



MIAMI DADE COUNTY POS PRESCRIPTION DRUG FORMULARY

(Effective July – September 2025)

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

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

INTRODUCTION

This formulary was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. 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. This formulary is reflective of current medical practice as of the date of review.

The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure the accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. All the information in this formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the 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.

National guidelines can be found on the National Guideline Clearinghouse site at www.ahrq.gov/gam/index.html on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

This formulary is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at 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.

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 copayment.

Cost-sharing Medications - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life-threatening conditions. Such medications are subject to coinsurance and coverage is limited

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 www.avmed.org/prescriptions/ to obtain the appropriate drug authorization request form.

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 most 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, 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 this 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 if 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 a participating AvMed 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 payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 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 may provide the option to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes 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 copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment 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.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support the clinical criteria that must be met for approval. The completed drug authorization request form and supporting clinical documentation must be submitted to AvMed by fax to 1-305-671-0200. The pharmacy drug authorization request forms are available at www.avmed.org/prescriptions or www.avmed.org/forms/provider.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 1-3 business days if authorization is deemed urgent and within 10-14 business days if identified as standard or routine.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process by logging into www.avmed.org and then clicking the link "Prescriptions".

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. 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 for the quantity limit exception as described above.

Step Therapy

Medications that require a trial of one or more first and/or second-line medications for the requested medication to be covered under the pharmacy benefit. If for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described above.

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

Tier	Definition
1	Generics - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
2	Preferred Brands - These are preferred brands or high-cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
3	Non-Preferred Brands and Specialty Medications - These are non-preferred brands, non-preferred generics, or high-cost medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment. Specialty medications, brand or generic, are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
9	Zero Cost Share Preventative Drugs - These are drugs covered under the Patient Protection and Affordable Care Act (PPACA) at no cost-share (\$0), to you.

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

What's Not Covered: Common Exclusions

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

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing.
- Experimental medication products or any medication product used in an experimental manner.
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA).
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill, unless otherwise specified in the member's specific benefit plan.
- Fertility drugs, unless otherwise specified in the member's specific benefit plan.
- Medications or devices for the diagnosis or treatment of sexual dysfunction, unless otherwise specified in the member's specific benefit plan.
- 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, unless otherwise specified in the member's specific benefit plan.
- Compounded prescriptions, except pediatric preparations.

- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations, allergy serums, medical supplies (including therapeutic devices, dressings, appliances, and support garments), medications administered by the attending physician to treat an acute phase of an illness, and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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 preventative, evidence-based items, and services at no cost to the member with certain stipulations. Examples of categories of medications that may be subject to limited, or \$0 cost share include aspirin, breast cancer preventative, fluoride supplements, folic acid supplements, iron supplements, tobacco cessation products, immunizations, bowel preparation for colonoscopy, and some contraceptive medications and devices.

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (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.

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) Guideline for Prescribing Opioids for Chronic Pain updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But they may not work as well in the long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option.

Members should work with their doctor to find the safest ways to best manage their condition.

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 or 4 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified co-payment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time the mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, except for some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 90-day supply. Members who are prescribed these medications will be charged the applicable tier co-payment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 90-day 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 card for more information on coverage.

CONTACT INFORMATION

This 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/prescriptions.

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

1: Preferred Generics

2: Preferred Brand, Non-preferred Generics

3: Non-preferred Brand, Specialty

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

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.

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.

SP: Specialty Drug

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		
<i>clotrimazole mucous membrane</i>	1	QL (5 per 1 day)
CRESEMBA ORAL CAPSULE 186 MG	3	PA; QL (2 per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	3	PA; QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (10 per 1 day)
DIFLUCAN ORAL TABLET 100 MG	3	QL (4 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	QL (40 per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	1	QL (10 per 1 day)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	QL (4 per 1 day)
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 per 1 day)
<i>griseofulvin microsize oral suspension</i>	1	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet</i>	1	QL (2 per 1 day)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	QL (3 per 1 day)
<i>itraconazole oral capsule</i>	1	PA; QL (4 per 1 day)
<i>itraconazole oral solution</i>	1	PA; QL (40 per 1 day)
<i>ketoconazole oral</i>	1	PA; QL (2 per 1 day)
NOXAFIL ORAL SUSPENSION	3	PA; QL (20 per 1 day)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	3	PA; QL (8 per 1 day)
<i>nystatin oral suspension</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet</i>	1	QL (6 per 1 day)
<i>posaconazole oral suspension</i>	1	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	3	PA; QL (4 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL (10 per 1 day)
VFEND ORAL TABLET 50 MG	3	QL (4 per 1 day)
<i>voriconazole oral suspension for reconstitution</i>	1	QL (10 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	1	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>voriconazole oral tablet 50 mg</i>	1	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir</i>	1	SP
<i>abacavir-lamivudine</i>	1	SP
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	SP; QL (1 per 1 day)
<i>amantadine hcl</i>	1	
APTIVUS	2	SP
<i>atazanavir</i>	1	SP
BARACLUDE ORAL SOLUTION	2	SP; QL (20 per 1 day)
BARACLUDE ORAL TABLET	3	SP; QL (1 per 1 day)
BIKTARVY	2	SP
CIMDUO	2	SP
COMPLERA	2	SP
<i>darunavir</i>	1	SP
DELSTRIGO	2	SP
DESCOVY	2	SP; ACA
DOVATO	2	SP; QL (1 per 1 day)
EDURANT	3	SP
<i>efavirenz oral tablet</i>	1	SP
<i>efavirenz-emtricitabin-tenofov</i>	1	SP
<i>efavirenz-lamivu-tenofov disop</i>	1	SP
<i>emtricitabine</i>	1	SP
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	SP
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	1	SP; ACA
EMTRIVA ORAL CAPSULE	3	SP
EMTRIVA ORAL SOLUTION	2	SP
<i>entecavir</i>	1	SP; QL (1 per 1 day)
EPCLUSA	3	PA; SP; QL (1 per 1 day)
EPIVIR ORAL SOLUTION	2	SP
EPIVIR ORAL TABLET	3	SP

You can find information 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>etravirine</i>	1	SP
EVOTAZ	2	SP
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	1	SP
FUZEON SUBCUTANEOUS RECON SOLN	2	SP
GENVOYA	2	SP
HARVONI	3	PA; SP
INTELENCE ORAL TABLET 100 MG, 200 MG	2	SP
INTELENCE ORAL TABLET 25 MG	3	SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
KALETRA ORAL SOLUTION	3	SP
KALETRA ORAL TABLET	2	SP
<i>lamivudine oral solution</i>	1	SP
<i>lamivudine oral tablet 100 mg</i>	1	SP; QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SP
<i>lamivudine-zidovudine</i>	1	SP
LEDIPASVIR-SOFOSBUVIR	3	PA; SP
<i>lopinavir-ritonavir oral tablet</i>	1	SP
<i>maraviroc</i>	1	SP
<i>nevirapine oral suspension</i>	2	SP
<i>nevirapine oral tablet</i>	1	SP
<i>nevirapine oral tablet extended release 24 hr</i>	1	SP
NORVIR ORAL POWDER IN PACKET	2	SP
NORVIR ORAL TABLET	3	SP
ODEFSEY	2	SP
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	PA for age 11 and younger; QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	PA for age 11 and younger; QL (22 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	PA for age 11 and younger; QL (60 per 365 days)
PIFELTRO	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS ORAL TABLET	3	SP; QL (1 per 1 day)
PREZCOBIX	2	SP
PREZISTA ORAL SUSPENSION	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
RELENZA DISKHALER	3	QL (20 per 180 days)
RETROVIR ORAL CAPSULE	3	SP
RETROVIR ORAL SYRUP	3	SP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	SP
REYATAZ ORAL POWDER IN PACKET	2	SP
<i>ribavirin inhalation</i>	3	PA; SP
<i>ribavirin oral tablet 200 mg</i>	1	PA; SP
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	SP
SELZENTRY ORAL SOLUTION	2	SP
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	SP
SOFOSBUVIR-VELPATASVIR	3	PA; SP; QL (1 per 1 day)
SOVALDI	3	PA; SP
STRIBILD	2	SP
SYMFI	3	SP
SYMTUZA	2	SP
TAMIFLU ORAL CAPSULE	3	
<i>tenofovir disoproxil fumarate</i>	1	SP; QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	2	SP
TIVICAY PD	2	SP; QL (6 per 1 day)
TRIUMEQ	2	SP
TRIUMEQ PD	2	SP
TRUVADA	3	SP
TYBOST	2	SP
<i>valacyclovir</i>	1	
VALCYTE	3	SP
<i>valganciclovir</i>	1	SP
VALTREX	3	
VEMLIDY	3	SP; 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
VIRACEPT ORAL TABLET	2	SP
VIREAD ORAL POWDER	2	SP; QL (8 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP; QL (1 per 1 day)
VIREAD ORAL TABLET 300 MG	3	SP; QL (1 per 1 day)
VOSEVI	3	PA; SP
ZIAGEN ORAL SOLUTION	3	SP
<i>zidovudine</i>	1	SP
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 mL per fill
DIFICID ORAL TABLET	3	PA; 20 tabs per fill
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	

