



**INDIVIDUAL AND FAMILY PLANS
PRESCRIPTION DRUG FORMULARY
(NON-STANDARD PLAN)**

(Effective July - September 2024)

**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 <https://www.avmed.org/prescriptions/> to obtain a Pharmacy 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.

What if my drug is not listed in the formulary?

If you are unsure if a drug is covered by your plan, please call Member Engagement for assistance. If you learn your plan does not cover your drug, here are some steps you may take:

- Visit www.avmed.org/prescriptions to find your plans prescription drug list and review it with your doctor to determine if any of the covered drugs are viable alternatives.
- If the formulary alternatives are not appropriate to treat your condition, you may request an exception for coverage of the non-formulary drug. Please note that although an exception can be granted to cover the non-formulary drug it will be considered a non-preferred drug and may be more expensive than the covered alternatives.

How do I ask for an exception to AvMed's drug list?

You may request an exception to your prescription drug coverage for drugs that are not included on your plans prescription drug list. To make a request for an exception to your prescription drug coverage, you or your doctor must submit a completed Pharmacy Drug Authorization Request form available at www.avmed.org/prescriptions or you may call the number on the back of your card to initiate this request.

How likely is it that an exception request is approved?

AvMed may approve your request for an exception to your prescription drug coverage if the preferred formulary drugs included on your plans prescription drug list would not be as effective in treating your condition or cause you to experience adverse medical effects

How do I find out if my exception request is approved?

AvMed will process your request and provide a decision within 72 hours of receipt of the information necessary to make a decision. You can ask for an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to three business days for a decision. If your expedited request is granted, we will provide a decision within 24 hours of receipt of the information necessary to make a decision. You and your doctor will be notified in writing of the decision. You may also contact Member Engagement to inquire about the status of your exception request.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 1-305-671-0200 using the Pharmacy Drug Authorization Request form. The Pharmacy Drug Authorization Request form is available at: <https://www.avmed.org/prescriptions/>.

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.

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.

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	Preferred Generic - These are preferred generic medications and are in the low 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	Generic - These are generic medications or higher cost generic medications and are in the low to midrange 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	Preferred Brand - These are preferred brand medications and are in the mid to 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.
4	Non-Preferred Brand - These are non-preferred brand medications and are in the higher range for out-of-pocket expense.
5	Specialty Drugs - These are brand or generic-name specialty medications or high-cost medications and 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*.

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over the counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs

- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include but are not limited to immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some 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.

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.

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

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2024. All rights reserved. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

AvMed and Express Scripts do not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship, or recommendation by AvMed or Express Script.

When viewing this formulary via the Internet, please be advised that this formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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List of Abbreviations

1: Preferred Generic

2: Generic

3: Preferred Brand

4: Non-Preferred Brand

5: Specialty Drugs

9: Zero Cost Share Preventive Drugs

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

CGM: Continuous Glucose Monitor

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

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

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

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

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		
BREXAFEMME	4	PA
<i>clotrimazole mucous membrane</i>	2	QL (5 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	QL (40 per 365 days)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	2	QL (10 per 365 days)
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (4 per 365 days)
<i>fluconazole oral tablet 50 mg</i>	2	QL (8 per 365 days)
<i>flucytosine</i>	3	PA
<i>griseofulvin microsize oral suspension</i>	2	QL (40 per 365 days)
<i>griseofulvin microsize oral tablet</i>	2	QL (2 per 365 days)
<i>griseofulvin ultramicrosize</i>	2	QL (3 per 365 days)
<i>itraconazole oral capsule</i>	3	QL (4 per 365 days)
<i>ketoconazole oral</i>	2	QL (2 per 365 days)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; QL (1 per 365 days)
<i>nystatin oral suspension</i>	2	QL (24 per 365 days)
<i>nystatin oral tablet</i>	2	QL (6 per 365 days)
<i>posaconazole oral suspension</i>	3	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	3	PA; QL (8 per 365 days)
<i>terbinafine hcl oral</i>	2	QL (1 per 365 days)
VIVJOA	4	PA; QL (18 per 365 days)
<i>voriconazole oral tablet 200 mg</i>	3	QL (2 per 365 days)
<i>voriconazole oral tablet 50 mg</i>	3	QL (4 per 365 days)
ANTIVIRALS		
<i>abacavir</i>	2	SP
<i>abacavir-lamivudine</i>	3	SP
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>adefovir</i>	5	PA; SP; QL (1 per 365 days)
<i>amantadine hcl</i>	2	
APRETUDE	5	SP; ACA; QL (3 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
APTIVUS	5	SP
<i>atazanavir</i>	3	SP
BARACLUDGE ORAL SOLUTION	5	SP; QL (20 per 1 day)
BIKTARVY	5	SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	5	PA; SP; QL (4 per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	5	PA; SP; QL (6 per 365 days)
