE CHAMBER	Tier 2	
EASIVENT HOLDING CHAMBER	Tier 2	
FLEXICHAMBER	Tier 2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 1	
MICROCHAMBER	Tier 2	
OPTICHAMBER DIAMOND VHC	Tier 2	
POCKET CHAMBER	Tier 2	
RITEFLO AEROCHAMBER	Tier 2	
SPACE CHAMBER	Tier 2	
VORTEX HOLDING CHAMBER	Tier 2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	
<i>glucagon emergency kit (human)</i>	Tier 2	
GVOKE	Tier 2	
GVOKE HYOPEN 2-PACK	Tier 2	
GVOKE PFS 2-PACK SYRINGE	Tier 2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	Tier 1	
BD MICROTAINER LANCET 30 GAUGE	Tier 1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	Tier 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
BD ULTRA-FINE NANO PEN NEEDLE	Tier 1	OTC
DEXCOM G6 RECEIVER	Tier 3	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	Tier 3	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	Tier 3	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	Tier 3	PA; 1 Rx per 720 days; CGM
DEXCOM G7 SENSOR	Tier 3	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA
FREESTYLE LIBRE 2 READER	Tier 3	PA; CGM
FREESTYLE LIBRE 2 SENSOR	Tier 3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 SENSOR	Tier 3	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	Tier 1	OTC
LANCETS 33 GAUGE	Tier 1	OTC; QL (210 per 30 days)
LANCING DEVICE	Tier 1	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Tier 2	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	Tier 2	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	Tier 2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	Tier 2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	Tier 2	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	Tier 1	OTC
ONETOUCH ULTRA2 METER	Tier 9	OTC; QL (1 per 273 days)
ONETOUCH VERIO FLEX METER	Tier 9	OTC; QL (1 per 273 days)
ONETOUCH VERIO MID CONTROL	Tier 1	OTC
ONETOUCH VERIO REFLECT METER	Tier 9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	Tier 1	OTC
V-GO 20	Tier 2	QL (30 per 30 days)
V-GO 30	Tier 2	QL (30 per 30 days)
V-GO 40	Tier 2	QL (30 per 30 days)
INSULIN THERAPY		
APIDRA U-100 INSULIN	Tier 3	PA
FIASP U-100 INSULIN	Tier 3	PA
HUMALOG JUNIOR KWIKPEN U-100	Tier 1	
HUMALOG KWIKPEN INSULIN	Tier 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
HUMALOG MIX 50-50 INSULN U-100	Tier 1	
HUMALOG MIX 50-50 KWIKPEN	Tier 1	
HUMALOG MIX 75-25 KWIKPEN	Tier 1	
HUMALOG MIX 75-25(U-100)INSULN	Tier 1	
HUMALOG U-100 INSULIN	Tier 1	
HUMULIN 70/30 U-100 INSULIN	Tier 2	
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	
HUMULIN N NPH U-100 INSULIN	Tier 2	
HUMULIN R REGULAR U-100 INSULN	Tier 2	
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
LANTUS SOLOSTAR U-100 INSULIN	Tier 2	
LANTUS U-100 INSULIN	Tier 2	
SOLIQUA 100/33	Tier 3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	Tier 2	
TOUJEO SOLOSTAR U-300 INSULIN	Tier 2	
XULTOPHY 100/3.6	Tier 3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	Tier 1	
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>calcitriol oral</i>	Tier 1	
CERDELGA	Tier 4	PA; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN	Tier 4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 2	PA; QL (4 per 1 day)
<i>clomiphene citrate</i>	Tier 2	QL (10 per 30 days)
<i>danazol</i>	Tier 2	
<i>desmopressin injection</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 4	
<i>desmopressin oral</i>	Tier 1	
<i>doxercalciferol oral</i>	Tier 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
GALAFOLD	Tier 4	PA; LA; QL (0.5 per 1 day)
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET	Tier 4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	Tier 4	PA; LA; QL (56 per 28 days)
KORLYM	Tier 4	PA; QL (4 per 1 day)
KYZATREX	Tier 3	PA; QL (2 per 1 day)
<i>methyltestosterone oral capsule</i>	Tier 2	QL (5 per 1 day)
<i>miglustat</i>	Tier 4	PA; LA; QL (3 per 1 day)
MYALEPT	Tier 4	PA; LA
NOVAREL	Tier 4	PA
ORILISSA	Tier 3	PA
OVIDREL	Tier 4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	Tier 4	PA; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 4	PA; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	Tier 2	
PREGNYL	Tier 4	PA
RECORLEV	Tier 4	PA; QL (8 per 1 day)
<i>sapropterin</i>	Tier 4	PA
SOMAVERT	Tier 4	PA
STRENSIQ	Tier 4	PA; LA
SYNAREL	Tier 4	PA; QL (8 per 28 days)
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal</i>	Tier 2	PA
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	PA; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; LA; QL (60 per 365 days)
VOXZOGO	Tier 4	PA; QL (1 per 1 day)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	Tier 1	
BYDUREON BCISE	Tier 2	PA
BYETTA	Tier 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
CYCLOSET	Tier 3	
FARXIGA	Tier 2	QL (1 per 1 day)
<i>glimepiride</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr</i>	Tier 1	
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide micronized</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
GLYXAMBI	Tier 2	
JANUMET	Tier 2	
JANUMET XR	Tier 2	
JANUVIA	Tier 2	
JARDIANCE	Tier 2	
JENTADUETO	Tier 2	
JENTADUETO XR	Tier 2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr</i>	Tier 1	
<i>miglitol</i>	Tier 2	
<i>nateglinide</i>	Tier 2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	Tier 2	PA; QL (9 per 63 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	Tier 1	
<i>pioglitazone-metformin</i>	Tier 1	
<i>repaglinide</i>	Tier 2	
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	Tier 2	PA; QL (30 per 365 days)
SYMLINPEN 120	Tier 3	
SYMLINPEN 60	Tier 3	
SYNJARDY	Tier 2	
SYNJARDY XR	Tier 2	
TRADJENTA	Tier 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
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 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	Tier 2	QL (2 per 1 day)
TRULICITY	Tier 2	PA; QL (2 per 28 days)
VICTOZA 2-PAK	Tier 2	PA; QL (9 per 28 days)
VICTOZA 3-PAK	Tier 2	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 per 1 day)