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

Drug Name	Drug Tier	Requirements / Limits
ERYPED 400	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	4 tabs per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL (180 per 1 day)
ALINIA ORAL TABLET	3	QL (6 per 1 day)
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
BENZNIDAZOLE	3	
BILTRICIDE	3	
CAYSTON	2	SP; LA
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	
<i>cycloserine</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dapsone oral</i>	2	
DARAPRIM	3	PA; SP; QL (3 per 1 day)
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	3	PA; SP
<i>isoniazid oral solution</i>	3	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 per 90 days)
KITABIS PAK	3	SP
LAMPIT	3	
<i>linezolid</i>	1	PA
MALARONE	3	
MALARONE PEDIATRIC	3	
<i>mefloquine</i>	1	
MEPRON	3	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT	3	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (6 per 1 day)
PASER	2	
<i>pentamidine inhalation</i>	1	
PLAQUENIL	3	
<i>praziquantel</i>	1	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA; SP; QL (3 per 1 day)
QUALAQUIN	3	PA
<i>quinine sulfate</i>	1	PA
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO ORAL	2	SP

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Drug Name	Drug Tier	Requirements / Limits
STROMECTOL	2	PA; QL (20 per 90 days)
<i>tinidazole</i>	1	
TOBI	3	SP
TOBI PODHALER	2	SP
<i>tobramycin in 0.225 % nacl</i>	1	SP
TOBRAMYCIN WITH NEBULIZER	1	SP
TRECTOR	2	
XENLETA ORAL	3	PA; QL (10 per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (42 per 120 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ZYVOX ORAL TABLET	2	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML	2	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	
<i>mondoxylene nl</i>	1	
NUZYRA ORAL	3	
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		
MACROBID	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram</i>	3	
<i>methenamine mandelate oral tablet 1 gram</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL	2	
<i>trimethoprim</i>	1	
VANCOMYCIN		
VANCOCIN	3	
<i>vancomycin oral capsule</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	3	SP
VISTOGARD	3	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; SP; QL (4 per 1 day)
<i>abiraterone oral tablet 500 mg</i>	1	PA; SP; QL (2 per 1 day)
AFINITOR	3	PA; SP; QL (1 per 1 day)
AFINITOR DISPERZ	3	PA; SP
AKEEGA	3	PA; SP; QL (2 per 1 day)
ALECENSA	3	PA; SP; QL (8 per 1 day)
ALKERAN	3	SP
<i>anastrozole</i>	1	ACA
ARIMIDEX	3	
AROMASIN	3	
ASTAGRAF XL	3	SP
AUGTYRO ORAL CAPSULE 160 MG	3	PA; SP; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	3	PA; SP; QL (6 per 1 day)
AZASAN	1	
<i>azathioprine</i>	1	
BALVERSA ORAL TABLET 3 MG	3	PA; SP; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	3	PA; SP; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	3	PA; SP; LA; QL (1 per 1 day)
<i>bexarotene</i>	1	SP
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE 100 MG	3	PA; SP; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	3	PA; SP; 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
BOSULIF ORAL TABLET 100 MG	3	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 500 MG	3	PA; SP; QL (1 per 1 day)
BRUKINSA	3	PA; SP; LA; QL (4 per 1 day)
CABOMETYX	3	PA; SP; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	3	PA; SP; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	1	SP; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	1	SP; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	2	PA; SP; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	2	PA; SP; LA; QL (1 per 1 day)
CASODEX	3	
CELLCEPT ORAL CAPSULE	3	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	SP
CELLCEPT ORAL TABLET	3	SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PA; SP; QL (84 per 28 days)
COTELLIC	3	PA; SP; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	1	SP
<i>cyclosporine modified</i>	1	SP
<i>cyclosporine oral capsule</i>	1	SP
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; SP; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	1	PA; SP; QL (3 per 1 day)
DROXIA	2	
ENVARUSUS XR	3	SP
ERIVEDGE	3	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	3	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	3	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	1	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	3	SP
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA; SP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	SP
<i>exemestane</i>	1	ACA
FARESTON	3	SP; QL (1 per 1 day)
FEMARA	3	
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; SP; QL (21 per 28 days)
<i>gengraf</i>	1	SP
GILOTRIF	3	SP; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	3	PA; SP; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	3	PA; SP; QL (2 per 1 day)
GLEOSTINE	2	SP
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	3	PA; SP; QL (1 per 1 day)
IDHIFA	3	PA; SP; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	1	PA; SP; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	1	PA; SP; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	3	PA; SP; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; SP; QL (1 per 1 day)
IMURAN	3	
INLYTA ORAL TABLET 1 MG	3	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	3	PA; SP; QL (4 per 1 day)
INQOVI	3	PA; SP; QL (5 per 28 days)
IWILFIN	3	PA; SP; LA; QL (8 per 1 day)
JAKAFI	3	PA; SP; QL (2 per 1 day)
KOSELUGO ORAL CAPSULE 10 MG	3	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	3	PA; SP; QL (4 per 1 day)
<i>lapatinib</i>	1	PA; SP; QL (6 per 1 day)
<i>lenalidomide</i>	1	PA; SP; 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
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	3	PA; SP; QL (30 per 28 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; SP; QL (60 per 28 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; SP; QL (90 per 28 days)
<i>letrozole</i>	1	
LEUKERAN	2	SP
LONSURF ORAL TABLET 15-6.14 MG	3	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	3	PA; SP; QL (8 per 1 day)
LUPRON DEPOT	3	SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	3	SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	3	SP; QL (1 per 84 days)
LYNPARZA	3	PA; SP; QL (4 per 1 day)
LYSODREN	2	SP
MATULANE	2	SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET 0.5 MG	3	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	3	PA; SP; QL (1 per 1 day)
MEKTOVI	3	PA; SP; LA; QL (6 per 1 day)
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>mycophenolate mofetil</i>	1	SP
<i>mycophenolate sodium</i>	1	SP
MYFORTIC	3	SP
MYLERAN	2	SP
NEORAL	3	SP
NEXAVAR	2	PA; SP; LA; QL (4 per 1 day)
NILANDRON	2	SP; QL (1 per 1 day)
<i>nilutamide</i>	1	SP; QL (1 per 1 day)
NINLARO	3	PA; SP; QL (3 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
NUBEQA	3	PA; SP; LA; QL (4 per 1 day)
ODOMZO	3	PA; SP; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; SP; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 MG	3	PA; SP; QL (6 per 1 day)
OJJAARA	3	PA; SP; QL (1 per 1 day)
<i>pazopanib</i>	2	PA; SP; QL (4 per 1 day)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; SP; QL (56 per 28 days)
POMALYST	3	PA; SP; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE	2	SP
REVLIMID	3	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; SP; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	3	SP; LA; QL (12 per 1 day)
RUBRACA	3	PA; SP; LA; QL (4 per 1 day)
RYDAPT	3	PA; SP; QL (8 per 1 day)
SANDIMMUNE ORAL CAPSULE	3	SP
SIGNIFOR	3	PA; SP
<i>sirolimus</i>	1	SP
SOLTAMOX	2	
<i>sorafenib</i>	1	PA; SP; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	3	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	3	PA; SP; QL (3 per 1 day)
STIVARGA	3	PA; SP; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	1	PA; SP; QL (1 per 1 day)
SUPPRELIN LA	2	PA; SP; QL (1 per 365 days)
SUTENT	2	PA; SP; QL (1 per 1 day)
TABLOID	2	SP
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	3	PA; SP; QL (4 per 1 day)
TAGRISSO	3	PA; SP; LA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>tamoxifen</i>	1	ACA
TARGRETIN ORAL	2	SP
TARGRETIN TOPICAL	3	SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	2	PA; SP; QL (2 per 1 day)
<i>temozolomide</i>	1	SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	SP; QL (1 per 1 day)
TIBSOVO	3	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	1	SP; QL (1 per 1 day)
<i>torpenz</i>	3	PA; SP; QL (1 per 1 day)
<i>tretinoin (antineoplastic)</i>	1	SP
TREXALL	2	
TRUQAP	3	PA; SP; QL (64 per 28 days)
TUKYSA	3	PA; SP; LA; QL (4 per 1 day)
TYKERB	3	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	3	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	3	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	3	PA; SP; QL (42 per 365 days)
VERZENIO	3	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	3	PA; SP; QL (1 per 1 day)
VITRAKVI ORAL CAPSULE 100 MG	3	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	3	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	3	PA; SP; LA; QL (10 per 1 day)
VOTRIENT	3	PA; SP; QL (4 per 1 day)
XALKORI ORAL CAPSULE	3	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLET 150 MG	3	SP; QL (6 per 1 day)
XALKORI ORAL PELLET 20 MG, 50 MG	3	SP; QL (4 per 1 day)
XELODA ORAL TABLET 150 MG	3	SP; QL (4 per 1 day)
XELODA ORAL TABLET 500 MG	3	SP; QL (10 per 1 day)
XERMELO	3	PA; SP; LA
XOSPATA	3	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	3	PA; SP; LA; QL (8 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
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	3	PA; SP; LA; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	3	PA; SP; LA; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	3	PA; SP; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	3	PA; SP; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	3	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	3	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	3	PA; SP; QL (2 per 1 day)
ZELBORAF	3	PA; SP; QL (8 per 1 day)
ZOLINZA	2	SP; QL (4 per 1 day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	SP
ZYKADIA	3	PA; SP; QL (3 per 1 day)