CIMDUO	5	SP
COMPLERA	5	SP
<i>darunavir</i>	5	SP
DELSTRIGO	5	SP
DESCOVY	5	SP; ACA
<i>didanosine oral capsule, delayed release(dr/ec)</i> 250 mg, 400 mg	5	SP
DOVATO	5	SP; QL (1 per 365 days)
EDURANT	5	SP
<i>efavirenz</i>	3	SP
<i>efavirenz-emtricitabin-tenofof</i>	5	SP
<i>efavirenz-lamivu-tenofof disop</i>	2	SP
<i>emtricitabine</i>	3	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	SP; ACA
EMTRIVA ORAL SOLUTION	5	SP
<i>entecavir</i>	5	SP; QL (1 per 365 days)
EPCLUSA	5	PA; SP; QL (1 per 365 days)
<i>etravirine</i>	5	SP
EVOTAZ	5	SP
<i>famciclovir</i>	2	
<i>fosamprenavir</i>	3	SP
FUZEON SUBCUTANEOUS RECON SOLN	5	SP
GENVOYA	5	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
HARVONI	5	PA; SP
INTELENCE ORAL TABLET 25 MG	5	SP
ISENTRESS	5	SP
ISENTRESS HD	5	SP
JULUCA	5	SP
LAGEVRIO (EUA)	4	8 caps per day; 80 caps in 365 days
<i>lamivudine oral solution</i>	2	SP
<i>lamivudine oral tablet 100 mg</i>	5	SP; QL (1 per 365 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	SP
<i>lamivudine-zidovudine</i>	3	SP
LEDIPASVIR-SOFOSBUVIR	5	PA; SP
LIVTENCITY	5	PA; SP; QL (4 per 365 days)
<i>lopinavir-ritonavir oral solution</i>	3	SP
<i>lopinavir-ritonavir oral tablet</i>	5	SP
<i>maraviroc</i>	5	SP
MAVYRET ORAL PELLETS IN PACKET	3	PA; SP; QL (6 per 1 day)
MAVYRET ORAL TABLET	3	PA; SP; QL (3 per 1 day)
<i>nevirapine</i>	3	SP
NORVIR ORAL POWDER IN PACKET	5	SP
ODEFSEY	5	SP
<i>oseltamivir</i>	2	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	6 tabs per day; 60 tablets in 365 days; QL (60 per 365 days)
PIFELTRO	5	SP
PREVYMIS ORAL	5	PA; SP; QL (1 per 1 day)
PREZCOBIX	5	SP
PREZISTA ORAL SUSPENSION	5	SP
PREZISTA ORAL TABLET 150 MG, 75 MG	5	SP
REYATAZ ORAL POWDER IN PACKET	5	SP
<i>ribavirin inhalation</i>	5	SP
<i>rimantadine</i>	2	
<i>ritonavir</i>	2	SP
RUKOBIA	5	PA; SP; QL (2 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL SOLUTION	5	SP
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL (1 per 365 days)
SOVALDI	5	PA; SP
<i>stavudine oral capsule 40 mg</i>	3	SP
STRIBILD	5	SP
SUNLENCA ORAL	5	PA; SP; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	5	PA; SP; QL (3 per 365 days)
SYMTUZA	5	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	PA; SP; LA; QL (1 per 365 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 365 days)
<i>tenofovir disoproxil fumarate</i>	3	SP; QL (1 per 365 days)
TIVICAY ORAL TABLET 50 MG	5	SP
TIVICAY PD	5	SP; QL (6 per 365 days)
TRIUMEQ	5	SP
TRIUMEQ PD	5	SP
TYBOST	5	SP
<i>valacyclovir</i>	2	
<i>valganciclovir oral recon soln</i>	5	PA for Age greater than or equal to 9 year(s); SP
<i>valganciclovir oral tablet</i>	5	SP
VEMLIDY	5	PA; SP; QL (1 per 365 days)
VIRACEPT ORAL TABLET	5	SP
VIREAD ORAL POWDER	5	SP; QL (8 per 365 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	SP; QL (1 per 365 days)
VOSEVI	5	PA; SP
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (1 per 365 days)
ZEPATIER	5	PA; SP
<i>zidovudine</i>	2	SP
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</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>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefdinir</i>	2	
<i>cefixime</i>	3	
<i>cefpodoxime</i>	2	
<i>cefprozil</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral capsule 750 mg</i>	3	
<i>cephalexin oral suspension for reconstitution</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	2	
<i>clarithromycin</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	PA; 100mL per fill
DIFICID ORAL TABLET	4	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	PA for Age greater than or equal to 9 year(s)
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	
<i>erythromycin oral tablet</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	3	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (180 per 365 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
ARIKAYCE	5	PA; SP; LA; QL (8.4 per 365 days)
<i>atovaquone</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>atovaquone-proguanil</i>	3	
BENZNIDAZOLE	4	PA
CAYSTON	5	SP; LA
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin pediatric</i>	2	
COARTEM	4	
CYCLOSERINE	4	
<i>dapsone oral</i>	2	
EMVERM	4	PA; 2 tablets per fill
<i>ethambutol</i>	2	
<i>hydroxychloroquine</i>	2	
<i>isoniazid oral</i>	2	
<i>ivermectin oral</i>	2	PA; QL (20 per 365 days)
KRINTAFEL	4	QL (2 per 365 days)
LAMPIT	4	PA
<i>linezolid</i>	2	
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	5	
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	3	PA; QL (6 per 365 days)
<i>paromomycin</i>	2	
PASER	4	
<i>pentamidine inhalation</i>	3	
<i>praziquantel</i>	3	
PRETOMANID	4	PA; QL (1 per 365 days)
PRIFTIN	4	
<i>pyrazinamide</i>	3	
<i>pyrimethamine</i>	5	PA; SP; QL (3 per 365 days)
<i>quinine sulfate</i>	3	
<i>rifabutin</i>	3	
<i>rifampin oral</i>	2	
SIVEXTRO ORAL	5	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>tinidazole</i>	2	
TOBI PODHALER	5	ST; SP
<i>tobramycin in 0.225 % nacl</i>	5	SP
<i>tobramycin inhalation</i>	5	SP
TRECTOR	4	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (42 per 365 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>dicloxacillin</i>	2	
<i>penicillin v potassium</i>	2	
QUINOLONES		
BAXDELA ORAL	4	
<i>ciprofloxacin hcl oral</i>	2	
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	3	
<i>sulfamethoxazole-trimethoprim oral</i>	2	
<i>sulfatrim</i>	2	
TETRACYCLINES		
<i>avidoxy</i>	2	
<i>demeclocycline</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</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>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>minocycline oral capsule</i>	2	
<i>mondoxylene nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	2	
URINARY TRACT AGENTS		
<i>fosfomicin tromethamine</i>	3	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	3	QL (4 per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	
<i>nitrofurantoin monohyd/m-cryst</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	
<i>trimethoprim</i>	2	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	3	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	3	
<i>leucovorin calcium oral tablet 5 mg</i>	2	
MESNEX ORAL	5	SP
VISTOGARD	5	SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; SP; QL (4 per 365 days)
AKEEGA	5	PA; SP; QL (2 per 365 days)
ALECENSA	5	PA; SP; QL (8 per 365 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; SP; QL (1 per 365 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; SP; QL (4 per 365 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; SP; QL (30 per 365 days)
<i>anastrozole</i>	2	PA; ACA
AUGTYRO	5	PA; SP; QL (8 per 1 day)