THYROID HORMONES

<i>euthyrox</i>	Tier 1	
<i>levo-t</i>	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
<i>liothyronine oral</i>	Tier 1	
<i>np thyroid</i>	Tier 1	
SYNTHROID	Tier 3	
<i>unithroid</i>	Tier 1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	Tier 1	
<i>chlordiazepoxide-clidinium</i>	Tier 2	
<i>dicyclomine oral capsule</i>	Tier 1	
<i>dicyclomine oral solution</i>	Tier 2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>ed-spaz</i>	Tier 1	
<i>glycopyrrolate oral solution</i>	Tier 2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral tablet</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
<i>hyosyne oral elixir</i>	Tier 1	
<i>methscopolamine</i>	Tier 1	
<i>oscimin</i>	Tier 1	
<i>oscimin sl</i>	Tier 1	
MISCELLANEOUS AGENTS		
<i>lanthanum</i>	Tier 2	ST; QL (3 per 1 day)
LOKELMA	Tier 3	QL (3 per 1 day)
<i>sevelamer carbonate oral tablet</i>	Tier 1	QL (17 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sps (with sorbitol)</i>	Tier 2	
VELPHORO	Tier 3	ST; QL (6 per 1 day)
VELTASSA	Tier 3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 per 28 days)
<i>alosetron</i>	Tier 2	PA; QL (2 per 1 day)
<i>alvimopan</i>	Tier 2	
<i>anucort-hc</i>	Tier 1	
ANZEMET ORAL TABLET 50 MG	Tier 3	
<i>aprepitant oral capsule 125 mg</i>	Tier 2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	Tier 2	QL (10 per 28 days)
<i>aprepitant oral capsule, dose pack</i>	Tier 2	QL (15 per 28 days)
<i>balsalazide</i>	Tier 1	
<i>betaine</i>	Tier 4	
<i>budesonide oral capsule, delayed, extend. release</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release</i>	Tier 2	PA
<i>budesonide rectal</i>	Tier 2	
BYLVAY ORAL CAPSULE 1,200 MCG	Tier 4	PA; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	Tier 4	PA; LA; 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
BYLVAY ORAL PELLETT 200 MCG	Tier 4	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	Tier 4	PA; LA; QL (4 per 1 day)
CHENODAL	Tier 4	LA
CHOLBAM ORAL CAPSULE 250 MG	Tier 4	PA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	Tier 4	PA; QL (4 per 1 day)
CIMZIA	Tier 4	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST <i>citrate of magnesia</i>	Tier 4	PA; QL (2 per 28 days)
<i>citroma</i>	Tier 9	ACA; OTC
<i>clearlax oral powder</i>	Tier 9	ACA; OTC
<i>compro</i>	Tier 1	
<i>constulose</i>	Tier 1	
CREON	Tier 2	
<i>cromolyn oral</i>	Tier 1	
DIPENTUM	Tier 3	ST
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 2	ST; QL (4 per 1 day)
<i>dronabinol</i>	Tier 1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	Tier 9	ACA; OTC
<i>enulose</i>	Tier 1	
GATTEX 30-VIAL	Tier 4	PA
<i>gavilax oral powder</i>	Tier 9	ACA; OTC
<i>gavilyte-c</i>	Tier 1	ACA
<i>gavilyte-g</i>	Tier 1	ACA
<i>gentle laxative (bisacodyl) oral</i>	Tier 9	ACA; OTC
<i>gentlelax</i>	Tier 9	ACA; OTC
<i>granisetron hcl oral</i>	Tier 1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone rectal</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	Tier 2	
IBSRELA	Tier 3	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	Tier 1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	Tier 9	ACA; OTC
<i>laxative peg 3350</i>	Tier 9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	Tier 1	
LINZESS	Tier 2	QL (1 per 1 day)
LIVMARLI	Tier 4	PA; QL (3 per 1 day)
<i>lubiprostone</i>	Tier 2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	Tier 9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>mesalamine oral capsule (with del rel tablets)</i>	Tier 2	
<i>mesalamine oral capsule, extended release</i>	Tier 2	
<i>mesalamine oral capsule, extended release 24hr</i>	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 2	ST
<i>mesalamine rectal enema</i>	Tier 1	
<i>mesalamine rectal suppository</i>	Tier 1	QL (1 per 1 day)
<i>metoclopramide hcl oral solution</i>	Tier 1	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<i>milk of magnesia</i>	Tier 9	ACA; OTC
<i>milk of magnesia concentrated</i>	Tier 9	ACA; OTC
MOTTEGRITY	Tier 3	ST; QL (1 per 1 day)
MOVANTIK	Tier 2	QL (1 per 1 day)
<i>natura-lax</i>	Tier 9	ACA; OTC
OICALIVA	Tier 4	PA; LA; QL (1 per 1 day)
<i>ondansetron</i>	Tier 1	
<i>ondansetron hcl oral solution</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>onelax magnesium citrate</i>	Tier 9	ACA; OTC
<i>oral saline laxative</i>	Tier 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
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	Tier 3	ST
<i>peg 3350-electrolytes</i>	Tier 1	ACA
<i>peg-electrolyte soln</i>	Tier 1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
PERTZYE	Tier 3	ST
<i>phosphate laxative</i>	Tier 9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	Tier 9	ACA; OTC
<i>powderlax oral powder</i>	Tier 9	ACA; OTC
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
PROCTOFOAM HC	Tier 2	
<i>procto-med hc</i>	Tier 1	
<i>proctosol hc topical</i>	Tier 1	
<i>proctozone-hc</i>	Tier 1	
<i>purelax oral powder</i>	Tier 9	ACA; OTC
RECTIV	Tier 3	
RELISTOR ORAL	Tier 3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	Tier 3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	Tier 1	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	Tier 4	PA; QL (30 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 4	PA; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	Tier 9	ACA; OTC
SUCRAID	Tier 4	PA; QL (8 per 1 day)
<i>sulfasalazine</i>	Tier 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
SYMPROIC	Tier 2	QL (1 per 1 day)
SYNDROS	Tier 3	PA
<i>trimethobenzamide oral</i>	Tier 1	
TRULANCE	Tier 3	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet</i>	Tier 2	
VARUBI	Tier 3	QL (4 per 28 days)
VIBERZI	Tier 3	PA; QL (2 per 1 day)
VIOKACE	Tier 3	ST
VOWST	Tier 4	PA; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	Tier 9	ACA; OTC
ZELNORM	Tier 3	PA; QL (2 per 1 day)
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	Tier 2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 2	QL (224 per 365 days)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	Tier 1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	Tier 2	PA for age 8 and older; QL (2 per 1 day)
<i>famotidine oral suspension</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	Tier 1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	Tier 2	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	Tier 1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 3	PA for age 8 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	Tier 2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	Tier 1	QL (2 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	Tier 1	QL (2 per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	Tier 2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>sucralfate oral suspension</i>	Tier 2	
<i>sucralfate oral tablet</i>	Tier 1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	Tier 4	
<i>ribavirin oral tablet 200 mg</i>	Tier 4	

BIOTECHNOLOGY DRUGS

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

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

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	Tier 4	PA; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	Tier 4	PA; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	Tier 4	PA; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	Tier 4	PA; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	Tier 4	PA; QL (2.4 per 1 day)
NYVEPRIA	Tier 4	PA
PROCRIT	Tier 4	PA
RELEUKO INJECTION	Tier 4	PA; QL (3 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	Tier 4	PA; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	Tier 4	PA; QL (2.4 per 1 day)
RETACRIT	Tier 4	PA
STIMUFEND	Tier 4	PA
UDENYCA	Tier 4	PA
UDENYCA AUTOINJECTOR	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	Tier 4	PA; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	Tier 4	PA; QL (2.4 per 1 day)
ZIEXTENZO	Tier 4	PA
GROWTH HORMONES		
EGRIFTA SV	Tier 4	PA
GENOTROPIN	Tier 4	PA
GENOTROPIN MINIQUICK	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE	Tier 4	PA
NORDITROPIN FLEXPLO	Tier 4	PA
NUTROPIN AQ NUSPIN	Tier 4	PA
OMNITROPE	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA
SKYTROFA	Tier 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
SOGROYA	Tier 4	PA; QL (3 per 28 days)
ZOMACTON	Tier 4	PA
INTERFERONS		
ACTIMMUNE	Tier 4	PA
ALFERON N	Tier 4	
BESREMI	Tier 4	PA; QL (2 per 28 days)
PEGASYS	Tier 4	
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 4	
BAFIERTAM	Tier 4	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	Tier 4	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	Tier 4	QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	Tier 4	QL (2 per 1 day)
EXTAVIA	Tier 4	PA
<i>fingolimod</i>	Tier 4	
<i>glatiramer</i>	Tier 4	
<i>glatopa</i>	Tier 4	
KESIMPTA PEN	Tier 4	PA; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	Tier 4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (4 TABLET PACK)	Tier 4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (5 TABLET PACK)	Tier 4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (6 TABLET PACK)	Tier 4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (7 TABLET PACK)	Tier 4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (8 TABLET PACK)	Tier 4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (9 TABLET PACK)	Tier 4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAYZENT ORAL TABLET 0.25 MG	Tier 4	PA; QL (12 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
MAYZENT ORAL TABLET 1 MG, 2 MG	Tier 4	PA; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	Tier 4	PA; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	Tier 4	PA; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	Tier 4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier 4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; QL (1 per 365 days)
PONVORY	Tier 4	PA; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	Tier 4	PA; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	Tier 4	PA
REBIF REBIDOSE	Tier 4	PA
REBIF TITRATION PACK	Tier 4	PA
<i>teriflunomide</i>	Tier 4	
VUMERITY	Tier 4	PA; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	Tier 9	PA for age 59 and younger; ACA
ACTHIB (PF)	Tier 9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier 9	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	Tier 9	ACA
AFLURIA QUAD 2023-2024(6MO UP)	Tier 9	ACA
AREXVY (PF)	Tier 9	PA for age 59 and younger; ACA
BEXSERO	Tier 9	ACA
BOOSTRIX TDAP	Tier 9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 9	ACA
ENGERIX-B (PF)	Tier 9	ACA
ENGERIX-B PEDIATRIC (PF)	Tier 9	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	Tier 9	ACA
FLUARIX QUAD 2023-2024 (PF)	Tier 9	ACA
FLUBLOK QUAD 2023-2024 (PF)	Tier 9	ACA
FLUCELVAX QUAD 2023-2024	Tier 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 QUAD 2023-2024 (PF)	Tier 9	ACA
FLULAVAL QUAD 2023-2024 (PF)	Tier 9	ACA
FLUMIST QUAD 2023-2024	Tier 9	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	Tier 9	ACA
FLUZONE QUAD 2023-2024	Tier 9	ACA
FLUZONE QUAD 2023-2024 (PF)	Tier 9	ACA
GAMMAGARD LIQUID	Tier 4	PA
GAMMAKED	Tier 4	PA
GAMUNEX-C	Tier 4	PA
GARDASIL 9 (PF)	Tier 9	ACA
GRASTEK	Tier 3	PA; QL (1 per 1 day)
HAVRIX (PF)	Tier 9	ACA
HEPLISAV-B (PF)	Tier 9	ACA
HIBERIX (PF)	Tier 9	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	Tier 9	ACA
IPOL	Tier 9	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	Tier 9	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier 9	ACA
MENQUADFI (PF)	Tier 9	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	Tier 9	ACA
M-M-R II (PF)	Tier 9	ACA
ODACTRA	Tier 3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	Tier 4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	Tier 4	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	Tier 4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	Tier 4	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	Tier 4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	Tier 4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	Tier 4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	Tier 4	PA; QL (60 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 9)	Tier 4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	Tier 4	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	Tier 4	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	Tier 4	PA; QL (30 per 30 days)
PEDIARIX (PF)	Tier 9	ACA
PEDVAX HIB (PF)	Tier 9	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	Tier 9	ACA
PNEUMOVAX-23	Tier 9	ACA
PREHEVBRIO (PF)	Tier 9	ACA
PREVNAR 13 (PF)	Tier 9	ACA
PREVNAR 20 (PF)	Tier 9	ACA
PRIORIX (PF)	Tier 9	ACA
PROQUAD (PF)	Tier 9	ACA
QUADRACEL (PF)	Tier 9	ACA
RAGWITEK	Tier 3	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	Tier 9	ACA
ROTARIX ORAL SUSPENSION	Tier 9	ACA
ROTATEQ VACCINE	Tier 9	ACA
SHINGRIX (PF)	Tier 9	ACA
TDVAX	Tier 9	ACA
TENIVAC (PF)	Tier 9	ACA
TRUMENBA	Tier 9	ACA
TWINRIX (PF)	Tier 9	ACA
VAQTA (PF)	Tier 9	ACA
VARIVAX (PF)	Tier 9	ACA
VAXELIS (PF)	Tier 9	ACA
VAXNEUVANCE (PF)	Tier 9	ACA

