



MIAMI DADE COUNTY HMO PRESCRIPTION DRUG FORMULARY

(Effective January – March 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](https://www.healthcare.gov/what-are-my-preventive-care-benefits).

CGM: Continuous Glucose Monitor

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

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

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

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

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, 200 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</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)
SPORANOX ORAL SOLUTION	3	PA; QL (40 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)

You can find information 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 200 mg</i>	1	QL (2 per 1 day)
<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 oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	2	
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-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	SP
<i>emtricitabine-tenofovir (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)

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

Drug Name	Drug Tier	Requirements / Limits
EPCLUSA	3	PA; SP; QL (1 per 1 day)
EPIVIR ORAL SOLUTION	2	SP
EPIVIR ORAL TABLET	3	SP
<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	2	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</i>	1	SP
<i>maraviroc</i>	1	SP
<i>nevirapine</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 150-100 MG	2	PA for age 11 and younger; QL (40 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
PREVYMIS ORAL	3	SP; QL (1 per 1 day)
PREZCOBIX	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
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>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
SYMFI LO	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)
VIRACEPT ORAL TABLET	2	SP
VIRAZOLE	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
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>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<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	2	
<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>	2	
<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>	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>dapsone oral</i>	2	
DARAPRIM	3	PA; SP; QL (3 per 1 day)
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	3	PA; SP
<i>isoniazid oral solution</i>	3	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral</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</i>	1	
NEBUPENT	3	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (6 per 1 day)
<i>paromomycin</i>	1	
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

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

Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO ORAL	2	SP
STROMEKTOL	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</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, 200 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>mondoxyne 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</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
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
AFINITOR DISPERZ	2	PA; SP
AFINITOR ORAL TABLET 10 MG	2	PA; SP; QL (1 per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	3	PA; SP; QL (1 per 1 day)
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 (8 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)

You can find information 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 CAPSULE 50 MG	3	PA; SP; QL (1 per 1 day)
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	
ELIGARD	3	SP; QL (1 per 28 days)
ELIGARD (3 MONTH)	3	SP; QL (1 per 63 days)
ELIGARD (4 MONTH)	3	SP; QL (1 per 112 days)
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)

You can find information 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>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)
<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)

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

Drug Name	Drug Tier	Requirements / Limits
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)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	3	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; SP; QL (60 per 30 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 30 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</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

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

Drug Name	Drug Tier	Requirements / Limits
NEXAVAR	2	PA; SP; LA; QL (4 per 1 day)
NILANDRON	3	SP; QL (1 per 1 day)
<i>nilutamide</i>	1	SP; QL (1 per 1 day)
NINLARO	3	PA; SP; QL (3 per 30 days)
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)	3	PA; SP; QL (56 per 30 days)
PIQRAY ORAL TABLET 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	3	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 ORAL TABLET 250 MG, 300 MG	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	2	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	2	PA; SP; QL (3 per 1 day)
STIVARGA	3	PA; SP; QL (84 per 30 days)
<i>sunitinib malate</i>	1	PA; SP; QL (1 per 1 day)
SUTENT	2	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
TABLOID	2	SP
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	3	PA; SP; QL (4 per 1 day)
TAGRISSE	3	PA; SP; LA; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TARCEVA ORAL TABLET 100 MG	2	PA; SP; QL (1 per 1 day)
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 PELLETT 150 MG	3	SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 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)

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

Drug Name	Drug Tier	Requirements / Limits
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)	3	PA; SP; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	3	PA; SP; LA; QL (4 per 30 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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APTIOM ORAL TABLET 200 MG, 400 MG	2	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	2	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	

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

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE SPRINKLES	3	
<i>diazepam rectal</i>	3	
DILANTIN	2	QL (3 per 1 day)
DILANTIN EXTENDED	3	
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 tablet, disintegrating</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	
<i>levetiracetam oral</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 oral elixir</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>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>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</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 oral powder in packet</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)

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

Drug Name	Drug Tier	Requirements / Limits
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	
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	
<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	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	3	
NEUPRO	2	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	2	
<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)

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

Drug Name	Drug Tier	Requirements / Limits
AJOVY SYRINGE	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)
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)
RELPAX	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)

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Drug Name	Drug Tier	Requirements / Limits
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		
AMPYRA	3	PA; SP; LA; QL (2 per 1 day)
ARICEPT	3	
AUSTEDO	3	PA; SP; LA; QL (4 per 1 day)
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	3	PA; SP; LA; QL (6.7 per 1 day)
EXELON PATCH	2	
FIRDAPSE	3	PA; SP; LA; QL (8 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)

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

Drug Name	Drug Tier	Requirements / Limits
XENAZINE ORAL TABLET 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)
<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	
<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		