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

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

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (3 MONTH)	5	PA; SP; QL (1 per 365 days)
ELIGARD (4 MONTH)	5	PA; SP; QL (1 per 365 days)
ELIGARD (6 MONTH)	5	PA; SP; QL (1 per 365 days)
EMCYT	5	PA; SP
ENSPRYNG	5	PA; SP; QL (1 per 365 days)
ERIVEDGE	5	PA; SP; QL (1 per 365 days)
ERLEADA ORAL TABLET 240 MG	5	PA; SP; QL (1 per 365 days)
ERLEADA ORAL TABLET 60 MG	5	PA; SP; QL (4 per 365 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (1 per 365 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; SP; QL (3 per 365 days)
<i>etoposide oral</i>	5	PA; SP
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; SP; QL (1 per 365 days)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; SP
<i>exemestane</i>	2	PA; ACA
EXKIVITY	5	PA; SP; QL (4 per 365 days)
FENSOLVI	5	PA; SP; QL (1 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	PA; SP; QL (1 per 365 days)
FOTIVDA	5	PA; SP; QL (21 per 365 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; SP; QL (84 per 365 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; SP; QL (21 per 365 days)
GAVRETO	5	PA; SP; LA; QL (4 per 365 days)
<i>gengraf</i>	2	SP
GILOTRIF	5	PA; SP; QL (1 per 365 days)
GLEOSTINE	5	PA; SP
HYCAMTIN ORAL	5	PA; SP
<i>hydroxyurea</i>	2	PA
IBRANCE	5	PA; SP; QL (1 per 1 day)
ICLUSIG	5	PA; SP; QL (1 per 365 days)
IDHIFA	5	PA; SP; LA; QL (1 per 365 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; SP; QL (3 per 365 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; SP; QL (2 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (3 per 365 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; SP; QL (1 per 365 days)
IMBRUVICA ORAL SUSPENSION	5	PA; SP; QL (6 per 365 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; SP; QL (1 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	5	PA; SP; QL (4 per 1 day)
INQOVI	5	PA; SP; QL (5 per 365 days)
INREBIC	5	PA; SP; LA; QL (4 per 365 days)
IWILFIN	5	PA; SP; LA; QL (8 per 365 days)
JAKAFI	5	PA; SP; QL (2 per 365 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	5	PA; SP; QL (1 per 1 day)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; SP; QL (49 per 365 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; SP; QL (70 per 365 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; SP; QL (91 per 365 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (21 per 365 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP; QL (42 per 365 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP; QL (63 per 365 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; SP; QL (8 per 365 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; SP; QL (4 per 365 days)
KRAZATI	5	PA; SP; QL (6 per 365 days)
<i>lapatinib</i>	5	PA; SP; QL (6 per 365 days)
<i>lenalidomide</i>	5	PA; SP; QL (1 per 365 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; SP; QL (30 per 365 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; SP; QL (90 per 365 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)	5	PA; SP; QL (60 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>letrozole</i>	2	PA
LEUKERAN	5	PA; SP
LEUPROLIDE (3 MONTH)	5	PA; SP; QL (1 per 365 days)
<i>leuprolide subcutaneous kit</i>	5	PA; SP; QL (2 per 365 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; SP; QL (6 per 365 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; SP; QL (8 per 365 days)
LORBRENA ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	5	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	5	PA; SP; QL (4 per 365 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; SP; QL (3 per 365 days)
LUPKYNIS	5	PA; SP; QL (6 per 365 days)
LUPRON DEPOT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	5	PA; SP; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; SP; QL (1 per 365 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; SP; QL (1 per 126 days)
LYNPARZA	5	PA; SP; QL (4 per 365 days)
LYSODREN	5	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; SP; LA; QL (4 per 365 days)
MATULANE	5	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>megestrol oral tablet</i>	2	
MEKINIST ORAL RECON SOLN	5	PA; SP; QL (23 per 365 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (3 per 365 days)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (1 per 365 days)
MEKTOVI	5	PA; SP; LA; QL (6 per 365 days)
<i>mercaptopurine</i>	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	PA
MYCAPSSA	5	PA; SP; LA; QL (4 per 365 days)
<i>mycophenolate mofetil oral capsule</i>	2	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	SP
<i>mycophenolate mofetil oral tablet</i>	2	SP
<i>mycophenolate sodium</i>	2	SP
MYLERAN	5	PA; SP
NERLYNX	5	PA; SP; LA; QL (6 per 365 days)
<i>nilutamide</i>	5	PA; SP; QL (1 per 365 days)
NINLARO	5	PA; SP; QL (3 per 365 days)
NUBEQA	5	PA; SP; LA; QL (4 per 365 days)
ODOMZO	5	PA; SP; LA; QL (1 per 365 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; SP; QL (6 per 365 days)
OJJAARA	5	PA; SP; QL (1 per 365 days)
ONUREG	5	PA; SP; QL (14 per 365 days)
ORGOVYX	5	PA; SP; LA; QL (1 per 365 days)
ORSERDU ORAL TABLET 345 MG	5	PA; SP; QL (1 per 365 days)
ORSERDU ORAL TABLET 86 MG	5	PA; SP; QL (3 per 365 days)
<i>pazopanib</i>	5	PA; SP; QL (4 per 365 days)
PEMAZYRE	5	PA; SP; LA; QL (14 per 365 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (28 per 365 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; SP; QL (56 per 365 days)
POMALYST	5	PA; SP; LA; QL (1 per 365 days)
QINLOCK	5	PA; SP; LA; QL (3 per 365 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; SP; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	5	PA; SP; LA; QL (4 per 1 day)
REVLIMID	5	PA; SP; LA; QL (1 per 365 days)
REZLIDHIA	5	PA; SP; QL (2 per 365 days)
REZUROCK	5	PA; SP; QL (1 per 365 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (1 per 365 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; SP; LA; QL (3 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; SP; LA; QL (12 per 365 days)
RUBRACA	5	PA; SP; LA; QL (4 per 365 days)
RYDAPT	5	PA; SP; QL (8 per 365 days)
SANDIMMUNE ORAL SOLUTION	3	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; SP
SCEMBLIX ORAL TABLET 20 MG	5	PA; SP; QL (2 per 365 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; SP; QL (10 per 365 days)
SIGNIFOR	5	PA; SP
<i>sirolimus</i>	3	SP
SOLTAMOX	4	
<i>sorafenib</i>	5	PA; SP; QL (4 per 365 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	5	PA; SP; QL (3 per 1 day)
STIVARGA	5	PA; SP; QL (84 per 365 days)
<i>sunitinib malate</i>	5	PA; SP; QL (1 per 365 days)
SUPPRELIN LA	5	PA; SP; QL (1 per 365 days)
TABLOID	5	PA; SP
TABRECTA	5	PA; SP; QL (4 per 365 days)
<i>tacrolimus oral</i>	2	SP
TAFINLAR ORAL CAPSULE	5	PA; SP; QL (4 per 365 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; SP; QL (30 per 365 days)
TAGRISSO	5	PA; SP; LA; QL (1 per 365 days)
TALZENNA	5	PA; SP; QL (1 per 1 day)
<i>tamoxifen</i>	2	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; SP; QL (4 per 365 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; SP; QL (2 per 365 days)
TAZVERIK	5	PA; SP; LA; QL (8 per 365 days)
<i>temozolomide</i>	5	PA; SP
TEPMETKO	5	PA; SP; QL (2 per 365 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP; QL (1 per 365 days)
TIBSOVO	5	PA; SP; QL (2 per 365 days)
<i>toremifene</i>	3	QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA; SP; QL (1 per 365 days)
<i>tretinoin (antineoplastic)</i>	5	PA; SP
TRIPTODUR	5	PA; SP; QL (1 per 365 days)
TRUQAP	5	PA; SP; QL (64 per 365 days)
TUKYSA	5	PA; SP; LA; QL (4 per 365 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; SP; LA; QL (4 per 365 days)
VANFLYTA	4	PA; SP; QL (2 per 365 days)
VENCLEXTA ORAL TABLET 10 MG	5	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	5	PA; SP; QL (42 per 365 days)
VERZENIO	5	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; SP; QL (1 per 365 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (56 per 365 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (2 per 365 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; SP; LA; QL (6 per 365 days)
VITRAKVI ORAL SOLUTION	5	PA; SP; LA; QL (10 per 365 days)
VIZIMPRO	5	PA; SP; QL (1 per 1 day)
VONJO	5	PA; SP; QL (4 per 365 days)
WELIREG	5	PA; SP; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	5	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; SP; QL (4 per 1 day)
XOSPATA	5	PA; SP; LA; QL (3 per 365 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	5	PA; SP; LA; QL (8 per 365 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)	5	PA; SP; LA; QL (4 per 365 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; SP; LA; QL (24 per 365 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; SP; LA; QL (32 per 365 days)
XTANDI ORAL CAPSULE	5	PA; SP; QL (4 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL TABLET 40 MG	5	PA; SP; QL (4 per 365 days)
XTANDI ORAL TABLET 80 MG	5	PA; SP; QL (2 per 365 days)
YONSA	5	PA; SP; QL (4 per 365 days)
ZEJULA ORAL TABLET	4	PA; SP; LA; QL (1 per 365 days)