IMMUNOLOGY

INTERLEUKINS

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

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

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

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

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

<i>amabelz</i>	Tier 1	
BIJUVA	Tier 3	QL (1 per 1 day)
<i>camila</i>	Tier 1	ACA
COMBIPATCH	Tier 3	
<i>covaryx</i>	Tier 2	
<i>covaryx h.s.</i>	Tier 2	
CRINONE	Tier 3	PA
<i>deblitane</i>	Tier 1	ACA
<i>dotti</i>	Tier 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
DUAVEE	Tier 3	PA
<i>eemt</i>	Tier 2	
<i>eemt hs</i>	Tier 2	
<i>errin</i>	Tier 1	ACA
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	
<i>estradiol transdermal patch weekly</i>	Tier 1	
<i>estradiol vaginal</i>	Tier 2	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 2	
<i>fyavolv</i>	Tier 2	
<i>heather</i>	Tier 1	ACA
<i>incassia</i>	Tier 1	ACA
<i>jencycla</i>	Tier 1	ACA
<i>jinteli</i>	Tier 2	
<i>lyleq</i>	Tier 1	ACA
<i>lyllana</i>	Tier 1	
<i>lyza</i>	Tier 1	ACA
<i>medroxyprogesterone intramuscular</i>	Tier 1	ACA
<i>medroxyprogesterone oral</i>	Tier 1	
<i>mimvey</i>	Tier 1	
<i>nora-be</i>	Tier 1	ACA
<i>norethindrone (contraceptive)</i>	Tier 1	ACA
<i>norethindrone acetate</i>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 2	
PREMARIN ORAL	Tier 2	
PREMARIN VAGINAL	Tier 2	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
<i>progesterone</i>	Tier 1	
<i>progesterone micronized</i>	Tier 1	
<i>sharobel</i>	Tier 1	ACA
<i>tulana</i>	Tier 1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>yuvafem</i>	Tier 2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	Tier 3	
<i>clindamycin phosphate vaginal</i>	Tier 1	
CLINDESSE	Tier 3	
<i>eluryng</i>	Tier 1	ACA
<i>etonogestrel-ethinyl estradiol</i>	Tier 1	ACA
GYNAZOLE-1	Tier 3	
INTRAROSA	Tier 3	
<i>metronidazole vaginal</i>	Tier 1	
<i>miconazole-3 vaginal suppository</i>	Tier 1	
MYFEMBREE	Tier 3	PA; QL (1 per 1 day)
NUVESSA	Tier 3	
ORIAHNN	Tier 3	PA; QL (2 per 1 day)
OSPHENA	Tier 3	PA
<i>terconazole</i>	Tier 1	
<i>tranexamic acid oral</i>	Tier 2	
<i>vandazole</i>	Tier 1	
XACIATO	Tier 3	
<i>xulane</i>	Tier 1	ACA
<i>zafemy</i>	Tier 1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	Tier 1	ACA
<i>after pill</i>	Tier 9	ACA; OTC
<i>altavera (28)</i>	Tier 1	ACA
<i>alyacen 1/35 (28)</i>	Tier 1	ACA
<i>alyacen 7/7/7 (28)</i>	Tier 1	ACA
<i>amethia</i>	Tier 1	ACA
<i>amethyst (28)</i>	Tier 1	ACA
<i>apri</i>	Tier 1	ACA
<i>aranelle (28)</i>	Tier 1	ACA
<i>ashlyna</i>	Tier 1	ACA
<i>aubra</i>	Tier 1	ACA
<i>aubra eq</i>	Tier 1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 1.5/30 (21)</i>	Tier 1	ACA
<i>aurovela 1/20 (21)</i>	Tier 1	ACA
<i>aurovela 24 fe</i>	Tier 1	ACA
<i>aurovela fe 1.5/30 (28)</i>	Tier 1	ACA
<i>aurovela fe 1-20 (28)</i>	Tier 1	ACA
<i>aviane</i>	Tier 1	ACA
<i>ayuna</i>	Tier 1	ACA
<i>azurette (28)</i>	Tier 1	ACA
<i>balziva (28)</i>	Tier 1	ACA
<i>blisovi 24 fe</i>	Tier 1	ACA
<i>blisovi fe 1.5/30 (28)</i>	Tier 1	ACA
<i>blisovi fe 1/20 (28)</i>	Tier 1	ACA
<i>briellyn</i>	Tier 1	ACA
<i>camrese</i>	Tier 1	ACA
<i>camrese lo</i>	Tier 1	ACA
<i>caziant (28)</i>	Tier 1	ACA
<i>charlotte 24 fe</i>	Tier 1	ACA
<i>chateal (28)</i>	Tier 1	ACA
<i>chateal eq (28)</i>	Tier 1	ACA
<i>cryselle (28)</i>	Tier 1	ACA
<i>cyred</i>	Tier 1	ACA
<i>cyred eq</i>	Tier 1	ACA
<i>dasetta 1/35 (28)</i>	Tier 1	ACA
<i>dasetta 7/7/7 (28)</i>	Tier 1	ACA
<i>daysee</i>	Tier 1	ACA
<i>desog-e.estradiol/e.estradiol</i>	Tier 1	ACA
<i>dolishale</i>	Tier 1	ACA
<i>drospirenone-ethinyl estradiol</i>	Tier 1	ACA
<i>econtra ez</i>	Tier 9	ACA; OTC
<i>econtra one-step</i>	Tier 9	ACA; OTC
<i>elinest</i>	Tier 1	ACA
ELLA	Tier 3	ACA
<i>enpresse</i>	Tier 1	ACA
<i>enskyce</i>	Tier 1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>estarylla</i>	Tier 1	ACA
<i>ethynodiol diac-eth estradiol</i>	Tier 1	ACA
<i>falmina (28)</i>	Tier 1	ACA
<i>gemmily</i>	Tier 1	ACA
<i>hailey</i>	Tier 1	ACA
<i>hailey 24 fe</i>	Tier 1	ACA
<i>hailey fe 1.5/30 (28)</i>	Tier 1	ACA
<i>hailey fe 1/20 (28)</i>	Tier 1	ACA
<i>iclevia</i>	Tier 1	ACA
<i>isibloom</i>	Tier 1	ACA
<i>jaimiess</i>	Tier 1	ACA
<i>jasmiel (28)</i>	Tier 1	ACA
<i>jolessa</i>	Tier 1	ACA
<i>juleber</i>	Tier 1	ACA
<i>junel 1.5/30 (21)</i>	Tier 1	ACA
<i>junel 1/20 (21)</i>	Tier 1	ACA
<i>junel fe 1.5/30 (28)</i>	Tier 1	ACA
<i>junel fe 1/20 (28)</i>	Tier 1	ACA
<i>junel fe 24</i>	Tier 1	ACA
<i>kaitlib fe</i>	Tier 1	ACA
<i>kalliga</i>	Tier 1	ACA
<i>kariva (28)</i>	Tier 1	ACA
<i>kelnor 1/35 (28)</i>	Tier 1	ACA
<i>kelnor 1-50 (28)</i>	Tier 1	ACA
<i>kurvelo (28)</i>	Tier 1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	Tier 1	ACA
<i>larin 1.5/30 (21)</i>	Tier 1	ACA
<i>larin 1/20 (21)</i>	Tier 1	ACA
<i>larin 24 fe</i>	Tier 1	ACA
<i>larin fe 1.5/30 (28)</i>	Tier 1	ACA
<i>larin fe 1/20 (28)</i>	Tier 1	ACA
<i>layolis fe</i>	Tier 1	ACA
<i>leena 28</i>	Tier 1	ACA
<i>lessina</i>	Tier 1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>levonest (28)</i>	Tier 1	ACA
<i>levonorgestrel</i>	Tier 9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	Tier 1	ACA
<i>levonorg-eth estrad triphasic</i>	Tier 1	ACA
<i>levora-28</i>	Tier 1	ACA
LO LOESTRIN FE	Tier 2	
<i>lojaimiess</i>	Tier 1	ACA
<i>loryna (28)</i>	Tier 1	ACA
<i>low-ogestrel (28)</i>	Tier 1	ACA
<i>lo-zumandimine (28)</i>	Tier 1	ACA
<i>lutra (28)</i>	Tier 1	ACA
<i>marlissa (28)</i>	Tier 1	ACA
<i>merzee</i>	Tier 1	ACA
<i>mibelas 24 fe</i>	Tier 1	ACA
<i>microgestin 1.5/30 (21)</i>	Tier 1	ACA
<i>microgestin 1/20 (21)</i>	Tier 1	ACA
<i>microgestin 24 fe</i>	Tier 1	ACA
<i>microgestin fe 1.5/30 (28)</i>	Tier 1	ACA
<i>microgestin fe 1/20 (28)</i>	Tier 1	ACA
<i>mili</i>	Tier 1	ACA
<i>mono-linyah</i>	Tier 1	ACA
<i>my choice</i>	Tier 9	ACA; OTC
<i>my way</i>	Tier 9	ACA; OTC
<i>necon 0.5/35 (28)</i>	Tier 1	ACA
<i>new day</i>	Tier 9	ACA; OTC
<i>nikki (28)</i>	Tier 1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	Tier 1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	Tier 1	ACA
<i>norgestimate-ethinyl estradiol</i>	Tier 1	ACA
<i>nortrel 0.5/35 (28)</i>	Tier 1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (21)</i>	Tier 1	ACA
<i>nortrel 1/35 (28)</i>	Tier 1	ACA
<i>nortrel 7/7/7 (28)</i>	Tier 1	ACA
<i>nylia 1/35 (28)</i>	Tier 1	ACA
<i>nylia 7/7/7 (28)</i>	Tier 1	ACA
<i>nymyo</i>	Tier 1	ACA
<i>ocella</i>	Tier 1	ACA
<i>opcicon one-step</i>	Tier 9	ACA; OTC
<i>option-2</i>	Tier 9	ACA; OTC
<i>philith</i>	Tier 1	ACA
<i>pimtrea (28)</i>	Tier 1	ACA
<i>portia 28</i>	Tier 1	ACA
<i>reclipsen (28)</i>	Tier 1	ACA
<i>setlakin</i>	Tier 1	ACA
<i>simliya (28)</i>	Tier 1	ACA
<i>simpesse</i>	Tier 1	ACA
<i>sprintec (28)</i>	Tier 1	ACA
<i>sronyx</i>	Tier 1	ACA
<i>syeda</i>	Tier 1	ACA
<i>tarina 24 fe</i>	Tier 1	ACA
<i>tarina fe 1/20 (28)</i>	Tier 1	ACA
<i>taysofy</i>	Tier 1	ACA
<i>tilia fe</i>	Tier 1	ACA
<i>tri-estarylla</i>	Tier 1	ACA
<i>tri-legest fe</i>	Tier 1	ACA
<i>tri-linyah</i>	Tier 1	ACA
<i>tri-lo-estarylla</i>	Tier 1	ACA
<i>tri-lo-marzia</i>	Tier 1	ACA
<i>tri-lo-mili</i>	Tier 1	ACA
<i>tri-lo-sprintec</i>	Tier 1	ACA
<i>tri-mili</i>	Tier 1	ACA
<i>tri-nymyo</i>	Tier 1	ACA
<i>tri-sprintec (28)</i>	Tier 1	ACA
<i>trivora (28)</i>	Tier 1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-vylibra</i>	Tier 1	ACA
<i>tri-vylibra lo</i>	Tier 1	ACA
<i>tydemy</i>	Tier 1	ACA
<i>velivet triphasic regimen (28)</i>	Tier 1	ACA
<i>vestura (28)</i>	Tier 1	ACA
<i>vienva</i>	Tier 1	ACA
<i>viorele (28)</i>	Tier 1	ACA
<i>volnea (28)</i>	Tier 1	ACA
<i>vyfemla (28)</i>	Tier 1	ACA
<i>vylibra</i>	Tier 1	ACA
<i>wera (28)</i>	Tier 1	ACA
<i>wymzya fe</i>	Tier 1	ACA
<i>zarah</i>	Tier 1	ACA
<i>zovia 1-35 (28)</i>	Tier 1	ACA
<i>zumandimine (28)</i>	Tier 1	ACA