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Drug Name	Drug Tier	Requirements / Limits
<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; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA for age 11 and younger; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA for age 11 and younger; QL (6 per 1 day)
<i>ascomp with codeine</i>	1	PA for age 11 and younger; QL (6 per 1 day)
<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; QL (6 per 1 day)
<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; QL (12 per 1 day)
<i>codeine-butalbital-asa-caff</i>	1	PA for age 11 and younger; QL (6 per 1 day)
DILAUDID ORAL LIQUID	3	QL (22 per 1 day)
DILAUDID ORAL TABLET 2 MG	3	QL (11 per 1 day)
DILAUDID ORAL TABLET 4 MG	3	QL (5 per 1 day)
DILAUDID ORAL TABLET 8 MG	3	QL (2 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	1	QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (8 per 1 day)
ESGIC ORAL TABLET	3	QL (6 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	1	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 per 30 days)
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>	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>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (12 per 1 day)
<i>hydrocodone-ibuprofen</i>	1	QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	1	QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	1	QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	1	QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	QL (1 per 1 day)
<i>hydromorphone rectal</i>	3	QL (4 per 1 day)
<i>meperidine oral solution</i>	1	QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	QL (18 per 1 day)
<i>methadone oral concentrate</i>	1	QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	QL (6 per 1 day)
<i>methadose oral concentrate</i>	3	QL (3 per 1 day)
<i>morphine concentrate oral solution</i>	1	QL (4 per 1 day)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	QL (1 per 1 day)
<i>morphine oral capsule, extend. release pellets</i>	1	QL (1 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	1	QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	1	QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	3	QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	3	QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	1	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	3	QL (2 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	QL (3 per 1 day)
<i>oxycodone oral capsule</i>	1	QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	QL (12 per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	QL (2 per 1 day)
PERCOCET ORAL TABLET 10-325 MG	3	QL (6 per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG	3	QL (12 per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG	3	QL (8 per 1 day)
ROXICODONE ORAL TABLET 15 MG	3	QL (4 per 1 day)
ROXICODONE ORAL TABLET 30 MG	3	QL (2 per 1 day)
<i>tencon</i>	1	QL (6 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
ANAPROX DS	3	
ARTHROTEC 50	3	QL (4 per 1 day)
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<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; QL (5 per 30 days)
CAMBIA	3	QL (9 per 30 days)
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)
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)

You can find information 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>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)
<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)

You can find information 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>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)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (3 per 1 day)
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tramadol oral tablet 50 mg</i>	1	PA for age 11 and younger; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA for age 11 and younger; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA for age 11 and younger; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	1	QL (8 per 1 day)
VIVITROL	3	SP
ZUBSOLV	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	3	PA; QL (1 per 28 days)
ABILIFY ORAL TABLET	3	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 oral tablet</i>	1	
<i>alprazolam oral tablet 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
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)
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)

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</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>chlorthalidone 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>	1	QL (9 per 1 day)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	1	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)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine 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)
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)

You can find information 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>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	
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)

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Drug Name	Drug Tier	Requirements / Limits
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>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	QL (8 per 1 day)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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)

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Drug Name	Drug Tier	Requirements / Limits
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)
<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)

You can find information 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>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)
<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)
SYMBYAX ORAL CAPSULE 6-25 MG	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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)
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 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	3	QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	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
ZYPREXA ZYDIS	3	QL (1 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>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
TIKOSYN	3	QL (2 per 1 day)
ANTIHYPERTENSIVE THERAPY		
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	

You can find information 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>atenolol-chlorthalidone</i>	1	
AVALIDE	3	
AVAPRO	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</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	
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	

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Drug Name	Drug Tier	Requirements / Limits
COZAAR	3	
DIBENZYLINE	2	
<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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</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	3	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
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</i>	1	
KERENDIA	2	PA; QL (1 per 1 day)
<i>labetalol oral</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	
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	3	
MICARDIS HCT	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	

You can find information 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>nimodipine oral capsule</i>	1	
<i>nisoldipine</i>	1	
NORVASC	3	
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</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	
<i>pindolol</i>	2	
<i>prazosin</i>	1	
PROCARDIA XL	3	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA	3	QL (1 per 1 day)
<i>telmisartan</i>	1	
<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</i>	1	
TIAZAC	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>timolol maleate oral</i>	1	
TOPROL XL	3	
<i>torseamide 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	
VERELAN PM	3	
ZESTORETIC	3	
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

You can find information 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>fondaparinux</i>	1	SP
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	3	SP
FRAGMIN SUBCUTANEOUS SYRINGE	3	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</i>	1	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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)
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 (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
REPATHA SYRINGE	2	PA; QL (2 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	
TRILIPIX	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)
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	2	
<i>nitroglycerin sublingual</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>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)
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	
<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 150 MG/ML	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	3	PA; SP; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
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)
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	
FLUOROPLEX	2	QL (30 per 365 days)
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>methoxsalen</i>	1	SP
PANRETIN	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
<i>pimecrolimus</i>	1	
<i>podofilox</i>	1	
<i>pradoxin</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>acutane oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>acutane 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	
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	3	
<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	
DIFFERIN TOPICAL CREAM	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
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, 25 mg, 35 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 30 mg</i>	3	
METROCREAM	3	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microspheres</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
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	
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	
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</i>	1	
ERTACZO	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
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 topical cream</i>	1	
<i>naftifine topical gel 2 %</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	
OXISTAT TOPICAL LOTION	2	
SULCONAZOLE	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	
DENAVIR	3	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>baser</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</i>	1	
<i>clobetasol-emollient</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
CLOBEX TOPICAL SHAMPOO	3	
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	
CORDRAN TAPE LARGE ROLL	2	
CORDRAN TOPICAL CREAM 0.05 %	3	
CORDRAN TOPICAL LOTION	3	
CORDRAN TOPICAL OINTMENT	3	
DERMA-SMOOTH/FS BODY OIL	3	
DERMA-SMOOTH/FS SCALP OIL	3	
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
LOCOID LIPOCREAM	3	
LOCOID TOPICAL LOTION	3	
<i>mometasone topical</i>	1	
OLUX	3	
PANDEL	3	
<i>prednicarbate topical ointment</i>	1	
SYNALAR	3	
TEXACORT	3	
TOPICORT	3	
<i>tovet emollient</i>	1	
<i>triamcinolone acetonide topical</i>	1	
<i>triderm topical cream</i>	1	
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