ZELBORAF	5	PA; SP; QL (8 per 365 days)
ZOLADEX	5	PA; SP; QL (1 per 365 days)
ZOLINZA	5	PA; SP; QL (4 per 1 day)
ZYDELIG	5	PA; SP; QL (2 per 365 days)
ZYKADIA	5	PA; SP; QL (3 per 365 days)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	4	PA
BRIVIACT ORAL	4	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
<i>clobazam oral suspension</i>	3	PA
<i>clobazam oral tablet</i>	3	
<i>clonazepam oral tablet</i>	2	
<i>clonazepam oral tablet, disintegrating</i>	3	
DIACOMIT ORAL CAPSULE 250 MG	5	PA; SP; QL (12 per 365 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; SP; QL (6 per 365 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; SP; QL (12 per 365 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; SP; QL (6 per 365 days)
<i>diazepam rectal</i>	2	
DILANTIN	4	PA
<i>divalproex</i>	2	
EPIDIOLEX	5	PA; SP; LA
<i>epitol</i>	2	
EQUETRO	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide</i>	2	
<i>felbamate</i>	3	
FINTEPLA	5	PA; SP; LA; QL (12 per 365 days)
FYCOMPA	4	PA
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
<i>lacosamide oral</i>	3	PA
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	3	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>levetiracetam oral</i>	2	
<i>methsuximide</i>	3	
NAYZILAM	4	PA; QL (10 per 365 days)
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	PA
<i>phenobarbital</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin oral capsule</i>	2	
<i>pregabalin oral solution</i>	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide</i>	3	PA
<i>subvenite</i>	2	
<i>tiagabine</i>	3	
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	4	PA; QL (10 per 365 days)
<i>vigabatrin</i>	5	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
<i>vigadrone oral powder in packet</i>	5	PA; SP
<i>vigpoder</i>	5	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (2 per 365 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	4	PA; QL (1 per 365 days)
XCOPRI ORAL TABLET 200 MG	4	PA; QL (2 per 365 days)
XCOPRI TITRATION PACK	4	PA; 1 tab per day; 28 tablets in 365 days
<i>zonisamide</i>	2	
ZTALMY	4	PA; SP; LA; QL (10 per 365 days)
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	5	PA; SP; QL (3 per 365 days)
<i>benztropine oral</i>	2	
<i>bromocriptine</i>	2	
<i>carbidopa</i>	3	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; SP; QL (10 per 365 days)
NEUPRO	4	ST
NOURIANZ	4	PA; LA; QL (1 per 365 days)
ONGENTYS	4	PA; QL (1 per 365 days)
<i>pramipexole oral tablet</i>	2	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	3	
<i>selegiline hcl</i>	2	
<i>tolcapone</i>	3	PA; QL (6 per 365 days)
<i>trihexyphenidyl</i>	2	
XADAGO	4	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
AJOVY AUTOINJECTOR	4	PA; QL (1.5 per 365 days)
AJOVY SYRINGE	4	PA; QL (1.5 per 365 days)
<i>almotriptan malate</i>	3	QL (12 per 365 days)
<i>dihydroergotamine</i>	3	PA; QL (8 per 365 days)
<i>eletriptan</i>	3	QL (12 per 365 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	4	QL (20 per 365 days)
<i>ergotamine-caffeine</i>	3	
<i>frovatriptan</i>	3	QL (12 per 365 days)
<i>naratriptan</i>	2	QL (9 per 30 days)
NURTEC ODT	3	PA; QL (8 per 365 days)
QULIPTA	3	PA; QL (1 per 365 days)
REYVOW	4	PA; QL (4 per 30 days)
<i>rizatriptan</i>	2	QL (12 per 365 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	QL (6 per 365 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	QL (12 per 365 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	2	QL (9 per 365 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	2	QL (18 per 365 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL (6 per 365 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	QL (6 per 365 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (6 per 365 days)
UBRELVY	4	PA; QL (10 per 30 days)
ZAVZPRET	5	PA; QL (1 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	QL (12 per 365 days)
<i>zolmitriptan oral tablet</i>	2	QL (12 per 365 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	2	SP; QL (2 per 365 days)
<i>dichlorphenamide</i>	5	PA; SP; QL (4 per 365 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet 23 mg</i>	3	
<i>donepezil oral tablet, disintegrating</i>	2	
EVRYSDI	5	PA; SP; LA; QL (6.7 per 365 days)
FIRDAPSE	5	PA; SP; LA; QL (8 per 365 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	
<i>galantamine oral tablet</i>	3	
INGREZZA	5	PA; SP; LA; QL (1 per 365 days)
INGREZZA INITIATION PK(TARDIV)	5	PA; SP; QL (28 per 365 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	
<i>memantine oral tablet</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK	2	
NUEDEXTA	5	PA; SP; QL (2 per 365 days)
NULIBRY	5	PA; SP
RADICAVA ORS STARTER KIT SUSP	5	PA; SP
RELYVRIO	5	PA; SP; QL (2 per 365 days)
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
SKYCLARYS	4	PA; SP; LA; QL (3 per 365 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; SP; QL (8 per 365 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; SP; QL (4 per 365 days)
WAINUA	5	PA; SP; QL (1 per 365 days)
ZEPOSIA	5	PA; SP; QL (1 per 365 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; SP; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	5	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i>	2	QL (4 per 365 days)
<i>carisoprodol-aspirin-codeine</i>	2	PA
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet</i>	2	
<i>dantrolene oral</i>	2	
<i>meprobamate</i>	2	
<i>metaxalone oral tablet 800 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	5	
<i>orphenadrine citrate oral</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release</i>	2	
<i>tizanidine oral capsule</i>	3	
<i>tizanidine oral tablet</i>	2	
<i>vanadom</i>	2	QL (4 per 365 days)
ZILBRYSQ	5	PA; SP; QL (1 per 365 days)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	PA; QL (150 per 365 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	PA; QL (12 per 365 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	PA; QL (6 per 365 days)
<i>ascomp with codeine</i>	2	PA; QL (6 per 365 days)
BELBUCA	4	PA; QL (2 per 365 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	5	PA; SP; QL (0.36 per 365 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	5	PA; SP; QL (1.28 per 365 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	5	PA; SP; QL (1.92 per 365 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	5	PA; SP; QL (2.56 per 365 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	5	PA; SP; QL (0.18 per 365 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	5	PA; SP; QL (0.64 per 365 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	5	PA; SP; QL (0.27 per 365 days)
<i>buprenorphine</i>	3	PA; QL (4 per 365 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	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>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	PA; QL (6 per 365 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	QL (6 per 365 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	2	QL (6 per 365 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	2	
<i>codeine sulfate oral tablet 15 mg</i>	2	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	2	PA; QL (12 per 365 days)
<i>codeine sulfate oral tablet 60 mg</i>	2	PA; QL (6 per 1 day)
<i>codeine-butalbital-asa-caff</i>	2	PA; QL (6 per 365 days)
<i>endocet oral tablet 10-325 mg</i>	2	PA; QL (6 per 365 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	PA; QL (12 per 365 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	PA; QL (8 per 365 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; QL (4 per 365 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL (10 per 365 days)
FENTORA	4	PA; QL (4 per 365 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	3	PA; QL (2 per 365 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	3	PA; QL (1 per 365 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	PA; QL (180 per 365 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	2	PA; QL (9 per 365 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	PA; QL (12 per 365 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	3	PA; QL (5 per 365 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	PA; QL (5 per 365 days)
<i>hydromorphone oral liquid</i>	2	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	2	PA; QL (11 per 365 days)
<i>hydromorphone oral tablet 4 mg</i>	2	PA; QL (5 per 365 days)
<i>hydromorphone oral tablet 8 mg</i>	2	PA; QL (2 per 365 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; QL (1 per 365 days)
<i>hydromorphone rectal</i>	2	PA; QL (4 per 365 days)
<i>meperidine oral solution</i>	2	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	2	PA; QL (18 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methadone oral concentrate</i>	2	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	2	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	2	PA; QL (6 per 1 day)
<i>methadose oral concentrate</i>	2	PA; QL (3 per 365 days)
<i>morphine concentrate oral solution</i>	2	PA; QL (4 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	2	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	2	PA; QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	PA; QL (2 per 365 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	PA; QL (3 per 365 days)