OXYTOCICS

methylergonovine oral

Tier 2

OPHTHALMOLOGY

ANTIBIOTICS

bacitracin ophthalmic (eye)

Tier 2

bacitracin-polymyxin b

Tier 1

BETADINE OPHTHALMIC PREP

Tier 3

CILOXAN OPHTHALMIC (EYE) OINTMENT

Tier 3

ciprofloxacin hcl ophthalmic (eye)

Tier 1

erythromycin ophthalmic (eye)

Tier 1

gatifloxacin

Tier 2

gentamicin ophthalmic (eye) drops

Tier 1

levofloxacin ophthalmic (eye) drops 1.5 %

Tier 2

moxifloxacin ophthalmic (eye) drops

Tier 1

NATACYN

Tier 3

neomycin-bacitracin-polymyxin

Tier 1

neomycin-polymyxin-gramicidin

Tier 1

neo-polycin

Tier 1

ofloxacin ophthalmic (eye)

Tier 1

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

Drug Name	Drug Tier	Requirements / Limits
<i>polycin</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
ANTIVIRALS		
<i>trifluridine</i>	Tier 1	
ZIRGAN	Tier 3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	Tier 2	
<i>carteolol</i>	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	Tier 2	
<i>atropine ophthalmic (eye) ointment</i>	Tier 2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>homatropaire</i>	Tier 1	
<i>tropicamide</i>	Tier 1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	Tier 1	OTC
ALOCRIL	Tier 3	ST
ALOMIDE	Tier 2	ST
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>bepotastine besilate</i>	Tier 2	ST
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
CYSTADROPS	Tier 4	PA; QL (20 per 28 days)
CYSTARAN	Tier 4	PA; QL (60 per 28 days)
<i>epinastine</i>	Tier 2	
<i>eye itch relief</i>	Tier 1	OTC
<i>ketotifen fumarate</i>	Tier 1	OTC
<i>olopatadine ophthalmic (eye)</i>	Tier 1	
OXERVATE	Tier 4	PA; QL (56 per 720 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>proparacaine</i>	Tier 1	
<i>tetracaine hcl</i>	Tier 1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	Tier 1	
XIIDRA	Tier 2	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	Tier 2	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 2	
<i>ketorolac ophthalmic (eye)</i>	Tier 1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	Tier 1	
<i>methazolamide</i>	Tier 2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	Tier 2	
<i>brimonidine-timolol</i>	Tier 2	
<i>brinzolamide</i>	Tier 2	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	Tier 2	
<i>latanoprost</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	
<i>tafluprost (pf)</i>	Tier 2	ST
<i>travoprost</i>	Tier 2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
<i>neo-polycin hc</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<i>difluprednate</i>	Tier 2	

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Drug Name	Drug Tier	Requirements / Limits
FLAREX	Tier 3	
<i>fluorometholone</i>	Tier 1	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension</i>	Tier 2	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	Tier 1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	Tier 2	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	Tier 2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 2	QL (3 per 1 day)
<i>cyproheptadine</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 4	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>levocetirizine</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 1	
<i>promethegan</i>	Tier 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
SYMJEPI	Tier 2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
<i>benzonatate oral capsule 150 mg</i>	Tier 2	
<i>codeine-guaiifenesin</i>	Tier 1	
<i>g tussin ac</i>	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	
<i>hydromet</i>	Tier 1	
<i>maxi-tuss ac</i>	Tier 1	
<i>promethazine vc</i>	Tier 1	
<i>promethazine vc-codeine</i>	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
TUXARIN ER	Tier 3	QL (24 per 30 days)
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY	Tier 1	OTC
<i>acetylcysteine</i>	Tier 1	
ADEMPAS	Tier 4	PA; LA; QL (3 per 1 day)
ADVAIR HFA	Tier 2	
<i>albuterol sulfate inhalation solution for nebulization</i>	Tier 1	
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>albuterol sulfate oral tablet</i>	Tier 1	
<i>alyq</i>	Tier 4	PA; QL (2 per 1 day)
<i>ambrisentan</i>	Tier 4	PA; LA; QL (1 per 1 day)
ANORO ELLIPTA	Tier 2	
<i>arformoterol</i>	Tier 2	ST
ARNIVITY ELLIPTA	Tier 2	
ASMANEX HFA	Tier 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
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)	Tier 2	
ATROVENT HFA	Tier 3	
<i>bosentan</i>	Tier 4	PA; QL (2 per 1 day)
BREO ELLIPTA	Tier 2	
BRONCHITOL	Tier 4	PA; QL (20 per 1 day)
<i>budesonide inhalation</i>	Tier 1	
<i>budesonide nasal</i>	Tier 1	OTC
COMBIVENT RESPIMAT	Tier 2	
<i>cromolyn inhalation</i>	Tier 1	
DULERA	Tier 2	
ESBRIET ORAL CAPSULE	Tier 4	PA; QL (6 per 1 day)
FASENRA	Tier 4	PA; QL (1 per 42 days)
FASENRA PEN	Tier 4	PA; QL (1 per 42 days)
<i>flunisolide</i>	Tier 2	ST
<i>fluticasone propionate nasal</i>	Tier 1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	Tier 1	
HAEGARDA	Tier 4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
<i>icatibant</i>	Tier 4	PA; QL (9 per 28 days)
INCRUSE ELLIPTA	Tier 2	
<i>ipratropium bromide inhalation</i>	Tier 1	
<i>ipratropium-albuterol</i>	Tier 1	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; QL (2 per 1 day)
KALYDECO ORAL TABLET	Tier 4	PA; QL (2 per 1 day)
<i>levalbuterol hcl</i>	Tier 2	
<i>mometasone nasal</i>	Tier 2	ST
<i>montelukast</i>	Tier 1	
NASAL ALLERGY	Tier 1	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
NUCALA	Tier 4	PA; LA; QL (1 per 28 days)
OFEV	Tier 4	PA; QL (2 per 1 day)
OPSUMIT	Tier 4	PA; LA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (2 per 1 day)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (4 per 1 day)
ORLADEYO	Tier 4	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	Tier 4	PA; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	Tier 4	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	Tier 4	PA; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	Tier 4	PA; QL (3 per 1 day)
PULMOZYME	Tier 4	PA; QL (5 per 1 day)
QVAR REDIHALER	Tier 2	
<i>roflumilast</i>	Tier 2	QL (1 per 1 day)
RUCONEST	Tier 4	PA; QL (2 per 28 days)
<i>sajazir</i>	Tier 4	PA; QL (9 per 28 days)
SEREVENT DISKUS	Tier 2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	Tier 4	PA; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	Tier 1	
SPIRIVA RESPIMAT	Tier 2	
SPIRIVA WITH HANDIHALER	Tier 2	
STIOLTO RESPIMAT	Tier 2	
STRIVERDI RESPIMAT	Tier 2	
SYMBICORT	Tier 2	
SYMDEKO	Tier 4	PA; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	Tier 4	PA; QL (2 per 1 day)
TADLIQ	Tier 4	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 4	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	Tier 4	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	Tier 1	
TEZSPIRE	Tier 4	PA; QL (1.91 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline oral tablet extended release 12 hr</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
TRACLEER ORAL TABLET FOR SUSPENSION	Tier 4	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	Tier 2	
<i>triamcinolone acetonide nasal</i>	Tier 1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	Tier 4	PA; QL (3 per 1 day)
TYVASO	Tier 4	PA; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	Tier 4	PA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; QL (1 per 30 days)
TYVASO REFILL KIT	Tier 4	PA; QL (81.2 per 28 days)
TYVASO STARTER KIT	Tier 4	PA; QL (1 per 365 days)
VENTAVIS	Tier 4	PA; QL (9 per 1 day)
VENTOLIN HFA	Tier 1	
XHANCE	Tier 3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	Tier 4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	Tier 2	
<i>zileuton</i>	Tier 2	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	Tier 2	
<i>fesoterodine</i>	Tier 2	ST
<i>flavoxate</i>	Tier 1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 3	ST
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	
<i>solifenacin</i>	Tier 1	
<i>tolterodine</i>	Tier 2	
<i>trospium oral capsule, extended release 24hr</i>	Tier 2	
<i>trospium oral tablet</i>	Tier 1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	Tier 1	
<i>dutasteride</i>	Tier 1	
<i>dutasteride-tamsulosin</i>	Tier 2	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>silodosin</i>	Tier 2	
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (1 per 1 day)
<i>tamsulosin</i>	Tier 1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	Tier 1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	Tier 4	LA
OXLUMO	Tier 4	PA
<i>potassium citrate oral tablet extended release</i>	Tier 1	
PROCYSBI	Tier 4	PA
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (12 per 1 day)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
<i>klor-con 8</i>	Tier 1	
<i>klor-con m10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>klor-con m20</i>	Tier 1	
<i>klor-con/ef</i>	Tier 1	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals</i>	Tier 1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	Tier 4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	Tier 9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 9	ACA; OTC
<i>balanced b-100 oral tablet</i>	Tier 9	ACA; OTC
<i>bal-care dha</i>	Tier 1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	Tier 9	ACA; OTC
<i>classic prenatal</i>	Tier 9	ACA; OTC
<i>c-nate dha</i>	Tier 1	
<i>complete natal dha</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
<i>dialyvite 800 oral tablet</i>	Tier 9	ACA; OTC
<i>elite-ob</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>fluoride (sodium) oral drops</i>	Tier 9	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	Tier 9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 9	ACA; OTC
<i>folitab</i>	Tier 9	ACA; OTC
<i>folivane-ob</i>	Tier 1	
<i>foltabs 800</i>	Tier 9	ACA; OTC
<i>full spectrum b-vitamin c</i>	Tier 9	ACA; OTC
<i>kobee</i>	Tier 9	ACA; OTC
<i>ludent fluoride</i>	Tier 9	ACA; OTC
<i>m-natal plus</i>	Tier 1	
<i>multi-vitamin with fluoride</i>	Tier 9	ACA; OTC
<i>mvc-fluoride</i>	Tier 9	ACA; OTC
<i>mynatal</i>	Tier 1	
<i>mynatal plus</i>	Tier 1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin b complex-folic acid oral tablet</i>	Tier 9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	Tier 9	ACA; OTC
<i>wescap-c dha</i>	Tier 1	
<i>wesnatal dha complete</i>	Tier 1	
<i>westab plus</i>	Tier 1	
<i>zatean-pn dha</i>	Tier 1	
<i>zatean-pn plus</i>	Tier 1	