You can find information 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>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	3	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	
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
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RAVICTI	3	PA; SP; QL (17.5 per 1 day)
RILUTEK	3	
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<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)

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

Drug Name	Drug Tier	Requirements / Limits
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
<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</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 tablet 7.5 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
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	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	
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</i>	1	
<i>dexamethasone oral tablets,dose pack</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	

You can find information 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>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		
<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 TEST STRIP	2	OTC; QL (100 per 30 days)
ONETOUCH ULTRA TEST	1	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	1	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
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	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	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
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	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		
ACCU-CHEK SMARTVIEW CONTRL SOL	2	OTC
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	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
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)
GENTEEL VACUUM LANCING DEVICE	2	OTC
LANCETS 33 GAUGE	2	OTC; QL (210 per 30 days)
LANCING DEVICE	2	OTC
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	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)
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO MID CONTROL	2	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
V-GO 20	3	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
V-GO 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)
LEVEMIR U-100 INSULIN	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 70-30 FLEXPEN 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)
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		

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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	
JYNARQUE ORAL TABLET	3	PA; SP; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; SP; LA; QL (56 per 28 days)
<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
<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

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

Drug Name	Drug Tier	Requirements / Limits
TESTIM	2	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal</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 TRANSDERMAL GEL	2	
VOGELXO TRANSDERMAL GEL IN PACKET	2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	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	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL	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>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	

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

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	ST; QL (9 per 63 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 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	2	
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)
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	2	ST; QL (9 per 28 days)
VICTOZA 3-PAK	2	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, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID ORAL TABLET 15 MG	3	
CYTOMEL	3	
<i>euthyrox</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>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, 30 mg, 60 mg, 90 mg</i>	2	
<i>np thyroid oral tablet 15 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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
LEVBID	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 AGENTS		
AURYXIA	2	ST; QL (12 per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE	3	QL (3 per 1 day)
<i>lanthanum</i>	1	QL (3 per 1 day)
LOKELMA	2	QL (3 per 1 day)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (17 per 1 day)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (5 per 1 day)
RENVELA 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>	1	
VELPHORO	3	ST; QL (6 per 1 day)
VELTASSA	2	QL (1 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	PA; QL (1 per 28 days)
<i>alosetron</i>	1	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
AMITIZA	3	QL (2 per 1 day)
ANALPRAM-HC RECTAL	3	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	1	
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>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

You can find information 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>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)
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>gentlelax</i>	9	ACA; OTC
<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 oral packet</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</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; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; QL (4 per 1 day)
LOTRONEX ORAL TABLET 0.5 MG	2	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
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
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	

You can find information 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>proctozone-hc</i>	1	
<i>purelax oral powder</i>	9	ACA; OTC
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	

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

Drug Name	Drug Tier	Requirements / Limits
ULCER THERAPY		
ACIPHEX	3	QL (2 per 1 day)
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (224 per 365 days)
<i>bismuth subcit k-metronidz-ten</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 ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	QL (2 per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	1	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)

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

Drug Name	Drug Tier	Requirements / Limits
PYLERA	3	QL (240 per 365 days)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	QL (1 per 1 day)
<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)

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral tablet 200 mg</i>	1	PA; SP
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BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	3	PA; SP; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	3	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	3	PA; SP
MIRCERA	3	PA; SP
NEULASTA	3	SP
NEULASTA ONPRO	3	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

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

Drug Name	Drug Tier	Requirements / Limits
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
NORDITROPIN FLEXPRO	3	PA; SP
INTERFERONS		
ACTIMMUNE	3	SP
ALFERON N	3	PA; SP
PEGASYS	3	PA; SP
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
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

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

Drug Name	Drug Tier	Requirements / Limits
MAYZENT ORAL TABLET 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)
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
COMIRNATY 2024-25 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DENGVAXIA (PF)	9	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-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

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

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX 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
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
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-48MCG-62DU -10 MCG/0.5ML	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

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

Drug Name	Drug Tier	Requirements / Limits
SHINGRIX (PF)	9	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	9	ACA
TDVAX	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA

IMMUNOLOGY

INTERLEUKINS

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

You can find information 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>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 (600mcg/2.4ml)</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		
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	3	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	3	PA; SP; QL (4 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	3	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)	3	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	3	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	3	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)

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

Drug Name	Drug Tier	Requirements / Limits
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	
TYENNE AUTOINJECTOR	3	PA; SP; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	3	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG	3	PA; SP; QL (2 per 1 day)
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
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	2	
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	

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

Drug Name	Drug Tier	Requirements / Limits
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
<i>errin</i>	1	ACA
ESTRACE	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
MENOSTAR	2	
<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	
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>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL	3	
<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)

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Drug Name	Drug Tier	Requirements / Limits
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
<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 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 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

You can find information 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>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>curae</i>	9	ACA; OTC
<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 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

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Drug Name	Drug Tier	Requirements / Limits
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>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</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</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 estradiol</i>	1	ACA
<i>levonorg-eth estradiol 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

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Drug Name	Drug Tier	Requirements / Limits
<i>merzee</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<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</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</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
QUARTETTE	3	
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
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 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-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>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>tydemy</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	
<i>zarah</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<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>moxifloxacin ophthalmic (eye)</i>	1	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	2	
BETOPTIC S	2	
<i>carteolol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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
ALOCRIAL	2	
ALOMIDE	2	
<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	
RESTASIS	1	QL (2 per 1 day)
RESTASIS MULTIDOSE	2	QL (5.5 per 28 days)
<i>tetracaine 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
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	2	
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 %	2	
SIMBRINZA	2	
TRAVATAN Z	3	
<i>travoprost</i>	1	
XALATAN	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
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>	1	
<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	3	
<i>fluorometholone</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
LOTEMAX	3	
<i>loteprednol etabonate</i>	1	
MAXIDEX	3	
PRED FORTE	3	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	
<i>brimonidine ophthalmic (eye)</i>	1	
VASOCONSTRICTOR DECONGESTANTS		