<i>morphine rectal suppository 10 mg, 5 mg</i>	3	PA; QL (6 per 365 days)
<i>morphine rectal suppository 20 mg</i>	3	PA; QL (4 per 365 days)
<i>morphine rectal suppository 30 mg</i>	3	PA; QL (3 per 365 days)
<i>oxycodone oral capsule</i>	2	PA; QL (12 per 365 days)
<i>oxycodone oral concentrate</i>	2	PA; QL (3 per 365 days)
<i>oxycodone oral solution</i>	2	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	2	PA; QL (6 per 365 days)
<i>oxycodone oral tablet 15 mg</i>	2	PA; QL (4 per 365 days)
<i>oxycodone oral tablet 20 mg</i>	2	PA; QL (3 per 365 days)
<i>oxycodone oral tablet 30 mg</i>	2	PA; QL (2 per 365 days)
<i>oxycodone oral tablet 5 mg</i>	2	PA; QL (12 per 365 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	PA; QL (6 per 365 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	PA; QL (12 per 365 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	PA; QL (8 per 365 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL (2 per 365 days)
<i>oxymorphone oral tablet 10 mg</i>	2	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	2	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; QL (2 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	PA; SP; QL (0.5 per 365 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	PA; SP; QL (1.5 per 365 days)
<i>tencon</i>	2	QL (6 per 365 days)
XTAMPZA ER	4	PA; QL (2 per 365 days)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	2	ACA; OTC
<i>aspirin childrens</i>	2	ACA; OTC
<i>aspirin oral tablet, chewable</i>	2	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	2	ACA; OTC
<i>bayer low dose aspirin</i>	2	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	QL (2 per 365 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	QL (12 per 365 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	3	QL (6 per 365 days)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	3	QL (3 per 365 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (3 per 1 day)
<i>butorphanol nasal</i>	2	PA; QL (5 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (2 per 365 days)
<i>celecoxib oral capsule 400 mg</i>	2	QL (1 per 365 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	QL (4 per 365 days)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	3	QL (2 per 365 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	QL (4 per 365 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	QL (4 per 365 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (2 per 365 days)
<i>diclofenac sodium topical drops</i>	2	QL (300 per 365 days)
<i>diclofenac-misoprostol</i>	3	PA; QL (4 per 365 days)
<i>diflunisal</i>	3	QL (3 per 365 days)
<i>ecotrin low strength</i>	2	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	3	QL (4 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral capsule 300 mg</i>	3	QL (3 per 365 days)
<i>etodolac oral tablet</i>	2	QL (2 per 365 days)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	3	QL (2 per 365 days)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	3	QL (1 per 365 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	QL (3 per 365 days)
<i>ibu</i>	2	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg</i>	2	QL (3 per 365 days)
<i>indomethacin oral capsule 50 mg</i>	2	QL (4 per 365 days)
<i>indomethacin oral capsule, extended release</i>	2	QL (2 per 365 days)
<i>ketoprofen oral capsule 25 mg</i>	3	PA; QL (4 per 365 days)
<i>ketorolac oral</i>	2	QL (20 per 365 days)
KLOXXADO	3	2 sprays per fill
<i>mefenamic acid</i>	3	PA; 29 capsules per fill
<i>meloxicam oral tablet</i>	2	
<i>nabumetone oral tablet 500 mg</i>	2	QL (4 per 365 days)
<i>nabumetone oral tablet 750 mg</i>	2	QL (2 per 365 days)
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naloxone nasal</i>	3	2 sprays per fill
<i>naltrexone</i>	2	
<i>naproxen oral tablet 250 mg</i>	2	QL (6 per 365 days)
<i>naproxen oral tablet 375 mg</i>	2	QL (4 per 365 days)
<i>naproxen oral tablet 500 mg</i>	2	QL (3 per 365 days)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	QL (4 per 365 days)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	3	QL (2 per 365 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
NUCYNTA	4	PA; QL (4 per 365 days)
NUCYNTA ER	4	PA; QL (2 per 365 days)
OPVEE	4	2 units per fill
<i>oxaprozin oral tablet</i>	2	QL (2 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>pentazocine-naloxone</i>	3	PA; QL (4 per 365 days)
<i>piroxicam</i>	2	QL (1 per 365 days)
<i>salsalate</i>	2	
<i>st joseph aspirin</i>	2	ACA; OTC
<i>st. joseph aspirin</i>	2	ACA; OTC
<i>sulindac</i>	2	QL (2 per 365 days)
<i>tolmetin oral capsule</i>	3	
<i>tramadol oral tablet 50 mg</i>	2	PA; QL (8 per 365 days)
<i>tramadol oral tablet extended release 24 hr</i>	3	PA; QL (1 per 365 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	3	PA; QL (1 per 365 days)
<i>tramadol-acetaminophen</i>	2	PA; QL (8 per 365 days)
VIVITROL	5	SP
ZIMHI	4	2 syringes per fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	3	PA for Age less than or equal to 17 year(s); QL (1 per 365 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for Age greater than or equal to 19 year(s); QL (3 per 365 days)
ADDERALL ORAL TABLET 30 MG	3	PA for Age greater than or equal to 19 year(s); QL (2 per 365 days)
ADDERALL XR	3	PA for Age greater than or equal to 19 year(s); QL (2 per 365 days)
ADDYI	4	PA; QL (1 per 365 days)
<i>alprazolam</i>	2	
<i>amitriptyline</i>	2	
<i>amitriptyline-chlordiazepoxide</i>	3	
<i>amoxapine</i>	2	
<i>aripiprazole oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 365 days)
ARISTADA INITIO	3	PA for Age less than or equal to 17 year(s); QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	3	PA for Age less than or equal to 17 year(s); QL (3.9 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	PA for Age less than or equal to 17 year(s); QL (1.6 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	PA for Age less than or equal to 17 year(s); QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	PA for Age less than or equal to 17 year(s); QL (3.2 per 365 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	QL (1 per 365 days)
<i>armodafinil oral tablet 50 mg</i>	3	QL (2 per 365 days)
<i>asenapine maleate</i>	3	QL (2 per 365 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (2 per 365 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (1 per 365 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (4.5 per 365 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (6 per 365 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (3 per 365 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (1 per 365 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL (2 per 365 days)
<i>bupirone</i>	2	
<i>chlordiazepoxide hcl</i>	2	
<i>chlorpromazine oral tablet</i>	3	PA for Age less than or equal to 17 year(s); QL (4 per 365 days)
<i>citalopram oral solution</i>	3	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	2	QL (1.5 per 365 days)
<i>citalopram oral tablet 40 mg</i>	2	QL (1 per 365 days)
<i>clomipramine</i>	3	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (9 per 365 days)
<i>clozapine oral tablet 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4.5 per 365 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 365 days)
<i>desipramine</i>	3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i>	3	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	3	QL (1 per 365 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 365 days)
<i>dexmethylphenidate oral tablet</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 365 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (4 per 365 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (3 per 365 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 365 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 365 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 365 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 365 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 365 days)
<i>diazepam intensol</i>	3	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet</i>	2	
<i>doxepin oral capsule</i>	2	
<i>doxepin oral concentrate</i>	2	
<i>doxepin oral tablet</i>	3	ST; QL (1 per 365 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (2 per 365 days)
<i>ergoloid</i>	3	
<i>escitalopram oxalate oral solution</i>	3	QL (20 per 365 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (1.5 per 365 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (1 per 365 days)
<i>estazolam</i>	2	
<i>eszopiclone</i>	2	QL (1 per 365 days)
<i>fluoxetine oral capsule</i>	2	QL (2 per 365 days)
<i>fluoxetine oral solution</i>	3	QL (20 per 365 days)
<i>fluoxetine oral tablet</i>	3	QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine decanoate</i>	3	PA for Age less than or equal to 17 year(s); QL (5 per 365 days)
<i>fluphenazine hcl injection</i>	3	PA for Age less than or equal to 17 year(s); QL (5 per 365 days)