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APTOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (1 per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (2 per 1 day)
BANZEL	3	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clonazepam</i>	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>diazepam rectal</i>	2	
DILANTIN	2	QL (3 per 1 day)
DILANTIN EXTENDED	3	

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

Drug Name	Drug Tier	Requirements / Limits
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
<i>epitol</i>	1	
EQUETRO	2	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL ORAL TABLET	3	
FYCOMPA ORAL SUSPENSION	3	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	3	PA; QL (1 per 1 day)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KLONOPIN	3	
<i>lacosamide oral</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LYRICA	3	
<i>methsuximide</i>	1	
MYSOLINE	3	
NAYZILAM	3	PA; QL (10 per 30 days)
NEURONTIN	3	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet,chewable</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	1	
SABRIL	3	PA; SP; LA
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
TOPAMAX	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	1	PA; SP; LA
<i>vigadrone</i>	1	PA; SP
<i>vigpoder</i>	3	PA; SP
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XCOPRI MAINTENANCE PACK	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	3	PA; 1 tablet per day; 28 tablets per 365 days
ZARONTIN	3	

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

Drug Name	Drug Tier	Requirements / Limits
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	3	SP; LA; QL (3 per 1 day)
<i>apomorphine</i>	1	SP; QL (3 per 1 day)
AZILECT	3	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	QL (8 per 1 day)
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DHIVY	3	QL (8 per 1 day)
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; SP; QL (10 per 1 day)
LODOSYN	3	QL (8 per 1 day)
NEUPRO	2	QL (1 per 1 day)
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	2	QL (10 per 1 day)
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	1	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	1	PA; QL (8 per 30 days)
<i>eletriptan</i>	1	QL (12 per 30 days)
EMGALITY PEN	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ERGOMAR	2	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	1	
FROVA	3	QL (12 per 30 days)
<i>frovatriptan</i>	1	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	3	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	3	QL (18 per 30 days)
IMITREX STATDOSE PEN	3	PA; QL (6 per 30 days)
IMITREX STATDOSE REFILL	3	PA; QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	3	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	QL (12 per 30 days)
<i>migergot</i>	1	
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	2	ST; QL (8 per 30 days)
QULIPTA	2	ST; QL (1 per 1 day)
RELPAK	3	QL (12 per 30 days)
REYVOW	3	QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	PA; QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	PA; QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	PA; QL (6 per 30 days)
UBRELVY	2	ST; QL (10 per 30 days)
ZOLMITRIPTAN NASAL SPRAY,NON- AEROSOL 2.5 MG	1	QL (12 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	QL (12 per 30 days)
<i>zolmitriptan oral</i>	1	QL (12 per 30 days)
ZOMIG ORAL	3	QL (12 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

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Drug Name	Drug Tier	Requirements / Limits
AMPYRA	3	PA; SP; LA; QL (2 per 1 day)
ARICEPT	3	
AUSTEDO	3	PA; SP; LA
AUSTEDO XR	3	PA; SP; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18- 24-30 MG	3	SP; QL (28 per 365 days)
<i>dalfampridine</i>	1	PA; SP; QL (2 per 1 day)
<i>donepezil</i>	1	
EVRYSDI ORAL RECON SOLN	3	PA; SP; LA; QL (6.7 per 1 day)
EXELON PATCH	2	
FIRDAPSE	3	PA; SP; LA; QL (10 per 1 day)
<i>galantamine</i>	1	
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	1	
NAMENDA TITRATION PAK	2	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	
NUEDEXTA	3	PA; SP; QL (2 per 1 day)
RADICAVA ORS STARTER KIT SUSP	3	PA; SP
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; SP; QL (4 per 1 day)
WAINUA	3	PA; SP; QL (1 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	3	PA; SP; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	3	PA; SP; LA; QL (4 per 1 day)
ZEPOSIA	3	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	3	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	3	PA; SP; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	1	QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	QL (3 per 1 day)
<i>dantrolene oral capsule 100 mg</i>	1	QL (4 per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	1	QL (3 per 1 day)
FEXMID	1	
<i>meprobamate</i>	1	
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
<i>metaxalone oral tablet 800 mg</i>	1	QL (4 per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC	1	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SOMA ORAL TABLET 350 MG	3	QL (4 per 1 day)
<i>tizanidine</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
ZANAFLEX	3	
ZILBRYSQ	3	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA for age 11 and younger
<i>acetaminophen-codeine oral tablet</i>	1	PA for age 11 and younger
<i>ascomp with codeine</i>	1	PA for age 11 and younger
<i>buprenorphine</i>	1	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod</i>	1	PA for age 11 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>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
BUTRANS	3	PA; QL (4 per 28 days)
<i>codeine sulfate oral tablet 30 mg</i>	3	PA for age 11 and younger
<i>codeine-bitalbital-asa-caff</i>	1	PA for age 11 and younger
DILAUDID	3	
<i>endocet</i>	1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	
FIORICET	3	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	1	
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	3	
<i>hydromorphone rectal</i>	3	
<i>meperidine oral solution</i>	1	
<i>meperidine oral tablet 50 mg</i>	1	
<i>methadone oral concentrate</i>	1	
<i>methadone oral solution</i>	1	
<i>methadone oral tablet</i>	1	
<i>methadose oral concentrate</i>	3	
<i>morphine concentrate oral solution</i>	1	
<i>morphine oral</i>	1	
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	3	
<i>morphine rectal suppository 30 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	
<i>oxymorphone</i>	1	
PERCOCET	3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
ANAPROX DS	3	
ARTHROTEC 75	3	QL (4 per 1 day)
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	1	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	3	QL (1 per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
DAYPRO	3	QL (2 per 1 day)
DICLOFENAC EPOLAMINE	1	QL (2 per 1 day)
<i>diclofenac potassium oral powder in packet</i>	1	QL (9 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)
<i>diclofenac-misoprostol</i>	1	QL (4 per 1 day)
<i>diflunisal</i>	1	QL (3 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	3	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	QL (2 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	1	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	1	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	1	QL (1 per 1 day)
<i>fenoprofen oral capsule 400 mg</i>	1	QL (4 per 1 day)
<i>fenoprofen oral tablet</i>	1	QL (4 per 1 day)
FLECTOR	3	QL (2 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN RECTAL	2	QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketoprofen oral capsule 75 mg</i>	1	QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	QL (1 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
<i>meclofenamate</i>	3	QL (4 per 1 day)
<i>mefenamic acid</i>	1	29 capsules per fill
MELOXICAM ORAL SUSPENSION	1	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe 0.4 mg/ml</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	3	QL (2 per 1 day)
NAPROSYN ORAL SUSPENSION	3	QL (40 per 1 day)
NAPROSYN ORAL TABLET 500 MG	3	QL (3 per 1 day)
<i>naproxen oral suspension</i>	1	QL (40 per 1 day)
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	1	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	QL (2 per 1 day)
NARCAN	3	2 sprays per fill
OPVEE	3	2 units dose spray per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (12 per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (3 per 1 day)
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tolmetin oral tablet 600 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	PA for age 11 and younger
<i>tramadol oral tablet extended release 24 hr</i>	1	PA for age 11 and younger
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA for age 11 and younger
<i>tramadol-acetaminophen</i>	1	
VIVITROL	3	SP
ZUBSOLV	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	PA; QL (1 per 28 days)
ABILIFY ORAL TABLET	2	QL (1 per 1 day)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	QL (2 per 1 day)
ADDERALL XR	3	QL (2 per 1 day)
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	3	
AMBIEN	3	QL (1 per 1 day)
AMBIEN CR	3	QL (1 per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine oral tablet 100 mg</i>	1	
<i>amoxapine oral tablet 150 mg, 25 mg, 50 mg</i>	2	
ANAFRANIL	3	
<i>aripiprazole oral solution</i>	1	QL (30 per 1 day)
<i>aripiprazole oral tablet</i>	1	QL (1 per 1 day)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (1 per 1 day)
ARISTADA INITIO	3	PA; QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	3	PA; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	3	PA; QL (1.6 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	PA; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	PA; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	QL (2 per 1 day)
<i>asenapine maleate</i>	1	QL (2 per 1 day)
ATIVAN ORAL	3	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
AZSTARYS	2	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>buspirone</i>	1	
CELEXA ORAL TABLET 10 MG, 20 MG	3	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	3	QL (1 per 1 day)
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	1	QL (4 per 1 day)
<i>citalopram oral solution</i>	1	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg</i>	2	QL (9 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>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	2	QL (3 per 1 day)
<i>clozapine oral tablet,disintegrating 150 mg</i>	1	QL (6 per 1 day)
<i>clozapine oral tablet,disintegrating 200 mg</i>	1	QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	3	QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	3	QL (3 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	QL (2 per 1 day)
CYMBALTA	3	QL (2 per 1 day)
DAYTRANA	3	QL (1 per 1 day)
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	1	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	QL (4 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	1	QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	1	QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	1	QL (60 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	QL (3 per 1 day)
EMSAM	3	PA; QL (1 per 1 day)
<i>escitalopram oxalate oral solution</i>	1	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (1 per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	QL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	QL (20 per 1 day)
<i>fluphenazine decanoate</i>	1	QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	1	QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	1	QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	1	QL (4 per 1 day)
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
FOCALIN	3	QL (2 per 1 day)
FOCALIN XR	3	QL (1 per 1 day)
GEODON ORAL	3	QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	QL (1 per 1 day)
<i>haloperidol lactate oral</i>	1	QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	QL (1.5 per 1 day)
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTUNIV ER	3	