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

<i>carbidopa</i>	20	<i>ciclodan</i>	46	<i>colesevelam</i>	40
<i>carbidopa-levodopa</i>	20	<i>ciclopirox</i>	46	<i>colestipol</i>	40
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<i>cefdinir</i>	7	<i>claravis</i>	44	42
<i>cefixime</i>	7	<i>clarithromycin</i>	7	COSENTYX PEN	42
<i>cefpodoxime</i>	7	<i>classic prenatal</i>	87	COSENTYX PEN (2 PENS)	42
<i>cefprozil</i>	7	<i>clearlax</i>	59	COSENTYX UNOREADY	
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<i>cephalexin</i>	7	<i>clindacin etz</i>	44	<i>covaryx</i>	71
CERDELGA.....	54	<i>clindacin p</i>	44	<i>covaryx h.s.</i>	71
<i>cetirizine</i>	81	<i>clindamycin hcl</i>	8	CREON.....	59
<i>cevimeline</i>	48	<i>clindamycin pediatric</i>	8	CRINONE	71
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MONTH BOX.....	49	<i>clobazam</i>	18	<i>cyclobenzaprine</i>	22
<i>charlotte 24 fe</i>	74	<i>clobetasol</i>	46, 47	<i>cyclopentolate</i>	79
<i>chateal (28)</i>	74	<i>clobetasol-emollient</i>	47	<i>cyclophosphamide</i>	11
<i>chateal eq (28)</i>	74	<i>clomiphene citrate</i>	54	CYCLOPHOSPHAMIDE ...	11
CHEMET	48	<i>clomipramine</i>	29	CYCLOSERINE.....	8
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<i>darifenacin</i>	85	<i>digox</i>	39	E	
<i>darunavir ethanolate</i>	4	<i>digoxin</i>	39	<i>e.e.s. 400</i>	7
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<i>dasetta 7/7/7 (28)</i>	74	DILANTIN.....	18	CHAMBER	52
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<i>daysee</i>	74	<i>dilt-xr</i>	36	<i>econtra ez</i>	74
<i>deblitane</i>	71	<i>dimethyl fumarate</i>	65	<i>econtra one-step</i>	74
<i>deferasirox</i>	48	DIPENTUM	59	<i>ecotrin low strength</i>	26
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<i>denta 5000 plus</i>	50	<i>disopyramide phosphate</i>	35	<i>eemt hs</i>	72
<i>dentagel</i>	50	<i>disulfiram</i>	48	<i>efavirenz</i>	4
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DESCOVY	4	<i>divalproex</i>	18	<i>efavirenz-lamivu-tenofov disop</i>	
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<i>desvenlafaxine succinate</i>	29	<i>dorzolamide-timolol</i>	80	ELIGARD (6 MONTH)	12
<i>dexamethasone</i>	51	<i>dorzolamide-timolol (pf)</i>	80	<i>elinest</i>	74
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<i>endocet</i>	23	<i>etodolac</i>	26	FLEXICHAMBER.....	52
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<i>ergoloid</i>	30	FASENRA.....	83	<i>fluocinolone and shower cap</i>	47
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<i>erlotinib</i>	12	<i>felodipine</i>	37	<i>flurouracil</i>	43
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<i>ery pads</i>	44	<i>fenofibrate</i>	40	<i>fluphenazine decanoate</i>	30
<i>erygel</i>	44	<i>fenofibrate micronized</i>	40	<i>fluphenazine hcl</i>	30
<i>ery-tab</i>	7	<i>fenofibrate nanocrystallized</i>	40	<i>flurazepam</i>	30
<i>erythrocine (as stearate)</i>	7	<i>fenofibric acid (choline)</i>	40	<i>flurbiprofen</i>	26
<i>erythromycin</i>	7, 78	FENSOLVI.....	12	<i>flurbiprofen sodium</i>	80
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<i>hyosyne</i>	58	<i>irbesartan</i>	37	<i>ketorolac</i>	27, 80
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UC STARTER.....	70	IRESSA	13	KINERET	70
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HYRIMOZ(CF).....	70	<i>isibloom</i>	75	KISQALI FEMARA CO-	
HYRIMOZ(CF) PEDI		<i>isoniazid</i>	8	PACK	13
CROHN STARTER	70	<i>isosorbide dinitrate</i>	41	<i>klor-con 10</i>	86
HYRIMOZ(CF) PEN	70	<i>isosorbide mononitrate</i>	41	<i>klor-con 8</i>	86
I		<i>isotretinoin</i>	44	<i>klor-con m10</i>	86
<i>ibandronate</i>	69	<i>isradipine</i>	37	<i>klor-con m15</i>	86
IBRANCE	12	ISTURISA	55	<i>klor-con m20</i>	86
IBSRELA	59	<i>itraconazole</i>	3	<i>klor-con/ef</i>	86
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<i>ibuprofen</i>	27	J		<i>kobee</i>	87
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<i>iclevia</i>	75	JAKAFI	13	KOSELUGO.....	13
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<i>icosapent ethyl</i>	40	JANUMET	56	KRAZATI.....	13
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<i>lamivudine</i>	5	<i>lidocaine</i>	45	MONTH).....	14
<i>lamivudine-zidovudine</i>	5	<i>lidocaine hcl</i>	45	LUPRON DEPOT-PED	14
<i>lamotrigine</i>	19	<i>lidocaine hcl-hydrocortison ac</i>		LUPRON DEPOT-PED (3	
LAMPIT	8	45, 60	MONTH).....	14
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LANCING DEVICE	53	<i>lidocaine-prilocaine</i>	45	<i>lutea (28)</i>	76
<i>lansoprazole</i>	62	<i>lidocort</i>	45	<i>lyleq</i>	72
<i>lanthanum</i>	58	<i>lidopin</i>	45	<i>lyllana</i>	72
LANTUS SOLOSTAR U-100		<i>linezolid</i>	8	LYNPARZA.....	14
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<i>lapatinib</i>	13	<i>lisdexamphetamine</i>	31	<i>lyza</i>	72
<i>larin 1.5/30 (21)</i>	75	<i>lisinopril</i>	37	M	
<i>larin 1/20 (21)</i>	75	<i>lisinopril-hydrochlorothiazide</i>		<i>magnesium citrate</i>	60
<i>larin 24 fe</i>	75	37	<i>malathion</i>	48
<i>larin fe 1.5/30 (28)</i>	75	<i>lithium carbonate</i>	31	<i>maraviroc</i>	5
<i>larin fe 1/20 (28)</i>	75	LIVMARLI	60	<i>marlissa (28)</i>	76
<i>latanoprost</i>	80	LIVTENCITY	5	MARPLAN.....	32
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<i>layolis fe</i>	75	<i>lojaimiess</i>	76	MAVENCLAD (10 TABLET	
LEDIPASVIR-SOFOSBUVIR		LOKELMA	58	PACK).....	65
.....	5	LONSURF.....	14	MAVENCLAD (4 TABLET	
<i>leena 28</i>	75	<i>lopinavir-ritonavir</i>	5	PACK).....	65
<i>leflunomide</i>	70	<i>lorazepam</i>	31	MAVENCLAD (5 TABLET	
<i>lenalidomide</i>	13	<i>lorazepam intensol</i>	31	PACK).....	65
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LEUKINE.....	63	<i>loteprednol etabonate</i>	81	PACK).....	65
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<i>levobunolol</i>	79	<i>lubiprostone</i>	60	MAYZENT.....	65, 66
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<i>levofloxacin</i>	9, 78	LUMIGAN	80	2MG MAINT).....	66
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<i>levonorgestrel</i>	76	LUPKYNIS	14	<i>medroxyprogesterone</i>	72
<i>levonorgestrel-ethinyl estrad</i> 76		LUPRON DEPOT	14	<i>mefenamic acid</i>	27
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<i>meloxicam</i>	27	<i>microgestin 24 fe</i>	76	<i>nabumetone</i>
<i>melfalan</i>	14	<i>microgestin fe 1.5/30 (28)</i>	76	<i>nadolol</i>
<i>memantine</i>	22	<i>microgestin fe 1/20 (28)</i>	76	<i>naftifine</i>
MEMANTINE	22	<i>midazolam</i>	32	<i>naloxone</i>
MENACTRA (PF)	67	MIDAZOLAM	32	<i>naltrexone</i>