<i>fluphenazine hcl oral concentrate</i>	3	PA for Age less than or equal to 17 year(s); QL (8 per 365 days)
<i>fluphenazine hcl oral elixir</i>	3	PA for Age less than or equal to 17 year(s); QL (80 per 365 days)
<i>fluphenazine hcl oral tablet</i>	3	PA for Age less than or equal to 17 year(s); QL (4 per 365 days)
<i>flurazepam</i>	2	QL (1 per 365 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (3 per 365 days)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 365 days)
<i>guanfacine oral tablet extended release 24 hr</i>	2	
<i>haloperidol decanoate</i>	3	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate injection</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate intramuscular</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate oral</i>	2	PA for Age less than or equal to 17 year(s); QL (15 per 365 days)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 365 days)
<i>haloperidol oral tablet 20 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (1.5 per 365 days)
HETLIOZ LQ	5	PA; SP
<i>imipramine hcl</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	PA for Age less than or equal to 17 year(s); QL (3.5 per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	PA for Age less than or equal to 17 year(s); QL (5 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	PA for Age less than or equal to 17 year(s); QL (0.75 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	PA for Age less than or equal to 17 year(s); QL (1 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA for Age less than or equal to 17 year(s); QL (1.5 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA for Age less than or equal to 17 year(s); QL (0.25 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	PA for Age less than or equal to 17 year(s); QL (0.5 per 365 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	PA for Age less than or equal to 17 year(s); QL (0.88 per 365 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	PA for Age less than or equal to 17 year(s); QL (1.32 per 365 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	PA for Age less than or equal to 17 year(s); QL (1.75 per 365 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	PA for Age less than or equal to 17 year(s); QL (2.63 per 365 days)
<i>lisdexamfetamine oral capsule 10 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 365 days)
<i>lisdexamfetamine oral capsule 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 365 days)
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam intensol</i>	3	
<i>lorazepam oral concentrate</i>	3	
<i>lorazepam oral tablet</i>	2	
<i>loxapine succinate oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 365 days)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 365 days)
<i>loxapine succinate oral capsule 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 365 days)
LUMRYZ	4	PA; SP; QL (1 per 365 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	ST; QL (1 per 365 days)
<i>lurasidone oral tablet 80 mg</i>	3	ST; QL (2 per 365 days)
MARPLAN	4	PA
<i>methamphetamine</i>	3	PA for Age greater than or equal to 19 year(s); QL (5 per 365 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 365 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	3	PA for Age greater than or equal to 19 year(s); QL (30 per 365 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	3	PA for Age greater than or equal to 19 year(s); QL (60 per 365 days)
<i>methylphenidate hcl oral tablet</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 365 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 365 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 365 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (2 per 365 days)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	4	
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine</i>	2	QL (1 per 365 days)
<i>modafinil</i>	3	QL (1 per 365 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	3	QL (2 per 365 days)
<i>nefazodone oral tablet 200 mg</i>	3	QL (3 per 365 days)
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; SP; QL (1 per 365 days)
<i>olanzapine oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 365 days)
<i>olanzapine-fluoxetine</i>	3	PA for Age less than or equal to 17 year(s)
<i>oxazepam</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	QL (1 per 365 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	QL (2 per 365 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	2	QL (1.5 per 365 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	QL (1 per 365 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (2 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine oral tablet 16 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 365 days)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 365 days)
<i>perphenazine-amitriptyline</i>	3	PA for Age less than or equal to 17 year(s)
PERSERIS	3	PA for Age less than or equal to 17 year(s); QL (1 per 365 days)
<i>phenelzine</i>	2	
<i>pimozide oral tablet 1 mg</i>	2	QL (10 per 365 days)
<i>pimozide oral tablet 2 mg</i>	2	QL (5 per 365 days)
<i>protriptyline</i>	3	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	PA; QL (1 per 365 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; QL (2 per 365 days)
QUAZEPAM	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 365 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 365 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (1 per 365 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (2 per 365 days)
<i>ramelteon</i>	3	ST; QL (1 per 365 days)
REXULTI ORAL TABLET	4	QL (1 per 365 days)
<i>risperidone microspheres</i>	3	PA for Age less than or equal to 17 year(s); QL (2 per 365 days)
<i>risperidone oral solution</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>risperidone oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 365 days)
RYKINDO	3	PA for Age less than or equal to 17 year(s); QL (2 per 365 days)
<i>sertraline oral concentrate</i>	2	QL (10 per 365 days)
<i>sertraline oral tablet 100 mg</i>	2	QL (2 per 365 days)
<i>sertraline oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
SODIUM OXYBATE	5	PA; SP; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; SP; QL (8 per 365 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; SP; QL (12 per 365 days)
SUNOSI	4	PA; QL (1 per 365 days)
<i>tasimelteon</i>	5	PA; SP; QL (1 per 365 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (1 per 365 days)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 365 days)
<i>thioridazine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 365 days)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (3 per 365 days)
<i>thiothixene oral capsule 10 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (6 per 365 days)
<i>tranylcypromine</i>	3	QL (6 per 365 days)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	2	QL (3 per 365 days)
<i>trazodone oral tablet 300 mg</i>	3	QL (2 per 365 days)
<i>triazolam</i>	2	QL (1 per 1 day)
<i>trifluoperazine</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 365 days)
<i>trimipramine</i>	3	
TRINTELLIX	4	ST; QL (1 per 365 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (1 per 365 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (3 per 365 days)
<i>venlafaxine oral tablet</i>	2	QL (3 per 365 days)
<i>vilazodone</i>	3	ST; QL (1 per 365 days)
VYVANSE	3	PA for Age greater than or equal to 19 year(s); QL (1 per 365 days)
WAKIX	5	PA; SP; LA; QL (2 per 365 days)
XYREM	5	PA; SP; LA; QL (18 per 365 days)
XYWAV	5	PA; SP; LA; QL (18 per 365 days)
<i>zaleplon</i>	2	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 365 days)
<i>ziprasidone hcl</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 365 days)
<i>zolpidem oral tablet</i>	2	QL (1 per 365 days)
<i>zolpidem oral tablet,ext release multiphase</i>	3	QL (1 per 365 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; SP; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; SP; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	3	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	3	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	3	
<i>flecainide</i>	2	
<i>mexiletine</i>	2	
MULTAQ	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	3	
<i>propafenone oral capsule,extended release 12 hr</i>	3	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	2	
<i>aliskiren</i>	3	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</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>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	3	
<i>amlodipine-valsartan</i>	3	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>betaxolol oral</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>bumetanide oral</i>	2	
<i>candesartan</i>	3	ST
<i>candesartan-hydrochlorothiazid</i>	3	ST
<i>captopril</i>	2	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg</i>	1	
<i>chlorthalidone oral tablet 50 mg</i>	2	
<i>clonidine</i>	3	
<i>clonidine hcl oral tablet</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	
<i>dilt-xr</i>	2	
DIURIL	4	