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	QL (5 per 135 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	QL (2.63 per 63 days)
JORNAY PM	3	QL (1 per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	3	QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	3	QL (1 per 1 day)
<i>lithium carbonate</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	3	
<i>lorazepam oral concentrate</i>	3	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	QL (5 per 1 day)
LUNESTA	3	QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	1	QL (2 per 1 day)
MARPLAN	3	
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	QL (60 per 1 day)
<i>methylphenidate</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	QL (2 per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL (3 per 1 day)
<i>mirtazapine</i>	1	QL (1 per 1 day)
<i>modafinil</i>	1	QL (1 per 1 day)
NARDIL	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	1	QL (3 per 1 day)
<i>nortriptyline</i>	1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	3	QL (2 per 1 day)
<i>olanzapine oral</i>	1	QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	QL (2 per 1 day)
PAMELOR	3	
PARNATE	3	QL (6 per 1 day)
<i>paroxetine hcl oral suspension</i>	1	QL (30 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	1	QL (2 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	3	QL (2 per 1 day)
PAXIL ORAL SUSPENSION	3	QL (30 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	3	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	3	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	3	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
PRISTIQ	2	QL (1 per 1 day)
<i>procentra</i>	1	QL (60 per 1 day)
<i>protriptyline</i>	1	
PROVIGIL	3	QL (1 per 1 day)
PROZAC ORAL CAPSULE	3	QL (2 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	2	QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 per 1 day)
QUETIAPINE ORAL TABLET 150 MG	1	QL (5 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (2 per 1 day)
QUILLIVANT XR	3	QL (12 per 1 day)
<i>ramelteon</i>	1	QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	3	QL (1 per 1 day)
REMERON SOLTAB	3	QL (1 per 1 day)
RESTORIL	3	QL (1 per 1 day)
REXULTI ORAL TABLET	2	QL (1 per 1 day)
RISPERDAL CONSTA	2	QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (2 per 1 day)
<i>risperidone microspheres</i>	2	QL (2 per 28 days)
<i>risperidone oral solution</i>	1	QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	QL (2 per 1 day)
<i>risperidone oral tablet,disintegrating</i>	1	QL (2 per 1 day)
RITALIN	3	QL (3 per 1 day)
RITALIN LA	3	QL (1 per 1 day)
ROZEREM	3	QL (1 per 1 day)
RYKINDO	2	QL (2 per 28 days)
SAPHRIS	3	QL (2 per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	QL (2 per 1 day)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)

You can find information 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>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SODIUM OXYBATE	2	PA; SP; LA; QL (18 per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	QL (2 per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (1 per 1 day)
<i>temazepam</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	1	QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	1	QL (6 per 1 day)
<i>tranylcypromine</i>	1	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	1	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	1	QL (4 per 1 day)
<i>trimipramine</i>	1	
TRINTELLIX	2	QL (1 per 1 day)
VALIUM	3	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	QL (1 per 1 day)
VIIBRYD ORAL TABLET	2	QL (1 per 1 day)
<i>vilazodone</i>	1	QL (1 per 1 day)
VRAYLAR ORAL CAPSULE	2	QL (1 per 1 day)
VYVANSE	2	QL (1 per 1 day)
WELLBUTRIN SR	3	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XANAX	3	
XANAX XR	3	
XYREM	2	PA; SP; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL (3 per 1 day)
<i>ziprasidone hcl</i>	1	QL (2 per 1 day)
ZOLOFT ORAL CONCENTRATE	3	QL (10 per 1 day)
ZOLOFT ORAL TABLET 100 MG	3	QL (2 per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	QL (1.5 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; SP; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; SP; QL (14 per 14 days)
ZYPREXA ORAL TABLET 20 MG	3	QL (1 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	3	PA; SP
BETASERON SUBCUTANEOUS KIT	3	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE	3	SP
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>	1	PA; SP; QL (2 per 1 day)
<i>fingolimod</i>	1	PA; SP
KESIMPTA PEN	3	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	3	2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	3	2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	3	2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	3	2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	3	2 tablets per day; 4 packs per 720 days; SP; 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
MAVENCLAD (8 TABLET PACK)	3	2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	3	2 tablets per day; 4 packs per 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	3	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; SP; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	3	PA; SP; QL (12 per 365 days)
REBIF (WITH ALBUMIN)	3	PA; SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	3	PA; SP; QL (4.2 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	3	PA; SP; QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	3	PA; SP; QL (2 per 1 day)
VUMERITY	3	PA; SP; QL (4 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

ANTIHYPERTENSIVE THERAPY

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

Drug Name	Drug Tier	Requirements / Limits
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ALDACTONE	3	
<i>aliskiren</i>	1	QL (1 per 1 day)
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hctiazid</i>	1	
ATACAND	3	QL (1 per 1 day)
ATACAND HCT	3	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	3	
AVAPRO ORAL TABLET 150 MG, 300 MG	3	
AZOR	3	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	3	
BENICAR HCT	3	
<i>betaxolol oral</i>	1	
BIDIL	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	2	
<i>candesartan</i>	1	QL (1 per 1 day)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	
CARDURA XL	3	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	QL (1 per 1 day)
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet</i>	1	
COREG	3	
COZAAR	3	
DIBENZYLINE	2	QL (24 per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i> <i>240 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
DIOVAN	3	
DIOVAN HCT	3	
DIURIL	3	
<i>doxazosin</i>	1	
DYRENIUM ORAL CAPSULE 100 MG	2	
DYRENIUM ORAL CAPSULE 50 MG	3	
EDARBI	3	
EDARBYCLOR	3	
EDECIN	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>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED	2	
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	1	
EXFORGE	3	
EXFORGE HCT	3	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	3	
<i>indapamide</i>	1	
INDERAL LA	3	
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine oral capsule 2.5 mg</i>	3	
<i>isradipine oral capsule 5 mg</i>	1	
KERENDIA	2	PA; QL (1 per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	

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

Drug Name	Drug Tier	Requirements / Limits
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL	3	
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MICARDIS HCT	3	
MICARDIS ORAL TABLET 40 MG, 80 MG	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine</i>	1	
NORVASC	3	
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	3	PA; SP; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	3	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	3	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	3	PA; SP; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	QL (24 per 1 day)
<i>pindolol</i>	2	
<i>prazosin</i>	1	
PROCARDIA XL	3	
<i>propranolol oral capsule,extended release 24 hr</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral tablet</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA	3	QL (1 per 1 day)
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>terazosin</i>	1	
<i>tiadylt er oral capsule,extended release 24 hr 420 mg</i>	1	
TIAZAC	3	
<i>timolol maleate oral</i>	1	
TOPROL XL	3	
<i>toremide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	3	
UPTRAVI ORAL TABLET	3	PA; SP; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; SP; LA; QL (200 per 365 days)
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral</i>	1	
ZESTORETIC	3	