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

Drug Name	Drug Tier	Requirements / Limits
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>cyproheptadine</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</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)
<i>hydrocodone-homatropine oral syrup 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

You can find information 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>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 hfa aerosol inhaler</i>	1	
<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	2	
<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	
CINRYZE	3	PA; SP
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</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
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	2	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	2	
<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	
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)

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

Drug Name	Drug Tier	Requirements / Limits
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)
PROAIR RESPICLICK	2	
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)
<i>terbutaline oral</i>	1	
THEO-24	2	
<i>theophylline oral elixir</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>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 (1 per 1 day)
<i>zafirlukast</i>	1	
ZETONNA	3	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
DETROL	3	
DETROL LA	3	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
<i>mirabegron</i>	1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</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>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	
<i>trospium</i>	1	
VESICARE	3	
VESICARE LS	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
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	
PROSCAR	3	
<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)
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL (6 per 30 days)
CYSTAGON	2	SP; LA
EDEX	3	PA; QL (4 per 30 days)
ELMIRON	3	
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)

You can find information 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>sildenafil</i>	1	PA; QL (6 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (6 per 30 days)
UROCIT-K 10	3	
<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		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	2	
<i>klor-con</i>	1	
<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	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
<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</i>	1	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>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

You can find information 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>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	
<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	

You can find information 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>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 chewable</i>	3	
<i>se-natal-19</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 maxi complex</i>	9	ACA; OTC
<i>super b-50 complex</i>	9	ACA; OTC
<i>super quintis</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	
<i>westab plus</i>	3	
<i>zatean-pn dha</i>	3	
<i>zatean-pn plus</i>	3	