<i>doxazosin</i>	2	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynic acid</i>	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	2	
HEMANGEOL	4	PA
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	2	
KERENDIA	4	PA; QL (1 per 365 days)
<i>labetalol oral</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	3	
<i>methyldopa</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz</i>	3	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 75 mg</i>	2	
<i>metyrosine</i>	3	PA
<i>minoxidil oral</i>	2	
<i>moexipril</i>	2	
<i>nadolol</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>nebivolol</i>	3	
<i>nicardipine oral</i>	3	
<i>nifedipine</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine</i>	3	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	2	
ORENITRAM	5	PA; SP; QL (3 per 365 days)
ORENITRAM MONTH 1 TITRATION KT	5	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	5	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	5	PA; SP; QL (252 per 365 days)
<i>perindopril erbumine</i>	2	
<i>phenoxybenzamine</i>	3	PA
<i>pindolol</i>	3	
<i>prazosin</i>	2	
<i>propranolol oral</i>	2	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	2	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>telmisartan</i>	2	
<i>terazosin</i>	2	
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	3	
<i>torseamide oral</i>	2	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	3	
<i>triamterene</i>	2	
<i>triamterene-hydrochlorothiazid</i>	2	
UPTRAVI ORAL TABLET	5	PA; SP; LA; QL (2 per 365 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (200 per 365 days)
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</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>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	3	
<i>verapamil oral tablet</i>	2	
<i>verapamil oral tablet extended release</i>	2	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	3	
<i>aminocaproic acid oral tablet</i>	2	
<i>aspirin-dipyridamole</i>	3	
BRILINTA	3	
CABLIVI INJECTION KIT	5	PA; SP; LA; QL (59 per 365 days)
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>dabigatran etexilate</i>	3	
<i>dipyridamole oral</i>	2	
DOPTELET (15 TAB PACK)	5	PA; SP; LA; QL (2 per 365 days)
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	5	SP
<i>fondaparinux</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
<i>heparin (porcine) injection cartridge</i>	2	
<i>heparin (porcine) injection solution</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>jantoven</i>	2	
MULPLETA	5	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>prasugrel</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; SP; LA; QL (1 per 365 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; SP; LA; QL (3 per 365 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; SP; LA; QL (1 per 365 days)
PROMACTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (3 per 365 days)
PROMACTA ORAL TABLET 75 MG	5	PA; SP; LA; QL (2 per 365 days)
TAVALISSE	5	PA; SP; LA; QL (2 per 365 days)
<i>warfarin</i>	2	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (20 per 365 days)
XARELTO ORAL TABLET	3	
ZONTIVITY	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	3	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam</i>	3	
<i>colestipol</i>	2	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	3	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	2	
<i>gemfibrozil</i>	2	
<i>icosapent ethyl oral capsule 0.5 gram</i>	3	PA; QL (4 per 365 days)
<i>icosapent ethyl oral capsule 1 gram</i>	3	PA; QL (4 per 1 day)
JUXTAPID	5	PA; SP; LA
<i>lovastatin</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
NEXLETOL	4	PA; QL (1 per 365 days)
NEXLIZET	4	PA; QL (1 per 365 days)
<i>niacin oral tablet 500 mg</i>	3	
<i>niacin oral tablet extended release 24 hr</i>	3	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	3	QL (4 per 365 days)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	2	
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 365 days)
REPATHA SURECLICK	3	PA; QL (2 per 365 days)
REPATHA SYRINGE	3	PA; QL (2 per 365 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	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; SP; QL (1 per 365 days)
CORLANOR ORAL SOLUTION	4	PA; QL (15 per 365 days)
CORLANOR ORAL TABLET	4	QL (2 per 365 days)
ENTRESTO	3	
LODOCO	4	PA; QL (1 per 365 days)
<i>ranolazine</i>	3	
VERQUVO	4	PA; QL (1 per 1 day)
VYNDAMAX	5	PA; SP; QL (1 per 1 day)
VYNDAQEL	5	PA; SP; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>nitro-bid</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</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
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
BIMZELX	5	PA; SP; QL (2 per 365 days)
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
<i>calcipotriene topical ointment</i>	3	
<i>calcipotriene-betamethasone topical ointment</i>	3	ST
<i>calcitriol topical</i>	3	
COSENTYX (2 SYRINGES)	5	PA; SP; QL (2 per 365 days)
COSENTYX PEN	5	PA; SP; QL (1 per 365 days)
COSENTYX PEN (2 PENS)	5	PA; SP; QL (2 per 365 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 365 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; QL (0.5 per 365 days)
COSENTYX UNOREADY PEN	5	PA; SP; QL (2 per 365 days)
ILUMYA	5	PA; SP; QL (1 per 365 days)
<i>selenium sulfide topical lotion</i>	2	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SILIQ	5	PA; SP; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 84 days)
SOTYKTU	5	PA; SP; QL (1 per 1 day)
STELARA INTRAVENOUS	5	PA; SP; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; SP; QL (0.5 per 365 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; SP; QL (0.5 per 365 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; SP; QL (1 per 365 days)
TALTZ AUTOINJECTOR	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; SP; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA	5	PA; SP; QL (1 per 365 days)
ZORYVE TOPICAL FOAM	4	PA; SP; QL (1 per 365 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; SP; QL (4 per 365 days)
<i>ammonium lactate</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
EUCRISA	4	ST; QL (1 per 365 days)
<i>fluorouracil topical cream 5 %</i>	2	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	2	QL (10 per 365 days)
HYFTOR	5	PA; SP; QL (3 per 365 days)
<i>methoxsalen</i>	5	SP
OPZELURA	5	PA; SP; QL (60 per 365 days)
PANRETIN	5	PA; SP
<i>pimecrolimus</i>	3	ST
<i>podofilox topical solution</i>	2	
REGRANEX	4	QL (15 per 365 days)
<i>tacrolimus topical</i>	2	
<i>urea topical cream 40 %</i>	2	
VALCHLOR	5	PA; SP; QL (60 per 365 days)
THERAPY FOR ACNE		
<i>accutane</i>	2	
<i>adapalene topical cream</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical gel 0.3 %</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 365 days)
<i>adapalene topical gel with pump</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 365 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
ALTRENO	4	PA
<i>amneesteem</i>	2	
<i>azelaic acid</i>	3	
<i>brimonidine topical</i>	3	PA; QL (30 per 365 days)
<i>claravis</i>	2	
<i>clindacin etz topical swab</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin phosphate topical gel</i>	3	
<i>clindamycin phosphate topical gel, once daily</i>	3	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin-benzoyl peroxide topical gel</i>	3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>dapsone topical gel</i>	3	ST
<i>ery pads</i>	3	
<i>erygel</i>	3	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>ivermectin topical cream</i>	3	PA
<i>metronidazole topical cream</i>	2	
<i>metronidazole topical gel 0.75 %</i>	3	QL (45 per 365 days)
<i>metronidazole topical gel 1 %</i>	3	QL (60 per 365 days)
<i>metronidazole topical gel with pump</i>	3	QL (60 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>neuac</i>	3	
RHOFADE	4	PA; QL (30 per 365 days)
<i>rosadan topical cream</i>	2	
<i>rosadan topical gel</i>	3	QL (45 per 365 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	2	
<i>sulfacleanse 8-4</i>	2	
<i>tazarotene topical cream</i>	3	ST
<i>tretinoin microspheres topical gel</i>	3	PA for Age greater than or equal to 29 year(s)
<i>tretinoin topical cream</i>	2	PA for Age greater than or equal to 29 year(s); QL (1 per 365 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA for Age greater than or equal to 29 year(s); QL (1 per 365 days)
<i>tretinoin topical gel 0.05 %</i>	3	PA for Age greater than or equal to 29 year(s)
<i>zenatane</i>	2	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	2	QL (3 per 365 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	
<i>lidocaine hcl topical cream 3 %</i>	2	
<i>lidocaine hcl-hydrocortison ac topical</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	QL (3 per 365 days)
<i>lidocaine topical ointment</i>	2	
<i>lidocaine viscous</i>	2	PA for Age less than or equal to 2 year(s)
<i>lidocaine-prilocaine topical cream</i>	2	
<i>lidocan iii</i>	3	QL (3 per 365 days)
<i>lidocan iv</i>	3	QL (3 per 365 days)
<i>lidocan v</i>	3	QL (3 per 365 days)
<i>lidocort</i>	2	
<i>lidopin topical cream 3 %</i>	2	
TOPICAL ANTIBACTERIALS		