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Drug Name	Drug Tier	Requirements / Limits
ZESTRIL	3	
CARDIAC GLYCOSIDES		
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL	3	
COAGULATION THERAPY		
AMICAR ORAL TABLET	3	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA	3	SP
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
EFFIENT	3	
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	1	SP
<i>fondaparinux</i>	1	SP
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	SP
FRAGMIN SUBCUTANEOUS SYRINGE	2	SP
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	
<i>jantoven</i>	1	
LOVENOX	3	SP
MULPLETA	3	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	
<i>prasugrel hcl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET 25 MG	3	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	3	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	3	PA; SP; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	3	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID ORAL GRANULES	3	
COLESTID ORAL TABLET	3	
<i>colestipol</i>	1	
CRESTOR	3	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>fluvastatin</i>	1	ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
LESCOL XL	3	
LIPITOR	3	
LIPOFEN	3	
LOPID	3	
<i>lovastatin</i>	1	ACA
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	1	
<i>omega-3 acid ethyl esters</i>	1	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA SYRINGE	2	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR	3	
VASCEPA	2	QL (4 per 1 day)
VYTORIN 10-10	3	
VYTORIN 10-20	3	
VYTORIN 10-40	3	
VYTORIN 10-80	3	
WELCHOL	3	
ZETIA	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	3	PA; SP; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	2	QL (15 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
CORLANOR ORAL TABLET	3	QL (2 per 1 day)
ENTRESTO	2	
<i>ivabradine</i>	1	QL (2 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</i>	1	
VERQUVO	2	QL (1 per 1 day)
VYNDAMAX	3	PA; SP; QL (1 per 1 day)
VYNDAQEL	3	PA; SP; QL (4 per 1 day)
NITRATES		
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	
NITROMIST	2	
NITROSTAT	3	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
<i>calcipotriene topical ointment</i>	1	
<i>calcipotriene-betamethasone</i>	1	
COSENTYX (2 SYRINGES)	3	PA; SP; QL (2 per 28 days)
COSENTYX PEN	3	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	3	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; 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
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; SP; QL (0.5 per 28 days)
EPIFOAM	2	
PRAMOSONE TOPICAL CREAM 1-1 %	3	
PRAMOSONE TOPICAL LOTION	3	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	3	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE	3	PA; SP; QL (1 per 63 days)
SOTYKTU	3	PA; SP; QL (1 per 1 day)
STELARA SUBCUTANEOUS SOLUTION	3	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; SP; QL (1 per 42 days)
TACLONEX TOPICAL SUSPENSION	3	
TREMFYA PEN INDUCTION PK-CROHN	3	PA; SP; QL (4 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; SP; QL (1 per 42 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; SP; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	3	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	3	PA; SP; QL (2 per 28 days)
ZORYVE TOPICAL FOAM	3	PA; SP; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
<i>keralyt topical shampoo</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	3	PA; SP; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
CARAC	3	QL (30 per 365 days)
CONDYLOX TOPICAL GEL	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 365 days)
<i>doxepin topical</i>	1	PA
DRYSOL DAB-O-MATIC	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; SP; QL (4 per 28 days)
EFUDEX TOPICAL CREAM	3	QL (40 per 365 days)
ELIDEL	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	1	QL (30 per 365 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
<i>methoxsalen</i>	1	SP
PANRETIN	2	SP
<i>pimecrolimus</i>	1	
<i>podofilox</i>	1	
<i>prudoxin</i>	3	PA
REGRANEX	3	PA; QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
VALCHLOR	3	PA; SP; QL (60 per 30 days)
ZONALON	3	PA
THERAPY FOR ACNE		
ABSORICA	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>accutane oral capsule 30 mg</i>	3	
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
AKLIEF	2	QL (45 per 30 days)
<i>amnesteem</i>	1	
ARAZLO	2	
<i>avar</i>	1	
<i>azelaic acid</i>	1	
AZELEX	2	
BENZAMYCIN	3	
<i>brimonidine topical</i>	1	PA; QL (30 per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>claravis oral capsule 30 mg</i>	3	
CLEOCIN T TOPICAL LOTION	3	
<i>clindacin</i>	1	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDAGEL	2	
<i>clindamycin phosphate topical</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>clindamycin-tretinoin</i>	1	
DIFFERIN TOPICAL CREAM	3	
DIFFERIN TOPICAL GEL WITH PUMP	3	
DIFFERIN TOPICAL LOTION	2	QL (1 per 30 days)
<i>ery pads</i>	1	
<i>erygel</i>	3	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	
FABIOR	2	
FINACEA TOPICAL FOAM	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 30 mg</i>	3	
METROCREAM	3	

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

Drug Name	Drug Tier	Requirements / Limits
METROGEL TOPICAL GEL 1 %	3	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	1	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	1	QL (60 per 30 days)
<i>metronidazole topical lotion</i>	1	
MIRVASO	3	PA; QL (30 per 30 days)
<i>neuac</i>	1	
RETIN-A	3	
RETIN-A MICRO	3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>tazarotene topical cream</i>	1	
TAZAROTENE TOPICAL FOAM	2	
<i>tazarotene topical gel</i>	1	
TAZORAC TOPICAL CREAM	3	
TAZORAC TOPICAL GEL	2	
<i>tretinoin microspheres</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
VELTIN	3	
WINLEVI	2	QL (60 per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>zenatane oral capsule 30 mg</i>	3	
ZIANA	3	
TOPICAL ANESTHETICS		
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	PA
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
LIDOCAINE-TETRACAINE	3	
<i>lidocan iii</i>	1	QL (3 per 1 day)
<i>lidocan iv</i>	1	QL (3 per 1 day)
<i>lidocan v</i>	1	QL (3 per 1 day)
LIDODERM	3	QL (3 per 1 day)
<i>lidopin topical cream 3 %</i>	1	
PLIAGLIS	3	
TOPICAL ANTIBACTERIALS		
ALTABAX	3	30 grams per fill
CENTANY	3	
<i>gentamicin topical</i>	1	
KLARON	3	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM TOPICAL CREAM	3	
EXELDERM TOPICAL SOLUTION	2	
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
<i>naftifine</i>	1	
NAFTIN TOPICAL GEL 2 %	2	
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
OXISTAT TOPICAL LOTION	2	
SULCONAZOLE	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	
DENAVIR	2	5 grams per fill
<i>penciclovir</i>	1	5 grams per fill
XERESE	3	
ZOVIRAX TOPICAL	3	
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	3	
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	
<i>apexicon e</i>	3	
<i>beser</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
CAPEX	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	1	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	1	
<i>clobetasol topical spray,non-aerosol</i>	1	
<i>clobetasol-emollient</i>	1	
CLOBEX TOPICAL SHAMPOO	3	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	
<i>clocortolone pivalate</i>	1	
CORDRAN TAPE LARGE ROLL	2	
DERMA-SMOOTH/FS BODY OIL	3	
DERMA-SMOOTH/FS SCALP OIL	3	
<i>desonide topical cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL CREAM	3	
<i>desoximetasone</i>	1	
<i>diflorasone</i>	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide</i>	1	
<i>fluticasone propionate topical</i>	1	
<i>halcinonide topical cream</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	2	
HALOG TOPICAL OINTMENT	2	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG TOPICAL	3	
<i>mometasone topical</i>	1	
OLUX	3	
PANDEL	2	
<i>prednicarbate topical ointment</i>	1	
SYNALAR	3	
TEXACORT	2	
TOPICORT	3	
<i>tovet emollient</i>	1	
<i>triamcinolone acetonide topical</i>	1	
<i>triderm topical cream 0.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
VANOS	3	
VERDESO	3	
TOPICAL ENZYMES		
SANTYL	2	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	QL (60 per 30 days)
<i>malathion</i>	1	QL (120 per 30 days)
OVIDE	3	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	
BUPHENYL ORAL TABLET	3	PA; SP
CARBAGLU	3	SP; LA
<i>carglumic acid</i>	1	SP
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>cevimeline</i>	1	
CHEMET	2	
<i>deferasirox oral tablet</i>	1	SP
<i>deferasirox oral tablet, dispersible</i>	1	SP
<i>deferiprone</i>	1	PA; SP
<i>disulfiram</i>	1	
EVOXAC	3	
EXJADE	3	SP; LA
FABHALTA	3	PA; SP; QL (2 per 1 day)
FERRIPROX	3	PA; SP
INCRELEX	2	SP; LA
JADENU	3	SP
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
LITHOSTAT	2	
<i>midodrine</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	SP; LA
<i>nitisinone oral capsule 20 mg</i>	2	SP; LA
NITYR	3	PA; SP; LA
ORFADIN ORAL CAPSULE	3	SP; LA
ORFADIN ORAL SUSPENSION	2	SP; LA
RAVICTI	3	PA; SP; QL (17.5 per 1 day)
RILUTEK	3	
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
<i>sodium phenylbutyrate oral tablet</i>	3	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	3	PA; SP; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	3	PA; SP; LA; QL (1 per 1 day)
THIOLA	3	PA; SP
THIOLA EC	3	PA; SP
<i>tiopronin oral tablet</i>	1	PA; SP
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	2	PA; SP
<i>trientine oral capsule 250 mg</i>	1	PA; SP; QL (8 per 1 day)
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	9	183 DAY SUPPLY IN ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline tartrate</i>	1	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>ipratropium bromide nasal</i>	1	
<i>olopatadine nasal</i>	1	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	
SALAGEN (PILOCARPINE)	3	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>triamcinolone acetonide dental</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	

OTIC STEROID / ANTIBIOTIC

CIPRO HC	2	
<i>ciprofloxacin-dexamethasone</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
CIPROFLOXACIN-FLUOCINOLONE	1	
CORTISPORIN-TC	2	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	3	