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<i>marlissa (28)</i>	84	<i>meprobamate</i>	24	<i>miglitol</i>	64
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MATULANE	15	<i>mercaptopurine</i>	15	<i>mili</i>	85
<i>matzim la</i>	43	<i>merzee</i>	85	<i>milk of magnesia</i>	70
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PACK).....	74	<i>mesalamine with cleansing</i>		70
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MAYZENT	75	<i>methsuximide</i>	19	<i>mometasone</i>	56, 93
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MAYZENT STARTER(FOR		METHYLIN	35	<i>montelukast</i>	93
2MG MAINT).....	75	<i>methylphenidate</i>	35	<i>morphine</i>	26
<i>meclizine</i>	70	<i>methylphenidate hcl</i>	35, 36	<i>morphine concentrate</i>	26
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<i>mynatal-z</i>	98	NEVANAC	<i>norgestimate-ethinyl estradiol</i>	
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<i>olmesartan-amlodipin-</i>		TITRATION KT	44	70
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<i>phenoxybenzamine</i>	44	<i>prazosin</i>	44	<i>prochlorperazine</i>	70
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<i>phenytoin</i>	20	PRED MILD.....	90	PROCTOFOAM HC	70
<i>phenytoin sodium extended</i> ..	20	<i>prednicarbate</i>	56	<i>procto-med hc</i>	70
PHEXXI	82	<i>prednisolone</i>	60	<i>proctosol hc</i>	70
<i>philith</i>	85	<i>prednisolone acetate</i>	90	<i>proctozone-hc</i>	71
<i>phosphate laxative</i>	70	<i>prednisolone sodium</i>		PROCYSBI.....	96
PHOSPHOLINE IODIDE....	88	<i>phosphate</i>	60, 90	<i>progesterone micronized</i>	81
<i>phytonadione (vitamin k1)</i>	46	<i>prednisone</i>	60	PROGLYCEM	61
PIFELTRO	5	<i>prednisone intensol</i>	60	PROGRAF.....	16
<i>pilocarpine hcl</i>	57, 58, 88	<i>pregabalin</i>	20	PROLENSA	89
<i>pimecrolimus</i>	51	PREMARIN	81	PROMACTA.....	46
<i>pimozide</i>	37	PREMPHASE	81	<i>promethazine</i>	91
<i>pindolol</i>	44	PREMPRO	81	<i>promethazine-codeine</i>	92
<i>pioglitazone</i>	65	<i>prenatabs fa</i>	99	<i>promethazine-dm</i>	92
<i>pioglitazone-glimepiride</i>	65	<i>prenatabs rx</i>	99	<i>promethazine-phenylephrine</i> 92	
<i>pioglitazone-metformin</i>	65	<i>prenatal</i>	99	<i>promethegan</i>	91
PIQRAY	16	<i>prenatal complete</i>	99	PROMETRIUM	81
<i>pirfenidone</i>	94	<i>prenatal multi-dha (algal oil)</i>		<i>propafenone</i>	40
<i>piroxicam</i>	30	.....	99	<i>propracaine</i>	88
PLAN B ONE-STEP	85	<i>prenatal multivitamins</i>	99	<i>propranolol</i>	44
PLAQUENIL	9	<i>prenatal one daily</i>	99	<i>propylthiouracil</i>	60
PLAVIX	46	<i>prenatal plus</i>	99	PROQUAD (PF).....	76
PLIAGLIS	53	<i>prenatal plus (calcium carb)</i> 99			
PNEUMOVAX-23	76	<i>prenatal vit no.179-iron-folic</i>		PROSCAR.....	96
<i>pnv-dha</i>	98	.....	99	PROTONIX.....	72
<i>pnv-omega</i>	98	<i>prenatal vitamin</i>	99	<i>protriptyline</i>	37
<i>pnv-select</i>	98	<i>prenatal vitamin with minerals</i>		PROVERA	81
POCKET CHAMBER	61	.....	99	PROVIGIL	37
<i>podofilox</i>	51	<i>prenatal-u</i>	99	PROZAC	37
<i>polycin</i>	87	PRETOMANID.....	9	<i>prudoxin</i>	51
<i>polyethylene glycol 3350</i>	70	PREVACID	72	PULMICORT	94
<i>polymyxin b sulf-trimethoprim</i>		PREVACID SOLUTAB.....	72	PULMICORT FLEXHALER	
.....	87	<i>prevalite</i>	47	.....	94
POMALYST	16	PREVNAR 20 (PF)	76	PULMOZYME.....	94
<i>portia 28</i>	85	PREVYMIS.....	5	<i>purelax</i>	71
<i>posaconazole</i>	3	PREZCOBIX.....	5	PYLERA.....	73
<i>potassium chloride</i>	97	PREZISTA	6	<i>pyrazinamide</i>	9
<i>potassium citrate</i>	96	PRIFTIN.....	9	PYRIDIUM	97
<i>powderlax</i>	70	PRIOSEC	72	<i>pyridostigmine bromide</i>	24
<i>pr natal 400</i>	98	<i>primidone</i>	20	<i>pyrimethamine</i>	9
<i>pr natal 400 ec</i>	98	PRIMSOL.....	12	Q	
<i>pr natal 430</i>	98	PRIORIX (PF).....	76	QELBREE	37
<i>pr natal 430 ec</i>	98	PRISTIQ.....	37	QNASL.....	94
<i>pramipexole</i>	21	PROAIR RESPICLICK	94	QUADRACEL (PF)	76
PRAMOSONE	49	<i>probenecid</i>	77	QUALAQUIN	9
<i>prasugrel</i>	46	<i>probenecid-colchicine</i>	77	QUARTETTE.....	85
<i>pravastatin</i>	47	PROCARDIA XL.....	44	QUESTRAN.....	47
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<i>quetiapine</i>	37	REVATIO	94	SAFYRAL.....	86
QUETIAPINE.....	37	REVLIMID	16	<i>sajazir</i>	94
QUILLIVANT XR.....	37	REXULTI.....	37	SALAGEN (PILOCARPINE)	
<i>quinapril</i>	44	REYATAZ.....	6	.....	57, 59
<i>quinapril-hydrochlorothiazide</i>		REYVOW	22	<i>salsalate</i>	30
.....	44	<i>ribavirin</i>	6, 73	SAMSCA.....	63
<i>quinine sulfate</i>	9	<i>rifabutin</i>	9	SANCUSO	71
<i>quit 2</i>	58	<i>rifampin</i>	9	SANDIMMUNE.....	16
<i>quit 4</i>	58	RILUTEK.....	57	SANTYL	56
QULIPTA.....	22	<i>riluzole</i>	57	SAPHRIS.....	38
R		<i>rimantadine</i>	6	SAVELLA.....	79
<i>rabeprazole</i>	73	RINVOQ	79	<i>scopolamine base</i>	71
RABEPRAZOLE	73	RINVOQ LQ.....	79	<i>selegiline hcl</i>	21
RADICAVA ORS STARTER		RIOMET.....	65	<i>selenium sulfide</i>	49
KIT SUSP.....	23	<i>risedronate</i>	57, 78	SELZENTRY	6
<i>raloxifene</i>	77	RISPERDAL	37	<i>se-natal 19 chewable</i>	99
<i>ramelteon</i>	37	RISPERDAL CONSTA	37	<i>se-natal-19</i>	99
<i>ramipril</i>	44	<i>risperidone</i>	37, 38	SENSIPAR	63
<i>ranolazine</i>	48	<i>risperidone microspheres</i>	37	SEREVENT DISKUS	94
<i>rasagiline</i>	21	RITALIN	38	SEROQUEL	38
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REBIF REBIDOSE.....	75	61	<i>setlakin</i>	86
REBIF TITRATION PACK 75		<i>ritonavir</i>	6	<i>sevelamer carbonate</i>	67
<i>reclipsen (28)</i>	85	<i>rivastigmine</i>	23	<i>sevelamer hcl</i>	67
RECOMBIVAX HB (PF)	76	<i>rivastigmine tartrate</i>	23	<i>sf 5000 plus</i>	59
REGLAN.....	71	<i>rivelsa</i>	85	<i>sharobel</i>	81
REGANEX.....	51	RIVFLOZA	96	SHINGRIX (PF).....	77
RELENZA DISKHALER.....	6	<i>rizatriptan</i>	22	SIGNIFOR.....	16
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RELION NOVOLIN N	62	<i>roflumilast</i>	94	<i>sildenafil (pulm.hypertension)</i>	
RELION NOVOLIN R	62	<i>ropinirole</i>	21	94
RELISTOR.....	71	<i>rosadan</i>	52	SILVADENE.....	50
RELPAZ	22	<i>rosuvastatin</i>	48	<i>silver sulfadiazine</i>	50
REMERON	37	ROTARIX	76	SIMBRINZA	89
REMERON SOLTAB.....	37	ROTATEQ VACCINE.....	76	<i>simpesse</i>	86
<i>rena-vite</i>	99	ROWASA.....	71	<i>simvastatin</i>	48
RENVELA	67	<i>roweepra</i>	20	SINEMET	21
<i>repaglinide</i>	65	ROXICODONE.....	27	SINGULAIR.....	94
REPATHA PUSHTRONEX 47		ROZEREM.....	38	<i>sirolimus</i>	16
REPATHA SURECLICK ...	47	ROZLYTREK	16	SIRTURO	9
REPATHA SYRINGE	48	RUBRACA.....	16	SIVEXTRO	10
RESTASIS	88	<i>rufinamide</i>	20	SKYRIZI	49, 71
RESTASIS MULTIDOSE ...	88	RYBELSUS.....	65	<i>smoothlax</i>	71
RESTORIL.....	37	RYCLOLA.....	91	<i>sodium chloride</i>	94
RETACRIT	73	RYDAPT	16	<i>sodium fluoride 5000 plus</i>	59
RETIN-A.....	52	RYKINDO.....	38	SODIUM OXYBATE	38
RETIN-A MICRO.....	52	RYTARY.....	21	<i>sodium phenylbutyrate</i>	57
RETIN-A MICRO PUMP....	52	S		<i>sodium polystyrene sulfonate</i>	67
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<i>sodium,potassium,mag sulfates</i>	<i>sucralfate</i>73	<i>tamoxifen</i>17
.....71	SULAR.....44	<i>tamsulosin</i>96
SOFOSBUVIR-	SULCONAZOLE.....54	TAPERDEX.....60
VELPATASVIR.....6	<i>sulfacetamide sodium</i>.....90	TARCEVA.....17
SOHONOS.....57	<i>sulfacetamide sodium (acne)</i> 53	TARGRETIN.....17
<i>solifenacin</i>.....96	<i>sulfacetamide sodium-sulfur</i> .52	<i>tarina fe 1/20 (28)</i>.....86
SOLQUA 100/33.....62	<i>sulfacetamide-prednisolone</i> ..90	<i>taron-c dha</i>.....99
SOLTAMOX.....16	<i>sulfadiazine</i>.....11	TASIGNA.....17
<i>soluvita</i>.....99	<i>sulfamethoxazole-trimethoprim</i>	TAYTULLA.....86
<i>soluvita a,c,d with fluoride</i> ...99	.....11	<i>tazarotene</i>.....52
SOMA.....24	SULFAMYLON.....53	TAZAROTENE.....52
<i>sorafenib</i>.....16	<i>sulfasalazine</i>.....71	TAZORAC.....52
<i>sotalol</i>.....40	<i>sulfatrim</i>.....11	TDVAX.....77
<i>sotalol af</i>.....40	<i>sulindac</i>.....30	TECFIDERA.....75
SOTYKTU.....49	<i>sumatriptan</i>22	TEGRETOL.....20
SOVALDI.....6	<i>sumatriptan succinate</i>22	TEGRETOL XR.....20
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UP)(PF).....77	<i>super b-50 complex</i>99	<i>telmisartan-amlodipine</i>44
SPIRIVA RESPIMAT.....94	<i>super quints</i>99	<i>telmisartan-hydrochlorothiazid</i>
SPIRIVA WITH	SUPREP BOWEL PREP KIT	.....44
HANDIHALER.....94	.....71	<i>temazepam</i>.....38
<i>spironolactone</i>.....44	SUTENT.....16	<i>temozolomide</i>.....17
<i>spironolacton-</i>	<i>syeda</i>.....86	<i>tencon</i>.....27
<i>hydrochlorothiaz</i>.....44	<i>symax-sl</i>.....67	TENIVAC (PF).....77
SPORANOX.....3	<i>symax-sr</i>.....67	<i>tenofovir disoproxil fumarate</i> .6
<i>sprintec (28)</i>.....86	SYMBICORT.....94	TENORETIC 100.....44
SPRYCEL.....16	SYMBYAX.....38	TENORETIC 50.....44
<i>sps (with sorbitol)</i>.....67	SYMDEKO.....94	TENORMIN.....44
<i>sronyx</i>.....86	SYMFI.....6	<i>terazosin</i>.....44
<i>ssd</i>.....50	SYMFI LO.....6	<i>terbinafine hcl</i>.....3
<i>st joseph aspirin</i>.....30	SYMLINPEN 120.....65	<i>terbutaline</i>.....94
<i>st. joseph aspirin</i>.....30	SYMLINPEN 60.....65	<i>terconazole</i>.....82
STELARA.....49	SYMTUZA.....6	<i>teriparatide</i>.....78
STIOLTO RESPIMAT.....94	SYNALAR.....56	TERIPARATIDE.....78
STIVARGA.....16	SYNJARDY.....65	TESTIM.....64
<i>stop smoking aid</i>.....58	SYNJARDY XR.....65	<i>testosterone</i>.....64
STRATTERA.....38	SYNTHROID.....66	<i>testosterone cypionate</i>.....64
STRENSIQ.....63	T	<i>testosterone enanthate</i>.....64
<i>stress formula with iron</i>.....99	TABLOID.....17	<i>tetrabenazine</i>.....23
<i>stress formula with iron(sulf)</i> 99	TACLONEX.....49	<i>tetracaine hcl</i>.....88
STRIBILD.....6	<i>tacrolimus</i>.....17, 51	TETRACAIN HCL (PF)...89
STRIVERDI RESPIMAT...94	<i>tadalafil</i>.....96, 97	<i>tetracycline</i>.....11
STROMECTOL.....10	<i>tadalafil (pulm. hypertension)</i>	TEXACORT.....56
SUBOXONE.....30	.....94	THALOMID.....17
<i>subvenite</i>.....20	TAFINLAR.....17	THEO-24.....94
<i>subvenite starter (blue) kit</i> ...20	TAGRISO.....17	<i>theophylline</i>.....94, 95
<i>subvenite starter (green) kit</i> .20	TAKE ACTION.....86	THIOLA.....57
<i>subvenite starter (orange) kit</i> 20	TALICIA.....73	THIOLA EC.....57
SUCRAID.....71	TAMIFLU.....6	<i>thioridazine</i>38