MENQUADFI (PF).....	67	<i>midodrine</i>	49	<i>naproxen</i>
MENTAX.....	46	<i>miglitol</i>	56	<i>naproxen sodium</i>
MENVEO A-C-Y-W-135-DIP (PF).....	67	<i>miglustat</i>	55	<i>naratriptan</i>
<i>meperidine</i>	24	<i>mili</i>	76	NASAL ALLERGY
<i>meprobamate</i>	22	<i>milk of magnesia</i>	60	NATACYN.....
<i>mercaptopurine</i>	14	<i>milk of magnesia concentrated</i>	60	<i>nateglinide</i>
<i>meropenem</i>	8	<i>mimvey</i>	72	<i>natura-lax</i>
<i>merzee</i>	76	<i>minocycline</i>	10	NAYZILAM.....
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<i>metformin</i>	56	<i>misoprostol</i>	62	<i>neomycin</i>
<i>methadone</i>	24	M-M-R II (PF).....	67	<i>neomycin-bacitracin-poly-hc</i> 80
<i>methadose</i>	24	<i>m-natal plus</i>	87	<i>neomycin-bacitracin-</i> <i>polymyxin</i>
<i>methamphetamine</i>	32	<i>modafinil</i>	32	<i>neomycin-polymyxin b-</i> <i>dexameth</i>
<i>methazolamide</i>	80	<i>moexipril</i>	37	<i>neomycin-polymyxin-</i> <i>gramicidin</i>
<i>methenamine hippurate</i>	10	<i>mometasone</i>	48, 83	<i>neomycin-polymyxin-hc</i> ..51, 80
<i>methenamine mandelate</i>	10	<i>mondoxyne nl</i>	10	<i>neo-polycin</i>
<i>methimazole</i>	51	<i>mono-linyah</i>	76	<i>neo-polycin hc</i>
<i>methocarbamol</i>	22	<i>montelukast</i>	83	<i>neostigmine methylsulfate</i>
<i>methotrexate sodium</i>	14	<i>morphine</i>	24, 25	NERLYNX
<i>methotrexate sodium (pf)</i>	14	<i>morphine concentrate</i>	24	<i>neuac</i>
<i>methoxsalen</i>	43	MOTEGRITY	60	NEULASTA
<i>methscopolamine</i>	58	MOVANTIK	60	NEULASTA ONPRO
<i>methsuximide</i>	19	<i>moxifloxacin</i>	9, 78	NEUPOGEN.....
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<i>methylphenidate hcl</i>	32	<i>multi-vitamin with fluoride</i> ...87		<i>new day</i>
<i>methylprednisolone</i>	51	<i>mupirocin</i>	45	<i>newgen</i>
<i>methyltestosterone</i>	55	<i>mvc-fluoride</i>	87	NEXIUM PACKET.....
<i>metoclopramide hcl</i>	60	<i>my choice</i>	76	NEXLETOL
<i>metolazone</i>	37	<i>my way</i>	76	NEXLIZET
<i>metoprolol succinate</i>	37	MYALEPT	55	<i>niacin</i>
<i>metoprolol ta-hydrochlorothiaz</i>	37	MYCAPSSA	14	NIACOR.....
<i>metoprolol tartrate</i>	37	<i>mycophenolate mofetil</i>	14, 15	<i>nicardipine</i>
<i>metronidazole</i>	8, 44, 73	<i>mycophenolate sodium</i>	15	<i>nicorette</i>
<i>metyrosine</i>	37	MYFEMBREE	73	<i>nicotine</i>
<i>mexiletine</i>	35	MYLERAN	15	<i>nicotine (polacrilex)</i>
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<i>nimodipine</i>	38	<i>nymyo</i>	77	ONETOUCH VERIO TEST	
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<i>nisoldipine</i>	38	<i>nystatin-triamcinolone</i>	46	ONGENTYS	20
<i>nitazoxanide</i>	8	<i>nystop</i>	46	ONUREG	15
<i>nitisinone</i>	49	NYVEPRIA	64	<i>opcicon one-step</i>	77
<i>nitro-bid</i>	41	O		OPSUMIT	84
NITRO-DUR	41	OCALIVA	60	OPTICHAMBER DIAMOND	
<i>nitrofurantoin</i>	10	<i>ocella</i>	77	VHC	52
<i>nitrofurantoin macrocrystal</i> ..	10	ODACTRA	67	<i>option-2</i>	77
<i>nitrofurantoin monohyd/m-</i>		ODEFSEY	5	OPZELURA	43
<i>cryst</i>	10	ODOMZO	15	<i>oral saline laxative</i>	60
<i>nitroglycerin</i>	41	OFEV	84	ORALAIR	67
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NIVESTYM	64	<i>olanzapine</i>	33	ORENCIA	70
<i>nizatidine</i>	62	<i>olanzapine-fluoxetine</i>	33	ORENCIA CLICKJECT	70
<i>nora-be</i>	72	<i>olmesartan</i>	38	ORENITRAM	38
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<i>norgestimate-ethinyl estradiol</i>		5)	53	ORILISSA	55
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<i>nortrel 0.5/35 (28)</i>	76	(GEN 3)	53	ORLADEYO	84
<i>nortrel 1/35 (21)</i>	77	OMNIPOD DASH INTRO		<i>orphenadrine citrate</i>	23
<i>nortrel 1/35 (28)</i>	77	KIT (GEN 4)	53	ORSERDU	15
<i>nortrel 7/7/7 (28)</i>	77	OMNIPOD DASH PODS		<i>oscimin</i>	58
<i>nortriptyline</i>	32	(GEN 4)	53	<i>oscimin sl</i>	58
NORVIR	5	OMNITROPE	64	<i>oseltamivir</i>	5
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NOVAREL	55	<i>ondansetron hcl</i>	60	OTEZLA	70
NOXAFIL	3	<i>one daily prenatal</i>	88	OTEZLA STARTER	70
<i>np thyroid</i>	57	<i>onelax magnesium citrate</i>	60	OTREXUP (PF)	70
NUBEQA	15	ONETOUCH ULTRA		OVIDREL	55
NUCALA	84	CONTROL	53	<i>oxaprozin</i>	27
NUCYNTA	27	ONETOUCH ULTRA TEST		<i>oxazepam</i>	33
NUCYNTA ER	27	52	OXBRYTA	49
NUDEXTA	22	ONETOUCH ULTRA2		<i>oxcarbazepine</i>	19
NULIBRY	22	METER	53	OXERVATE	79
NUPLAZID	33	ONETOUCH VERIO FLEX		<i>oxiconazole</i>	46
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NUTROPIN AQ NUSPIN ..	64	ONETOUCH VERIO MID		OXTELLAR XR	19
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OXYCONTIN	25	PERSERIS	33	<i>prasugrel</i>	40
<i>oxymorphone</i>	25	PERTZYE	61	<i>pravastatin</i>	41
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P		<i>phenazopyridine</i>	86	<i>prazosin</i>	38
<i>pacerone</i>	35	<i>phenelzine</i>	33	<i>prednicarbate</i>	48
PALFORZIA (LEVEL 1)....	67	<i>phenobarbital</i>	19	<i>prednisolone</i>	51
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PALFORZIA (LEVEL 3)....	67	<i>phenylephrine hcl</i>	81	<i>prednisolone sodium</i>	
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<i>pantoprazole</i>	62	PIRFENIDONE.....	84	<i>prenatal one daily</i>	88
<i>paricalcitol</i>	55	<i>piroxicam</i>	27	<i>prenatal plus</i>	88
<i>paroex oral rinse</i>	50	PLEGRIDY	66	<i>prenatal plus (calcium carb)</i>	88
<i>paromomycin</i>	8	PNEUMOVAX-23	68	<i>prenatal vit no.179-iron-folic</i>	
<i>paroxetine hcl</i>	33	<i>pnv-dha</i>	88	88
PASER	8	<i>pnv-omega</i>	88	<i>prenatal vitamin</i>	88
PAXLOVID	5	<i>pnv-select</i>	88	<i>prenatal vitamin with minerals</i>	
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PEDVAX HIB (PF).....	68	<i>podofilox</i>	43	<i>prenatal-u</i>	88
<i>peg 3350-electrolytes</i>	61	<i>polycin</i>	79	PRETOMANID.....	8
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<i>peg-electrolyte soln</i>	61	<i>polymyxin b sulf-trimethoprim</i>		PREVNAR 13 (PF)	68
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<i>penicillin v potassium</i>	9	STARTER PACK.....	66	PRIFTIN	8
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<i>pentamidine</i>	8	<i>posaconazole</i>	3	PRIORIX (PF).....	68
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<i>pentazocine-naloxone</i>	27	<i>potassium citrate</i>	86	<i>probenecid-colchicine</i>	69
<i>pentoxifylline</i>	39	<i>powderlax</i>	61	<i>prochlorperazine</i>	61
<i>perindopril erbumine</i>	38	<i>pr natal 400</i>	88	<i>prochlorperazine maleate</i>	61
<i>perlogard</i>	50	<i>pr natal 400 ec</i>	88	PROCRIT	64
<i>permethrin</i>	48	<i>pr natal 430</i>	88	PROCTOFOAM HC	61