ENDOCRINE/DIABETES

ADRENAL HORMONES

AGAMREE	3	PA; QL (200 per 26 days)
CORTEF	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet 1 mg</i>	2	
<i>dexamethasone oral tablet 2 mg</i>	3	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
<i>methylprednisolone</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	3	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	2	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	1	

ANTITHYROID AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	2	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	2	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	2	OTC
ACCU-CHEK SMARTVIEW TEST STRIP	2	OTC; QL (100 per 30 days)
DEXCOM G6 RECEIVER	2	CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	2	CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	2	CGM; QL (1 per 68 days)
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA TEST	1	OTC; QL (100 per 30 days)
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO MID CONTROL	2	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO TEST STRIPS	1	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	PA
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
GENTEEL VACUUM LANCING DEVICE	2	OTC; QL (2 per 365 days)
LANCETS 33 GAUGE	2	OTC; QL (210 per 30 days)
LANCING DEVICE	2	OTC; QL (2 per 365 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)

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

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
V-GO 20	3	QL (30 per 30 days)
V-GO 30	3	QL (30 per 30 days)
V-GO 40	3	QL (30 per 30 days)
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	2	QL (100 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	2	QL (100 per 30 days)
FIASP PENFILL U-100 INSULIN	2	QL (100 per 30 days)
FIASP U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULIN	2	QL (100 per 30 days)
INSULIN DEGLUDEC	2	QL (100 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	2	QL (100 per 30 days)
NOVOLIN N FLEXPEN	2	QL (100 per 30 days)
NOVOLIN R FLEXPEN	2	QL (100 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	2	QL (100 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULIN	2	QL (100 per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	2	QL (100 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	2	QL (100 per 30 days)
NOVOLOG U-100 INSULIN ASPART	2	QL (100 per 30 days)
RELION NOVOLIN 70/30	2	QL (100 per 30 days)
RELION NOVOLIN N	2	QL (100 per 30 days)
RELION NOVOLIN R	2	QL (100 per 30 days)
SOLIQUA 100/33	2	QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	2	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	2	QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-200	2	QL (100 per 30 days)
TRESIBA U-100 INSULIN	2	QL (100 per 30 days)
XULTOPHY 100/3.6	2	QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	2	
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CETROTIDE	3	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	1	QL (4 per 1 day)
<i>danazol</i>	1	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	1	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	PA; SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	1	
FOLLISTIM AQ	3	PA; SP
<i>fyremadel</i>	1	SP
<i>ganirelix</i>	1	PA; SP
GONAL-F	3	PA; SP
GONAL-F RFF REDI-JECT	3	PA; SP
JYNARQUE ORAL TABLET 15 MG	3	PA; SP; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	3	PA; SP; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; SP; LA; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
MENOPUR	3	PA; SP
<i>mifepristone oral tablet 300 mg</i>	2	PA; SP; QL (4 per 1 day)
<i>miglustat</i>	1	SP; LA; QL (3 per 1 day)
OPFOLDA	3	PA; SP; QL (8 per 28 days)
ORILISSA	2	PA
OVIDREL	3	PA; SP
<i>paricalcitol oral</i>	1	
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET 15 MG	3	PA; SP; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	3	PA; SP; QL (60 per 365 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	3	QL (4 per 1 day)
STRENSIQ	3	PA; SP; LA
TESTIM	2	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in packet</i>	1	
<i>testosterone transdermal solution in metered pump w/app</i>	1	
<i>tolvaptan oral tablet 15 mg</i>	1	PA; SP; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SP; LA; QL (60 per 365 days)
VOGELXO	2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	
ACTOS	3	
DUETACT	3	
FARXIGA	2	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	

You can find information 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>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
<i>liraglutide</i>	1	ST; QL (9 per 28 days)
<i>metformin oral solution</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
PRECOSE	3	
<i>repaglinide</i>	1	
RIOMET	3	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	ST; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	ST; QL (30 per 365 days)
SYMLINPEN 120	2	ST
SYMLINPEN 60	2	ST
SYNJARDY	2	
SYNJARDY XR	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (1 per 1 day)

You can find information 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 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (2 per 1 day)
TRULICITY	2	ST; QL (2 per 28 days)
VICTOZA 2-PAK	3	ST; QL (9 per 28 days)
VICTOZA 3-PAK	3	ST; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG	2	
ARMOUR THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	3	
CYTOMEL	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE ORAL CAPSULE	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid oral tablet 120 mg</i>	2	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	3	
SYNTHROID	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT ORAL CAPSULE 13 MCG, 25 MCG	2	
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	3	
<i>chlordiazepoxide-clidinium</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
CUVPOSA	3	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	QL (40 per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBIID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>methscopolamine</i>	1	
MYTESI	3	PA
NULEV	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	PA; QL (1 per 28 days)
<i>alosetron</i>	1	PA; QL (2 per 1 day)
AMITIZA	3	QL (2 per 1 day)
ANALPRAM-HC RECTAL	3	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	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
ANUSOL-HC TOPICAL	2	
<i>aprepitant oral capsule 125 mg</i>	1	PA; QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA; 1 cap per fill
<i>aprepitant oral capsule 80 mg</i>	1	PA; QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	1	PA; QL (15 per 28 days)
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>betaine</i>	1	SP
<i>bisacodyl oral</i>	9	ACA; OTC
<i>budesonide oral</i>	1	
CANASA	3	QL (1 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	3	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	3	PA; SP; QL (4 per 1 day)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	
COLAZAL	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CORTIFOAM	2	
CREON	2	
<i>cromolyn oral</i>	1	
CYSTADANE	3	SP
DELZICOL	3	
DIPENTUM	3	
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	PA; QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	3	PA; QL (15 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
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (5 per 28 days)
<i>enulose</i>	1	
GASTROCROM	3	
GATTEX 30-VIAL	3	PA; SP
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
GOLYTELY	3	
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	1	
KRISTALOSE	2	
<i>lactulose</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
LIALDA	3	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	2	QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; SP; LA; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; LA; QL (3 per 1 day)
LOTRONEX ORAL TABLET 0.5 MG	2	PA; QL (2 per 1 day)
LOTRONEX ORAL TABLET 1 MG	3	PA; QL (2 per 1 day)
<i>lubiprostone</i>	1	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
MARINOL	3	PA
<i>meclizine oral tablet 25 mg</i>	1	
<i>mesalamine oral</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	3	QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
MOVIPREP	3	
<i>natura-lax</i>	9	ACA; OTC
OICALIVA	3	PA; SP; LA; QL (1 per 1 day)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>oral saline laxative</i>	9	ACA; OTC
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA	2	
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	1	QL (1 per 1 day)
<i>purelax oral powder</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
REGLAN ORAL	3	
RELISTOR ORAL	3	QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	QL (0.4 per 1 day)
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	PA; QL (4 per 28 days)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	1	ACA
SUCRAID	2	SP; QL (8 per 1 day)
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	2	
TRANSDERM-SCOP	3	QL (10 per 30 days)
<i>trimethobenzamide oral</i>	1	
UCERIS ORAL	3	
URSO FORTE	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
VIBERZI	2	PA; QL (2 per 1 day)
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ULCER THERAPY		
ACIPHEX	3	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (224 per 365 days)
<i>bismuth subcit k-metronidz-tcn</i>	1	QL (240 per 365 days)
CARAFATE	3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	3	
DEXILANT	3	QL (1 per 1 day)
<i>dexlansoprazole</i>	1	QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	1	QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM	3	QL (2 per 1 day)
NEXIUM PACKET	3	QL (2 per 1 day)
<i>nizatidine oral capsule</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>pantoprazole oral granules dr for susp in packet</i>	1	QL (1 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	3	
PREVACID	3	QL (2 per 1 day)
PREVACID SOLUTAB	2	QL (1 per 1 day)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	QL (1 per 1 day)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC)	3	QL (2 per 1 day)
PYLERA	3	QL (240 per 365 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 per 1 day)
<i>sucralfate</i>	1	
TALICIA	2	QL (336 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
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	2	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	2	PA; SP; QL (1.5 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	2	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	2	PA; SP
MIRCERA	3	PA; SP
NEULASTA	2	SP
NEULASTA ONPRO	2	SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML	3	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	3	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	3	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	3	PA; SP; QL (2.4 per 1 day)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA; SP
RETACRIT	3	PA; SP
UDENYCA	3	PA; SP
UDENYCA AUTOINJECTOR	3	PA; SP
UDENYCA ONBODY	3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	3	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	3	PA; SP; QL (2.4 per 1 day)
GROWTH HORMONES		
GENOTROPIN	3	PA; SP
GENOTROPIN MINIQUICK	3	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
NORDITROPIN FLEXPRO	3	PA; SP
INTERFERONS		
ACTIMMUNE	3	SP
ALFERON N	3	PA; SP
PEGASYS	3	PA; SP
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA TRIV 2024-2025	9	ACA
AFLURIA TRIV 2024-2025 (PF)	9	ACA
AREXVY (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
BOTOX	3	SP
COMIRNATY 2024-25 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DAXXIFY	3	PA; SP
DENGVAXIA (PF)	9	ACA
DYSPORT	3	SP
ENGRIX-B (PF)	9	ACA
ENGRIX-B PEDIATRIC (PF)	9	ACA
FLUAD TRIV 2024-25(65Y UP)(PF)	9	ACA
FLUARIX TRIV 2024-2025 (PF)	9	ACA
FLUBLOK TRIV 2024-2025 (PF)	9	ACA
FLUCELVAX TRIV 2024-2025	9	ACA
FLUCELVAX TRIV 2024-2025 (PF)	9	ACA
FLULAVAL TRIV 2024-2025 (PF)	9	ACA
FLUMIST TRIVALENT 2024-2025	9	ACA
FLUZONE HIGH-DOSE TRIV 24-25	9	ACA
FLUZONE TRIV 2024-2025	9	ACA
FLUZONE TRIV 2024-2025 (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF)	9	ACA
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF)	9	ACA
IPOL	9	ACA
JYNNEOS (PF)	9	ACA
KINRIX (PF)	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF)	9	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 24-25(6M-11Y)PF	9	ACA
MYOBLOC	3	SP
NOVAVAX COVID 2024-25(PF)(EUA)	9	ACA
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	9	ACA
PFIZER COVID 2024-25(5Y-11Y)PF	9	ACA
PFIZER COVID 2024-25(6MO-4Y)PF	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA
XEOMIN	3	SP