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<i>thiothixene</i>	38	<i>tranylcypromine</i>	38	TRIUMEQ.....	6
<i>tiadylt er</i>	44	TRAVATAN Z.....	89	TRIUMEQ PD.....	6
<i>tiagabine</i>	20	<i>travoprost</i>	89	<i>tri-vitamin with fluoride</i>	99
TIAZAC.....	44	<i>trazodone</i>	38	<i>trivora (28)</i>	86
TIBSOVO.....	17	TRECATOR.....	10	<i>tri-vylibra</i>	86
TIKOSYN.....	40	TRELEGY ELLIPTA.....	95	<i>tri-vylibra lo</i>	86
<i>tilia fe</i>	86	TREMFYA.....	50	<i>trospium</i>	96
<i>timolol</i>	88	TREMFYA PEN.....	49	TRULICITY.....	65
<i>timolol maleate</i>	45, 88	TRESIBA FLEXTOUCH U-		TRUMENBA.....	77
<i>timolol maleate (pf)</i>	88	100.....	62	TRUQAP.....	17
TIMOPTIC OCUDOSE (PF)		TRESIBA FLEXTOUCH U-		TRUSTEX-RIA NON-LUB	
.....	88	200.....	62	CONDOMS.....	79
<i>tinidazole</i>	10	TRESIBA U-100 INSULIN.....	62	TRUVADA.....	6
<i>tiopronin</i>	57	<i>tretinoin</i>	53	TUKYSA.....	17
<i>tiotropium bromide</i>	95	<i>tretinoin (antineoplastic)</i>	17	<i>tulana</i>	81
TIROSINT.....	66	<i>tretinoin microspheres</i>	53	<i>turqoz (28)</i>	86
TIVICAY.....	6	TREXALL.....	17	TWINRIX (PF).....	77
TIVICAY PD.....	6	<i>triamcinolone acetonide</i>	56, 59,	TYBOST.....	6
<i>tizanidine</i>	24	95		<i>tydemy</i>	86
TOBI.....	10	<i>triamterene</i>	45	TYENNE AUTOINJECTOR	
TOBI PODHALER.....	10	<i>triamterene-hydrochlorothiazid</i>		.....	79
TOBRADEX.....	90	.....	45	TYKERB.....	17
<i>tobramycin</i>	87	<i>triazolam</i>	38	TYMLOS.....	78
<i>tobramycin in 0.225 % nacl</i>	10	TRIBENZOR.....	45	TYVASO.....	95
TOBRAMYCIN WITH		<i>tricon</i>	99	TYVASO DPI.....	95
NEBULIZER.....	10	TRICOR.....	48	TYVASO REFILL KIT.....	95
<i>tobramycin-dexamethasone</i>	90	<i>triderm</i>	56	TYVASO STARTER KIT.....	95
TOBREX.....	87	<i>trientine</i>	57	U	
<i>tolterodine</i>	96	<i>tri-estarylla</i>	86	UBRELVY.....	23
<i>tolvaptan</i>	64	<i>trifluoperazine</i>	38	UCERIS.....	71
TOPAMAX.....	20	<i>trifluridine</i>	87	UDENYCA.....	73
TOPICORT.....	56	<i>trihexyphenidyl</i>	21	UDENYCA AUTOINJECTOR	
<i>topiramate</i>	20	TRIJARDY XR.....	65	.....	73
TOPROL XL.....	45	TRIKAFTA.....	95	UDENYCA ONBODY.....	74
<i>toremifene</i>	17	<i>tri-legest fe</i>	86	ULORIC.....	77
<i>torpenz</i>	17	TRILEPTAL.....	20	<i>unithroid</i>	66
<i>torse mide</i>	45	<i>tri-lynyah</i>	86	UPTRAVI.....	45
TOUJEO MAX U-300		TRILIPIX.....	48	UROCIT-K 10.....	97
SOLOSTAR.....	62	<i>tri-lo-estarylla</i>	86	UROXATRAL.....	96
TOUJEO SOLOSTAR U-300		<i>tri-lo-marzia</i>	86	URSO FORTE.....	71
INSULIN.....	62	<i>tri-lo-mili</i>	86	<i>ursodiol</i>	71
<i>tovet emollient</i>	56	<i>tri-lo-sprintec</i>	86	V	
TOVIAZ.....	96	<i>trimethobenzamide</i>	71	VAGIFEM.....	81
TRACLEER.....	95	<i>trimethoprim</i>	12	<i>valacyclovir</i>	6
<i>tramadol</i>	30	<i>tri-mili</i>	86	VALCHLOR.....	51
<i>tramadol-acetaminophen</i>	30	<i>trimipramine</i>	38	VALCYTE.....	6
<i>trandolapril</i>	45	<i>trinatal rx 1</i>	99	<i>valganciclovir</i>	6
<i>trandolapril-verapamil</i>	45	<i>trinate</i>	99	VALIUM.....	38
<i>tranexamic acid</i>	82	TRINTELLIX.....	38	<i>valproic acid</i>	20
TRANSDERM-SCOP.....	71	<i>tri-sprintec (28)</i>	86		