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<i>procto-med hc</i>	61	<i>ramipril</i>	38	<i>rosadan</i>	45
<i>proctosol hc</i>	61	<i>ranolazine</i>	41	<i>rosuvastatin</i>	41
<i>proctozone-hc</i>	61	<i>rasagiline</i>	20	ROTARIX.....	68
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<i>progesterone micronized</i>	72	REBIF (WITH ALBUMIN).....	66	ROZLYTREK.....	15
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<i>promethazine</i>	81	REBIF TITRATION PACK.....	66	RUCONEST.....	84
<i>promethazine vc</i>	82	<i>reclipsen (28)</i>	77	<i>rufinamide</i>	19
<i>promethazine vc-codeine</i>	82	RECOMBIVAX HB (PF).....	68	RUKOBIA.....	6
<i>promethazine-codeine</i>	82	RECORLEV.....	55	RYBELSUS.....	56
<i>promethazine-dm</i>	82	RECTIV.....	61	RYDAPT.....	15
<i>promethegan</i>	81	REDITREX (PF).....	70	S	
<i>propafenone</i>	35	REGRANEX.....	43	<i>sajazir</i>	84
<i>proparacaine</i>	80	RELEUKO.....	64	<i>salsalate</i>	27
<i>propranolol</i>	38	RELISTOR.....	61	SANDIMMUNE.....	15
<i>propylthiouracil</i>	51	RELYVRIO.....	22	SANDOSTATIN LAR	
PROQUAD (PF).....	68	<i>rena-vite</i>	88	DEPOT.....	15
<i>protriptyline</i>	33	<i>repaglinide</i>	56	SANTYL.....	48
PULMOZYME.....	84	REPATHA PUSHTRONEX.....	41	<i>sapropterin</i>	55
<i>purelax</i>	61	REPATHA SURECLICK.....	41	SAVELLA.....	71
<i>pyrazinamide</i>	8	REPATHA SYRINGE.....	41	SCEMBLIX.....	16
<i>pyridostigmine bromide</i>	23	RETACRIT.....	64	<i>scopolamine base</i>	61
PYRIDOSTIGMINE		RETEVMO.....	15	<i>selegiline hcl</i>	20
BROMIDE.....	23	REVCOVI.....	49	<i>selenium sulfide</i>	42
<i>pyrimethamine</i>	8	REVLIMID.....	15	SELZENTRY.....	6
PYRUKYND.....	49	REXULTI.....	33	<i>se-natal 19 chewable</i>	88
Q		REYATAZ.....	5	<i>se-natal-19</i>	88
QELBREE.....	33	REYVOW.....	21	SEREVENT DISKUS.....	84
QINLOCK.....	15	REZLIDHIA.....	15	SEROSTIM.....	64
QUADRACEL (PF).....	68	REZUROCK.....	15	<i>sertraline</i>	34
QUAZEPAM.....	33	RHOFADE.....	45	<i>setlakin</i>	77
<i>quetiapine</i>	33	<i>ribavirin</i>	5, 63	<i>sevelamer carbonate</i>	58
<i>quinapril</i>	38	RIDAURA.....	71	<i>sf 50</i>	
<i>quinapril-hydrochlorothiazide</i>		<i>rifabutin</i>	9	<i>sf 5000 plus</i>	50
.....	38	<i>rifampin</i>	9	<i>sharobel</i>	72
<i>quinidine gluconate</i>	35	<i>riluzole</i>	49	SHINGRIX (PF).....	68
<i>quinidine sulfate</i>	35	<i>rimantadine</i>	5	SIGNIFOR.....	16
<i>quinine sulfate</i>	9	RINVOQ.....	71	<i>sildenafil (pulm.hypertension)</i>	
<i>quit 2</i>	50	<i>risedronate</i>	49, 69	.....	84
<i>quit 4</i>	50	RISPERDAL CONSTA.....	34	SILIQ.....	42
QULIPTA.....	21	<i>risperidone</i>	34	<i>silodosin</i>	86
QVAR REDIHALER.....	84	RITEFLO AEROCHAMBER		<i>silver sulfadiazine</i>	43
R		.....	52	<i>simliya (28)</i>	77
<i>rabeprazole</i>	62	<i>ritonavir</i>	6	<i>simpesse</i>	77
RADICAVA ORS STARTER		<i>rivastigmine</i>	22	SIMPONI.....	71
KIT SUSP.....	22	<i>rivastigmine tartrate</i>	22	<i>simvastatin</i>	41
RAGWITEK.....	68	<i>rizatriptan</i>	21	<i>sirolimus</i>	16
<i>raloxifene</i>	69	<i>roflumilast</i>	84	SIVEXTRO.....	9
<i>ramelteon</i>	33	<i>ropinirole</i>	20	SKYCLARYS.....	22

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SKYRIZI.....	42, 61	<i>sucralfate</i>	63	TALTZ AUTOINJECTOR (2	
SKYTROFA.....	64	SULCONAZOLE.....	46	PACK).....	42
<i>smoothlax</i>	61	<i>sulfacetamide sodium</i>	81	TALTZ AUTOINJECTOR (3	
<i>sodium chloride</i>	49, 84	<i>sulfacetamide sodium (acne)</i>	45	PACK).....	42
<i>sodium fluoride 5000 plus</i>	50	<i>sulfacetamide sodium-sulfur</i>	45	TALTZ SYRINGE.....	42
<i>sodium fluoride-pot nitrate</i> ...	50	<i>sulfacetamide-prednisolone</i> ..	81	TALZENNA.....	16
SODIUM OXYBATE.....	34	<i>sulfacleanse 8-4</i>	45	<i>tamoxifen</i>	16
<i>sodium phenylbutyrate</i>	49	<i>sulfadiazine</i>	9	<i>tamsulosin</i>	86
<i>sodium polystyrene sulfonate</i>	58	<i>sulfamethoxazole-trimethoprim</i>		<i>tarina 24 fe</i>	77
SOFOSBUVIR-		.....	9	<i>tarina fe 1/20 (28)</i>	77
VELPATASVIR.....	6	SULFAMYLLON.....	45	<i>taron-c dha</i>	88
SOGROYA.....	65	<i>sulfasalazine</i>	61	TARPEYO.....	51
<i>solifenacin</i>	86	<i>sulfatrim</i>	9	TASIGNA.....	16
SOLQUA 100/33.....	54	<i>sulindac</i>	27	<i>tasimelteon</i>	34
SOLTAMOX.....	16	<i>sumatriptan</i>	21	<i>tavaborole</i>	46
SOMAVERT.....	55	<i>sumatriptan succinate</i>	21	TAVALISSE.....	40
<i>sorafenib</i>	16	<i>sunitinib malate</i>	16	TAVNEOS.....	49
<i>sotalol</i>	35	SUNLENCA.....	6	<i>taysofy</i>	77
<i>sotalol af</i>	35	SUNOSI.....	34	<i>tazarotene</i>	45
SOVALDI.....	6	<i>super b maxi complex</i>	88	<i>taztia xt</i>	38
SPACE CHAMBER.....	52	<i>super quints</i>	88	TAZVERIK.....	16
<i>spinosad</i>	48	SUPPRELIN LA.....	16	TDVAX.....	68
SPIRIVA RESPIMAT.....	84	<i>syeda</i>	77	<i>telmisartan</i>	38
SPIRIVA WITH		SYMBICORT.....	84	<i>temazepam</i>	34
HANDIHALER.....	84	SYMDEKO.....	84	<i>temozolomide</i>	16
<i>spironolactone</i>	38	SYMJEPI.....	82	<i>tencon</i>	25
<i>spironolacton-</i>		SYMLINPEN 120.....	56	TENIVAC (PF).....	68
<i>hydrochlorothiaz</i>	38	SYMLINPEN 60.....	56	<i>tenofovir disoproxil fumarate</i>	6
SPRAVATO.....	34	SYMPROIC.....	62	TEPMETKO.....	16
<i>sprintec (28)</i>	77	SYMTUZA.....	6	<i>terazosin</i>	38
SPRYCEL.....	16	SYNAGIS.....	6	<i>terbinafine hcl</i>	3
<i>sps (with sorbitol)</i>	58	SYNAREL.....	55	<i>terbutaline</i>	84
<i>sronyx</i>	77	SYNDROS.....	62	<i>terconazole</i>	73
<i>ssd</i>	43	SYNJARDY.....	56	<i>teriflunomide</i>	66
<i>st joseph aspirin</i>	27	SYNJARDY XR.....	56	TERIPARATIDE.....	69
<i>st. joseph aspirin</i>	27	SYNTHROID.....	57	<i>testosterone</i>	55
<i>stavudine</i>	6	T		<i>testosterone cypionate</i>	55
STELARA.....	42	TABLOID.....	16	<i>testosterone enanthate</i>	55
STIMUFEND.....	64	TABRECTA.....	16	<i>tetrabenazine</i>	22
STIOLTO RESPIMAT.....	84	<i>tacrolimus</i>	16, 43	<i>tetracaine hcl</i>	80
STIVARGA.....	16	<i>tadalafil</i>	86	TETRACAINE HCL (PF)....	80
<i>stop smoking aid</i>	50	<i>tadalafil (pulm. hypertension)</i>		<i>tetracycline</i>	10
STRENSIQ.....	55	.....	84	TEZSPIRE.....	84
<i>stress formula with iron</i>	88	TADLIQ.....	84	THALOMID.....	16
<i>stress formula with iron(sulf)</i>	88	TAFINLAR.....	16	<i>theophylline</i>	85
STRIBILD.....	6	<i>tafluprost (pf)</i>	80	THIOLA EC.....	49
STRIVERDI RESPIMAT....	84	TAGRISSO.....	16	<i>thioridazine</i>	34
SUBLOCADE.....	25	TAKHZYRO.....	84	<i>thiothixene</i>	34
<i>subvenite</i>	19	TALTZ AUTOINJECTOR..	42	<i>tiadylt er</i>	38
SUCRAID.....	61			<i>tiagabine</i>	19