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
COLCRYS	3	
<i>febuxostat</i>	1	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	3	
ZYLOPRIM ORAL TABLET 100 MG	3	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	3	
<i>alendronate oral solution</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
ATELVIA	3	
EVISTA	3	
FORTEO	3	SP; QL (1 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D	2	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	2	SP; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	SP; QL (1 per 28 days)
TYMLOS	3	SP; QL (1.56 per 28 days)

OTHER RHEUMATOLOGICALS

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

Drug Name	Drug Tier	Requirements / Limits
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	3	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	3	PA; SP; QL (1.6 per 28 days)
ARAVA	3	
ENBREL MINI	3	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	3	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	2	PA; SP; QL (4 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	2	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	3	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	2	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	2	PA; SP; QL (3 per 365 days)
KEVZARA	3	PA; SP; QL (2.28 per 28 days)
KINERET	3	SP; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OTEZLA	3	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; SP; QL (55 per 365 days)
RINVOQ LQ	3	PA; SP; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	3	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	3	PA; SP; QL (56 per 365 days)
SAVELLA	2	
XELJANZ ORAL SOLUTION	3	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG	3	PA; SP; 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
XELJANZ XR	3	PA; SP; QL (1 per 1 day)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC
DUREX TROPICAL CONDOM	9	ACA; OTC
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
WIDE-SEAL DIAPHRAGM	9	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	3	
ANGELIQ	3	
BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
CLIMARA	3	
CLIMARA PRO	2	
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	
DIVIGEL	3	
<i>dotti</i>	1	
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	
<i>emzahh</i>	1	ACA
ENDOMETRIN	3	PA; SP

You can find information 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>errin</i>	1	ACA
ESTRACE ORAL	3	
ESTRACE VAGINAL	2	
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in packet</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
ESTROGEL	3	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	
FEMRING	3	
<i>fyavolv</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
MENEST	2	
MENOSTAR	3	
<i>mimvey</i>	1	
MINIVELLE	3	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
OPILL	9	OTC
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
VAGIFEM	3	
VIVELLE-DOT	3	
<i>yuvaferm</i>	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin phosphate vaginal</i>	1	
<i>eluryng</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	2	
<i>haloette</i>	1	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
MYFEMBREE	2	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVARING	3	
NUVESSA	2	
ORIAHNN	2	PA; QL (2 per 1 day)
PHEXXI	9	
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	1	
<i>vandazole</i>	3	
VCF CONTRACEPTIVE FILM	9	OTC
VCF CONTRACEPTIVE GEL	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>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
AFTERA	9	OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>balziva (28)</i>	1	ACA
BEYAZ	3	
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>cryselle (28)</i>	1	ACA
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm,fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>finzala</i>	1	ACA
<i>gemmily</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>june fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1/50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	1	
LOESTRIN 1/20 (21)	1	
LOESTRIN FE 1.5/30 (28-DAY)	1	
LOESTRIN FE 1/20 (28-DAY)	1	
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
NATAZIA	2	
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
PLAN B ONE-STEP	3	OTC
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>rivelsa</i>	1	ACA
SAFYRAL	3	
<i>setlakin</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	9	OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
TAYTULLA	3	
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-lynyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
YASMIN (28)	3	
YAZ (28)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	2	
VIGAMOX	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	
BETOPTIC S	2	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol</i>	1	
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
TIMOPTIC OCUDOSE (PF)	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE SULFATE (PF)	3	
<i>homatropaire</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	QL (1 per 30 days)
ALCAINE	3	
<i>allergy eye (ketotifen)</i>	1	OTC
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	2	
<i>cromolyn ophthalmic (eye)</i>	1	
CYSTARAN	2	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	1	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	3	PA; SP; QL (56 per 720 days)
<i>proparacaine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
RESTASIS	1	QL (2 per 1 day)
RESTASIS MULTIDOSE	2	QL (5.5 per 28 days)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
XDEMVI	3	SP; QL (10 per 365 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	3	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost ophthalmic (eye)</i>	1	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	3	
COSOPT	3	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
SIMBRINZA	2	

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Drug Name	Drug Tier	Requirements / Limits
TRAVATAN Z	3	
<i>travoprost</i>	1	
XALATAN	3	
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	3	
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	
STEROIDS		
ALREX	3	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	1	
DUREZOL	3	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	
<i>loteprednol etabonate</i>	1	
MAXIDEX	2	
PRED FORTE	3	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SYMPATHOMIMETICS		
ALPHAGAN P	3	
<i>brimonidine ophthalmic (eye)</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>ciproheptadine</i>	1	
<i>dexchlorpheniramine maleate oral solution</i>	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
EPIPEN	2	
EPIPEN JR	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
RYCLORA	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>codeine-guaifenesin</i>	1	PA for age 11 and younger
<i>g tussin ac</i>	1	PA for age 11 and younger
<i>hydrocodone-chlorpheniramine</i>	1	PA for age 5 and under; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	PA for age 5 and under
<i>hydrocodone-homatropine oral tablet</i>	1	PA for age 5 and under
<i>hydromet</i>	1	PA for age 5 and under
<i>maxi-tuss ac</i>	1	PA for age 11 and younger
<i>promethazine-codeine</i>	1	PA for age 11 and younger
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADCIRCA	3	PA; SP; QL (2 per 1 day)
ADEMPAS	3	PA; SP; LA; QL (3 per 1 day)
ADVAIR DISKUS	1	
ADVAIR HFA	2	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>alyq</i>	3	PA; SP; QL (2 per 1 day)
<i>ambrisentan</i>	1	PA; SP; LA; QL (1 per 1 day)
ANORO ELLIPTA	2	
<i>arformoterol</i>	1	PA
ARNUIITY ELLIPTA	2	
ATROVENT HFA	3	
<i>azelastine-fluticasone</i>	1	
<i>bosentan</i>	1	PA; SP; QL (2 per 1 day)
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	2	QL (1 per 30 days)
BROVANA	3	PA
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CINRYZE	3	PA; SP
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</i>	1	
DALIRESP ORAL TABLET 500 MCG	3	PA; QL (1 per 1 day)
DYMISTA	3	
ELIXOPHYLLIN	1	
ESBRIET ORAL CAPSULE	3	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 267 MG	3	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	3	PA; SP; QL (3 per 1 day)
FIRAZYR	3	PA; SP; QL (9 per 28 days)
<i>flunisolide</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	1	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	1	
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	1	
<i>formoterol fumarate</i>	1	PA
HAEGARDA	3	PA; SP; LA
<i>icatibant</i>	1	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	3	PA; SP; QL (2 per 1 day)
KALYDECO ORAL TABLET	3	PA; SP; QL (2 per 1 day)
LETAIRIS	3	PA; SP; LA; QL (1 per 1 day)
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	1	
<i>mometasone nasal</i>	1	
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
<i>nebusal inhalation solution for nebulization 3 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	3	PA; SP; LA; QL (1 per 28 days)
OFEV	3	PA; SP; QL (2 per 1 day)
OMNARIS	3	
ORKAMBI ORAL GRANULES IN PACKET	3	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	3	PA; SP; QL (4 per 1 day)
PERFOROMIST	3	PA
<i>pirfenidone oral capsule</i>	3	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	3	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	3	PA; SP; QL (3 per 1 day)
PULMICORT FLEXHALER	2	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	2	
PULMOZYME	2	SP; QL (5 per 1 day)
QNASL	3	ST
REVATIO ORAL TABLET	3	PA; SP; QL (3 per 1 day)
<i>roflumilast</i>	1	PA; QL (1 per 1 day)
<i>sajazir</i>	1	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	PA; SP; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; SP; QL (3 per 1 day)
SINGULAIR	3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	1	
SPIRIVA RESPIMAT	2	
SPIRIVA WITH HANDIHALER	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	3	
SYMBICORT	2	
SYMDEKO	3	PA; SP; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	3	PA; SP; 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>terbutaline oral</i>	1	
THEO-24	2	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	1	
TRACLEER ORAL TABLET	2	PA; SP; LA; QL (2 per 1 day)
TRELEGY ELLIPTA	2	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; SP; QL (3 per 1 day)
TYVASO	3	PA; SP; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; SP; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	3	PA; SP; QL (1 per 365 days)
TYVASO REFILL KIT	3	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	3	PA; SP; QL (1 per 365 days)
VENTAVIS	3	PA; SP; QL (9 per 1 day)
VENTOLIN HFA	3	
XOPENEX HFA	3	
YUPELRI	2	QL (3 per 1 day)
<i>zafirlukast</i>	1	
ZETONNA	3	
PULMONARY DEVICES		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	