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<i>valproic acid (as sodium salt)</i>	VICTOZA 2-PAK	65	<i>women's gentle laxative(bisac)</i>
.....	VICTOZA 3-PAK	65	.....
<i>valsartan</i>	<i>vienna</i>	86	<i>wymzya fe</i>
<i>valsartan-hydrochlorothiazide</i>	<i>vigabatrin</i>	20	X
.....	<i>vigadrone</i>	20	XALATAN.....
VALTOCO.....	VIGAMOX.....	87	XALKORI.....
VALTREX.....	<i>vigpoder</i>	20	XANAX.....
<i>vanadom</i>	VIIBRYD.....	39	XANAX XR.....
VANCOCIN.....	VIJOICE.....	17	XARELTO.....
<i>vancomycin</i>	<i>vilazodone</i>	39	XARELTO DVT-PE TREAT
<i>vandazole</i>	VIMPAT.....	20	30D START.....
VANOS.....	VIOKACE.....	71	XCOPRI.....
VAQTA (PF).....	VIRACEPT.....	6	XCOPRI MAINTENANCE
<i>vardenafil</i>	VIRAZOLE.....	6	PACK.....
<i>varenicline</i>	VIREAD.....	7	XCOPRI TITRATION PACK
VARIVAX (PF).....	VISTOGARD.....	12	.....
VASCEPA.....	<i>vitamin b complex-folic acid</i>	99	XDEMVY.....
VASERETIC.....	<i>vitamins a,c,d and fluoride</i> ...	99	XELJANZ.....
VASOTEC.....	VITRAKVI.....	17	XELJANZ XR.....
VAXELIS (PF).....	VIVELLE-DOT.....	81	XELODA.....
VAXNEUVANCE (PF).....	VIVITROL.....	30	XENAZINE.....
VCF CONTRACEPTIVE	VOGELXO.....	64	XENLETA.....
FILM.....	<i>voriconazole</i>	3, 4	XERESE.....
VCF CONTRACEPTIVE GEL	VORTEX HOLDING		XERMELO.....
.....	CHAMBER.....	61	XIFAXAN.....
<i>velivet triphasic regimen (28)</i>	VOSEVI.....	7	XIGDUO XR.....
.....	VOTRIENT.....	17	XOPENEX HFA.....
VELPHORO.....	VRAYLAR.....	39	XOSPATA.....
VELTASSA.....	VUMERITY.....	75	XPOVIO.....
VEMLIDY.....	<i>vyfemla (28)</i>	86	XTANDI.....
VENCLEXTA.....	<i>vylibra</i>	86	<i>xulane</i>
VENCLEXTA STARTING	VYNDAMAX.....	48	XULTOPHY 100/3.6.....
PACK.....	VYNDAQEL.....	48	XYREM.....
<i>venlafaxine</i>	VYTORIN 10-10.....	48	Y
VENTAVIS.....	VYTORIN 10-20.....	48	YASMIN (28).....
VENTOLIN HFA.....	VYTORIN 10-40.....	48	YAZ (28).....
<i>verapamil</i>	VYTORIN 10-80.....	48	YUPELRI.....
VERDESO.....	VYVANSE.....	39	<i>yuvafem</i>
VERELAN PM.....	W		Z
VERQUVO.....	WAINUA.....	23	<i>zafemy</i>
VERZENIO.....	<i>warfarin</i>	46	<i>zafirlukast</i>
VESICARE.....	WELCHOL.....	48	<i>zaleplon</i>
VESICARE LS.....	WELLBUTRIN SR.....	39	ZANAFLEX.....
<i>vestura (28)</i>	WELLBUTRIN XL.....	39	<i>zarah</i>
VFEND.....	<i>wera (28)</i>	86	ZARONTIN.....
V-GO 20.....	<i>wescap-c dha</i>	99	ZARXIO.....
V-GO 30.....	<i>westab plus</i>	99	<i>zatean-pn dha</i>
V-GO 40.....	WIDE-SEAL DIAPHRAGM		<i>zatean-pn plus</i>
VIAGRA.....	79	ZELBORAF.....
VIBERZI.....	WINLEVI.....	53	ZEMPLAR.....