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TIBSOVO.....	16	<i>trifluridine</i>	79	UDENYCA AUTOINJECTOR	64
<i>tilia fe</i>	77	<i>trihexyphenidyl</i>	20	64
<i>timolol maleate</i>	38, 79	TRIJARDY XR	57	<i>unithroid</i>	57
<i>tinidazole</i>	9	TRIKAFTA	85	UPTRAVI.....	38
<i>tiopronin</i>	49	<i>tri-legest fe</i>	77	<i>urea</i>	43
TIVICAY	6	<i>tri-linyah</i>	77	<i>ursodiol</i>	62
TIVICAY PD	6	<i>tri-lo-estarylla</i>	77	V	
<i>tizanidine</i>	23	<i>tri-lo-marzia</i>	77	<i>valacyclovir</i>	6
TOBI PODHALER	9	<i>tri-lo-mili</i>	77	VALCHLOR	43
<i>tobramycin</i>	9, 79	<i>tri-lo-sprintec</i>	77	<i>valganciclovir</i>	6
<i>tobramycin in 0.225 % nacl</i> ...	9	<i>trimethobenzamide</i>	62	<i>valproic acid</i>	19
<i>tobramycin-dexamethasone</i> ..	80	<i>trimethoprim</i>	10	<i>valproic acid (as sodium salt)</i>	19
<i>tolcapone</i>	20	<i>tri-mili</i>	77	.....	19
<i>tolmetin</i>	27, 28	<i>trimipramine</i>	34	<i>valsartan</i>	38
<i>tolterodine</i>	86	<i>trinatal rx 1</i>	88	<i>valsartan-hydrochlorothiazide</i>	39
<i>tolvaptan</i>	55	<i>trinate</i>	88	.....	39
<i>topiramate</i>	19	TRINTELLIX.....	34	VALTOCO	19
<i>toremifene</i>	16	<i>tri-nymyo</i>	77	<i>vanadom</i>	23
<i>torsemide</i>	38	TRIPTODUR.....	17	<i>vancomycin</i>	10
TOUJEO MAX U-300		<i>tri-sprintec (28)</i>	77	<i>vandazole</i>	73
SOLOSTAR	54	TRIUMEQ.....	6	VANFLYTA.....	17
TOUJEO SOLOSTAR U-300		TRIUMEQ PD.....	6	VAQTA (PF).....	68
INSULIN	54	<i>tri-vitamin with fluoride</i>	88	<i>varenicline</i>	50
TRACLEER	85	<i>trivora (28)</i>	77	VARIVAX (PF).....	68
TRADJENTA.....	56	<i>tri-vylibra</i>	78	VARUBI.....	62
<i>tramadol</i>	28	<i>tri-vylibra lo</i>	78	VAXELIS (PF).....	68
<i>tramadol-acetaminophen</i>	28	<i>tropicamide</i>	79	VAXNEUVANCE (PF)	68
<i>trandolapril</i>	38	<i>trospium</i>	86	<i>velivet triphasic regimen (28)</i>	78
<i>trandolapril-verapamil</i>	38	TRULANCE.....	62	.....	78
<i>tranexamic acid</i>	73	TRULICITY	57	VELPHORO.....	58
<i>tranylcypromine</i>	34	TRUMENBA.....	68	VELTASSA.....	58
<i>travoprost</i>	80	TRUSTEX LUBRICATED		VEMLIDY.....	6
<i>trazodone</i>	34	CONDOMS	71	VENCLEXTA	17
TRECTOR.....	9	TRUSTEX-RIA NON-LUB		VENCLEXTA STARTING	
TRELEGY ELLIPTA	85	CONDOMS	71	PACK	17
TRELSTAR.....	16	TUKYSA.....	17	<i>venlafaxine</i>	34
TREMFYA.....	42	<i>tulana</i>	72	VENTAVIS	85
<i>tretinoin</i>	45	TURALIO	17	VENTOLIN HFA	85
<i>tretinoin (antineoplastic)</i>	17	TUXARIN ER.....	82	<i>verapamil</i>	39
<i>tretinoin microspheres</i>	45	TWINRIX (PF).....	68	VERQUVO.....	41
<i>triamcinolone acetonide</i> 48, 50,	85	TYBOST	6	VERZENIO	17
85		<i>tydemy</i>	78	<i>vestura (28)</i>	78
<i>triamterene</i>	38	TYMLOS.....	69	V-GO 20	53
<i>triamterene-hydrochlorothiazid</i>	38	TYVASO.....	85	V-GO 30	53
.....	38	TYVASO DPI	85	V-GO 40	53
<i>triazolam</i>	34	TYVASO REFILL KIT.....	85	VIBERZI	62
<i>triderm</i>	48	TYVASO STARTER KIT ...	85	VICTOZA 2-PAK	57
<i>trientine</i>	49	U		VICTOZA 3-PAK	57
<i>tri-estarylla</i>	77	UBRELVY	21	VIEKIRA PAK.....	6
<i>trifluoperazine</i>	34	UDENYCA	64	<i>vienna</i>	78

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<i>vigabatrin</i>	19	<i>women's gentle laxative(bisac)</i>	78	<i>zarah</i>	78
<i>vigadrone</i>	20	62	ZARXIO	64
VIJOICE.....	17	<i>wymzya fe</i>	78	<i>zatean-pn dha</i>	89
<i>vilazodone</i>	34	X		<i>zatean-pn plus</i>	89
VIOKACE.....	62	XACIATO	73	ZAVZPRET.....	21
<i>viorele (28)</i>	78	XADAGO.....	20	ZEJULA	18
VIRACEPT	6	XALKORI.....	17	ZELBORAF	18
VIREAD.....	6	XARELTO	40	ZELNORM.....	62
VISTOGARD.....	10	XARELTO DVT-PE TREAT		<i>zenatane</i>	45
<i>vitamin b complex-folic acid</i>	89	30D START	40	ZENPEP	62
<i>vitamins a,c,d and fluoride</i> ...	89	XCOPRI	20	<i>zenzedi</i>	35
VITRAKVI.....	17	XCOPRI MAINTENANCE		ZEPATIER	6
VIVITROL	28	PACK	20	ZEPOSIA.....	22
VIVJOA	3	XCOPRI TITRATION PACK		ZEPOSIA STARTER KIT (28-	
VIZIMPRO.....	17	.....	20	DAY)	22
<i>volnea (28)</i>	78	XELJANZ	71	ZEPOSIA STARTER PACK	
VONJO.....	17	XELJANZ XR.....	71	(7-DAY)	22
<i>voriconazole</i>	3	XEPI	46	<i>zidovudine</i>	6
VORTEX HOLDING		XHANCE	85	ZIEXTENZO	64
CHAMBER.....	52	XIFAXAN	9	<i>zileuton</i>	85
VOSEVI	6	XIGDUO XR.....	57	ZIMHI.....	28
VOTRIENT.....	17	XIIDRA	80	<i>ziprasidone hcl</i>	35
VOWST.....	62	XOFLUZA	6	ZIRGAN	79
VOXZOGO	55	XOLAIR.....	85	ZOKINVY	49
VUMERITY	66	XOSPATA.....	17	ZOLADEX	18
<i>vyfemla (28)</i>	78	XPOVIO.....	17	ZOLINZA.....	18
<i>vylibra</i>	78	XTAMPZA ER.....	25	<i>zolmitriptan</i>	21
VYNDAMAX	41	XTANDI.....	17	<i>zolpidem</i>	35
VYNDAQEL.....	41	<i>xulane</i>	73	ZOMACTON	65
VYVANSE.....	35	XULTOPHY 100/3.6	54	<i>zonisamide</i>	20
W		XURIDEN	49	ZONTIVITY.....	40
WAKIX.....	35	XYREM.....	35	<i>zovia 1-35 (28)</i>	78
<i>warfarin</i>	40	XYWAV	35	ZTALMY	20
WELIREG.....	17	Y		<i>zumandimine (28)</i>	78
<i>wera (28)</i>	78	YONSA	17	ZYDELIG.....	18
<i>wescap-c dha</i>	89	<i>yuvafem</i>	73	ZYKADIA.....	18
<i>wesnatal dha complete</i>	89	Z		ZYPREXA RELPREVV	35
<i>westab plus</i>	89	<i>zafemy</i>	73		
WIDE-SEAL DIAPHRAGM		<i>zafirlukast</i>	85		
.....	71	<i>zaleplon</i>	35		

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