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

Drug Name	Drug Tier	Requirements / Limits
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	QL (1 per 1 day)
<i>flavoxate</i>	1	
<i>mirabegron</i>	1	QL (1 per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	QL (1 per 1 day)
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	3	
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	3	QL (1 per 1 day)
<i>trospium</i>	1	
VESICARE	3	
VESICARE LS	3	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL (6 per 30 days)
CIALIS ORAL TABLET 5 MG	3	QL (1 per 1 day)
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	

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

Drug Name	Drug Tier	Requirements / Limits
JALYN	3	
PROSCAR	3	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (6 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>tamsulosin</i>	1	
UROXATRAL	3	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CAVERJECT	3	PA; QL (4 per 30 days)
CAVERJECT IMPULSE	3	PA; QL (4 per 30 days)
CYSTAGON	2	SP; LA
EDEX	3	PA; QL (4 per 30 days)
ELMIRON	2	
K-PHOS NO 2	2	
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	3	PA; SP
RIVFLOZA	3	PA; SP; QL (1 per 28 days)
<i>sildenafil</i>	1	PA; QL (6 per 30 days)
UROCIT-K 10	3	
UROCIT-K 15	1	
<i>varденаfil oral tablet</i>	1	PA; QL (4 per 30 days)
VIAGRA	3	PA; QL (6 per 30 days)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA	2	ST; QL (12 per 1 day)
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
FOSRENOL ORAL TABLET,CHEWABLE	3	QL (3 per 1 day)
GALZIN	2	
<i>klor-con</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lanthanum</i>	1	QL (3 per 1 day)
LOKELMA	2	QL (3 per 1 day)
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq</i>	1	
REVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (17 per 1 day)
REVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (5 per 1 day)
REVELA ORAL TABLET	3	QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (5 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	1	QL (32 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	1	QL (16 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	3	
VELPHORO	3	ST; QL (6 per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	QL (4 per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	QL (1 per 1 day)
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	3	
<i>complete natal dha</i>	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	3	
<i>foltabs 800</i>	9	ACA; OTC
<i>full spectrum b-vitamin c</i>	9	ACA; OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	3	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>newgen</i>	1	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	3	
<i>pnv-omega</i>	3	
<i>pnv-select</i>	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	9	ACA; OTC
<i>prenatal multivitamins</i>	9	ACA; OTC
<i>prenatal one daily</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal plus</i>	3	
<i>prenatal plus (calcium carb)</i>	3	
<i>prenatal vit no.179-iron-folic</i>	9	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	3	
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19</i>	3	
<i>se-natal 19 chewable</i>	3	
<i>soluvita</i>	9	ACA; OTC
<i>soluvita a,c,d with fluoride</i>	9	ACA; OTC
<i>stress formula with iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b-50 complex</i>	9	ACA; OTC
<i>super quints</i>	9	ACA; OTC
<i>taron-c dha</i>	3	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	3	
<i>trinate</i>	3	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>westab plus</i>	3	
<i>zatean-pn dha</i>	3	
<i>zatean-pn plus</i>	3	

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<i>bisoprolol fumarate</i>	40	<i>calcitonin (salmon)</i>	62	CATAPRES-TTS-3	41
<i>bisoprolol-hydrochlorothiazide</i>	40	<i>calcitriol</i>	62	CAVERJECT	95
<i>blisovi 24 fe</i>	80	<i>calcium acetate(phosphat bind)</i>	95	CAVERJECT IMPULSE	95
<i>blisovi fe 1.5/30 (28)</i>	80	CALQUENCE (ACALABRUTINIB MAL)	13	CAYA CONTOURED	77
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<i>budesonide-formoterol</i>	90	<i>carbidopa-levodopa</i>	21	<i>cevimeline</i>	56
<i>bumetanide</i>	40	<i>carbidopa-levodopa-</i> <i>entacapone</i>	21	<i>charlotte 24 fe</i>	80
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<i>bupropion hcl</i>	30	CARDURA	41	<i>chlorhexidine gluconate</i>	58
<i>bupropion hcl (smoking deter)</i>	57	CARDURA XL	41	<i>chloroquine phosphate</i>	8
<i>buspirone</i>	30	<i>carglumic acid</i>	56	<i>chlorpromazine</i>	30
<i>butalbital-acetaminop-caf-cod</i>	24	<i>carisoprodol</i>	24	<i>chlorthalidone</i>	41
<i>butalbital-acetaminophen</i>	25	<i>carisoprodol-aspirin-codeine</i>	24	<i>chlorzoxazone</i>	24
<i>butalbital-acetaminophen-caff</i>	25	CARNITOR.....	56	CHOLBAM	67
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<i>butorphanol</i>	26	<i>carteolol</i>	86	<i>cholestyramine light</i>	46
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<i>magnesium citrate</i>	68	MENOPUR	63	<i>microgestin fe 1.5/30 (28)</i>	83
MALARONE	9	MENOSTAR.....	78	<i>microgestin fe 1/20 (28)</i>	83
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<i>malathion</i>	56	MENVEO A-C-Y-W-135-DIP (PF).....	74	<i>mifepristone</i>	63
<i>maraviroc</i>	5	<i>meperidine</i>	25	<i>migergot</i>	22
MARINOL	69	<i>meprobamate</i>	24	<i>miglitol</i>	64
<i>marlissa (28)</i>	82	MEPRON	9	<i>miglustat</i>	63
MARPLAN	34	<i>mercaptopurine</i>	15	<i>mili</i>	83
MATULANE	15	<i>merzee</i>	82	<i>milk of magnesia</i>	69
<i>matzim la</i>	43	<i>mesalamine</i>	69	<i>milk of magnesia concentrated</i>	69
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<i>meclofenamate</i>	28	<i>methscopolamine</i>	66	<i>mondoxyne nl</i>	11
MEDROL	59	<i>methsuximide</i>	19	<i>mono-linyah</i>	83
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		<i>methylergonovine</i>	85	<i>morphine</i>	25
		METHYLIN	34	<i>morphine concentrate</i>	25
		<i>methylphenidate</i>	34	MOTEGRITY.....	69
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<i>philith</i>	83	<i>prednisolone acetate</i>	88	PROCYSBI.....	95
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<i>pimozide</i>	35	PREMPHASE	79	<i>promethazine-codeine</i>	90
<i>pindolol</i>	43	PREMPRO	79	<i>promethazine-dm</i>	90
<i>pioglitazone</i>	64	<i>prenatabs fa</i>	98	<i>promethazine-phenylephrine</i> 90	
<i>pioglitazone-glimepiride</i>	64	<i>prenatabs rx</i>	98	<i>promethegan</i>	89
<i>pioglitazone-metformin</i>	64	<i>prenatal</i>	98	PROMETRIUM	79
PIQRAY	16	<i>prenatal complete</i>	98	<i>propafenone</i>	39
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<i>pnv-omega</i>	97	<i>prenatal vitamin</i>	98	PROVIGIL	35
<i>pnv-select</i>	97	<i>prenatal vitamin with minerals</i>		PROZAC	35
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<i>polycin</i>	85	PRETOMANID.....	9	PULMICORT	92
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<i>rasagiline</i>	21	<i>risperidone</i>	36	SENSIPAR	63
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<i>ssd</i>	49	SYMLINPEN 60	64	TERIPARATIDE	75
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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.

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<i>tramadol</i>	29	<i>trimethobenzamide</i>	70	VALCHLOR	50
<i>tramadol-acetaminophen</i>	29	<i>trimethoprim</i>	12	VALCYTE	6
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<i>trandolapril-verapamil</i>	44	<i>trimipramine</i>	37	VALIUM	37
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<i>tranylcypromine</i>	37	TRINTELLIX	37		20
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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.

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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.

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-882-8633. Someone who speaks English/Language can help you. This is a free service.

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