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<i>zenatane</i>	53	<i>ziprasidone hcl</i>	39	ZORTRESS	18
ZENPEP	71	ZIRGAN.....	87	ZORYVE.....	50
<i>zenzedi</i>	39	ZITHROMAX.....	8	<i>zovia 1-35 (28)</i>	87
ZEPOSIA	24	ZITHROMAX TRI-PAK	8	ZOVIRAX.....	54
ZEPOSIA STARTER KIT (28- DAY).....	24	ZITHROMAX Z-PAK	8	ZUBSOLV.....	30
ZEPOSIA STARTER PACK (7-DAY)	24	ZOCOR	48	<i>zumandimine (28)</i>	87
ZESTORETIC.....	45	ZOLINZA.....	18	ZURZUVAE.....	39
ZESTRIL	45	<i>zolmitriptan</i>	23	ZYKADIA.....	18
ZETIA	48	ZOLMITRIPTAN	23	ZYLOPRIM.....	77
ZETONNA	95	ZOLOFT.....	39	ZYPREXA.....	39
ZIAGEN	7	<i>zolpidem</i>	39	ZYPREXA RELPREVV	39
<i>zidovudine</i>	7	ZOMIG.....	23	ZYPREXA ZYDIS.....	40
ZILBRYSQ	24	ZONALON.....	51	ZYVOX	10
		ZONEGRAN	21		
		<i>zonisamide</i>	21		

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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.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-882-8633. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-882-8633。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-882-8633。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-882-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-882-8633. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-882-8633 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-882-8633. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-882-8633 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-882-8633. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-882-8633. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-882-8633 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-882-8633. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-882-8633. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-882-8633. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-882-8633. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-882-8633 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。