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

Drug Name	Drug Tier	Requirements / Limits
ALTABAX	4	PA; 30 grams per fill
<i>gentamicin topical</i>	2	
<i>mupirocin</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	4	
XEPI	4	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	
<i>ciclopirox</i>	2	
<i>clotrimazole-betamethasone topical cream</i>	2	
<i>econazole</i>	2	
<i>ketconazole topical cream</i>	2	
<i>ketconazole topical shampoo</i>	2	
<i>klayesta</i>	2	
LULICONAZOLE	4	PA
<i>naftifine topical cream</i>	3	PA
<i>nyamyc</i>	2	
<i>nystatin topical</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
<i>oxiconazole</i>	3	PA
SULCONAZOLE TOPICAL SOLUTION	4	
<i>tavaborole</i>	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	2	
<i>penciclovir</i>	3	PA; 5 grams per fill
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	3	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</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>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	3	
<i>clobetasol scalp</i>	2	
<i>clobetasol topical cream</i>	2	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical lotion</i>	3	
<i>clobetasol topical ointment</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	3	ST
<i>clobetasol-emollient topical cream</i>	3	
<i>desonide topical cream</i>	2	
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream 0.05 %</i>	3	ST
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical gel</i>	3	ST
<i>desoximetasone topical ointment 0.05 %</i>	3	ST
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>desoximetasone topical spray,non-aerosol</i>	3	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	3	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	3	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i>	3	ST
<i>fluocinonide topical gel</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</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>halobetasol propionate topical ointment</i>	2	
<i>hydrocortisone butyrate topical cream</i>	3	
<i>hydrocortisone butyrate topical ointment</i>	3	
<i>hydrocortisone butyrate topical solution</i>	3	
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	3	
<i>mometasone topical</i>	2	
<i>prednicarbate topical ointment</i>	3	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream</i>	2	
TOPICAL ENZYMES		
SANTYL	4	QL (2 per 365 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	2	QL (120 per 365 days)
<i>permethrin</i>	2	QL (120 per 365 days)
<i>spinosad</i>	3	QL (120 per 365 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	5	PA; SP; QL (9 per 365 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	3	
<i>anagrelide</i>	2	
<i>caffeine citrate oral</i>	2	
<i>carglumic acid</i>	5	PA; SP
<i>cevimeline</i>	3	
CHEMET	4	PA for Age greater than or equal to 18 year(s)
<i>deferasirox</i>	5	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>deferiprone</i>	5	PA; SP
<i>disulfiram</i>	3	
<i>droxidopa</i>	5	PA; SP
ENDARI	5	PA; SP; QL (2 per 365 days)
FABHALTA	5	PA; SP; QL (2 per 365 days)
FERRIPROX ORAL SOLUTION	5	PA; SP
INCRELEX	5	PA; SP; LA
<i>levocarnitine (with sugar)</i>	3	
<i>levocarnitine oral solution 100 mg/ml</i>	3	
<i>levocarnitine oral tablet</i>	3	
LITFULO	5	PA; SP; QL (1 per 1 day)
<i>midodrine</i>	2	
<i>nitisinone</i>	5	PA; SP; LA
NITYR	5	PA; SP; LA
OLPRUVA	5	PA; SP
ORFADIN ORAL SUSPENSION	5	PA; SP; LA
OXBRYTA	5	PA; SP; LA; QL (3 per 365 days)
PHEBURANE	5	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
PYRUKYND ORAL TABLET 20 MG, 50 MG	5	PA; SP; LA; QL (2 per 365 days)
PYRUKYND ORAL TABLET 5 MG	5	PA; 2 tabs per day; 7 tablets in 365 days; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (14 per 365 days)
RAVICTI	5	PA; SP; QL (17.5 per 365 days)
REVCOVI	5	PA; SP; LA
<i>riluzole</i>	3	
<i>risedronate oral tablet 30 mg</i>	3	
<i>sodium chloride irrigation</i>	2	
<i>sodium phenylbutyrate</i>	5	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	5	PA; SP; LA; QL (2 per 365 days)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	5	PA; SP; LA; QL (1 per 365 days)
TAVNEOS	5	PA; SP; QL (6 per 365 days)
<i>tiopronin</i>	5	PA; SP
<i>trientine oral capsule 250 mg</i>	5	PA; SP; QL (8 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
TRIENTINE ORAL CAPSULE 500 MG	5	PA; SP; QL (4 per 365 days)
XURIDEN	5	SP
ZOKINVY	5	PA; SP
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	2	ACA; QL (2 per 365 days)
<i>nicorette buccal gum 4 mg</i>	9	183 day supply every 365 days; ACA; OTC
<i>nicotine</i>	9	183 day supply every 365 days; ACA; OTC
<i>nicotine (polacrilex)</i>	9	183 day supply every 365 days; ACA; OTC
NICOTROL NS	4	183 day supply every 365 days; ACA
<i>quit 2</i>	9	183 day supply every 365 days; ACA; OTC
<i>quit 4</i>	9	183 day supply every 365 days; ACA; OTC
<i>stop smoking aid</i>	9	183 day supply every 365 days; ACA; OTC
<i>varenicline</i>	3	183 day supply every 365 days; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	2	
<i>chlorhexidine gluconate mucous membrane</i>	2	
<i>denta 5000 plus</i>	2	
<i>denta 5000 plus sensitive</i>	2	
<i>dentagel</i>	2	
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	
GELCLAIR	4	15 mL per fill
<i>ipratropium bromide nasal</i>	2	
<i>kourzeq</i>	2	
<i>olopatadine nasal</i>	3	
<i>oralone</i>	2	
<i>paroex oral rinse</i>	2	
<i>periogard</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>pilocarpine hcl oral tablet 7.5 mg</i>	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	
<i>triamcinolone acetonide dental</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	
<i>ciprofloxacin hcl otic (ear)</i>	3	
<i>flac otic oil</i>	3	
<i>fluocinolone acetonide oil</i>	3	
<i>hydrocortisone-acetic acid</i>	2	
<i>ofloxacin otic (ear)</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; SP
AGAMREE	4	PA; QL (200 per 365 days)
CORTROPHIN GEL	5	PA; SP
<i>deflazacort oral tablet</i>	5	PA; SP
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	3	
<i>methylprednisolone oral tablet 4 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>prednisolone oral solution</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>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	3	
<i>prednisone</i>	2	
TARPEYO	5	PA; SP; QL (4 per 365 days)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	3	100 units per 30 days; OTC
ACCU-CHEK GUIDE TEST STRIPS	3	100 units per 30 days; OTC
ACCU-CHEK SMARTVIEW TEST STRIP	3	100 units per 30 days; OTC
ONETOUCH ULTRA TEST	3	100 units per 30 days; OTC
ONETOUCH VERIO TEST STRIPS	3	100 units per 30 days; OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI	3	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS Z STAT	3	
AEROVENT PLUS	3	
COMPACT SPACE CHAMBER	3	
EASIVENT HOLDING CHAMBER	3	
FLEXICHAMBER	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
MICROCHAMBER	3	
OPTICHAMBER DIAMOND VHC	3	
POCKET CHAMBER	3	
RITEFLO AEROCHAMBER	3	
SPACE CHAMBER	3	
VORTEX HOLDING CHAMBER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</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
GVOKE	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 365 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	2	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 365 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC; QL (210 per 365 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
DEXCOM G6 RECEIVER	4	PA; CGM; QL (1 per 365 days)
DEXCOM G6 SENSOR	4	PA; CGM; QL (3 per 365 days)
DEXCOM G6 TRANSMITTER	4	PA; CGM; QL (1 per 365 days)
DEXCOM G7 RECEIVER	4	PA; 1 rx per 720 days; CGM
DEXCOM G7 SENSOR	4	PA; CGM; QL (3 per 365 days)
FREESTYLE LIBRE 14 DAY READER	3	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; CGM; QL (2 per 365 days)
FREESTYLE LIBRE 2 READER	4	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	4	PA; CGM; QL (2 per 365 days)
FREESTYLE LIBRE 3 READER	4	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR	4	PA; CGM; QL (2 per 365 days)
GENTEEL VACUUM LANCING DEVICE	2	OTC
LANCETS 33 GAUGE	2	OTC; QL (210 per 365 days)
LANCING DEVICE	2	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (10 per 365 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (10 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (10 per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD GO PODS 10 UNITS/DAY	3	QL (10 per 365 days)
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO MID CONTROL	2	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 365 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
V-GO 20	3	QL (30 per 365 days)
V-GO 30	3	QL (30 per 365 days)
V-GO 40	3	QL (30 per 365 days)
INSULIN THERAPY		
APIDRA U-100 INSULIN	4	PA; 100 units per 30 days
FIASP U-100 INSULIN	4	PA; 100 units per 30 days
HUMALOG JUNIOR KWIKPEN U-100	2	100 units per 30 days
HUMALOG KWIKPEN INSULIN	2	100 units per 30 days
HUMALOG MIX 50-50 INSULN U-100	2	100 units per 30 days
HUMALOG MIX 50-50 KWIKPEN	2	100 units per 30 days
HUMALOG MIX 75-25 KWIKPEN	2	100 units per 30 days
HUMALOG MIX 75-25(U-100)INSULN	2	100 units per 30 days
HUMALOG U-100 INSULIN	2	100 units per 30 days
HUMULIN 70/30 U-100 INSULIN	3	100 units per 30 days
HUMULIN 70/30 U-100 KWIKPEN	3	100 units per 30 days
HUMULIN N NPH INSULIN KWIKPEN	3	100 units per 30 days
HUMULIN N NPH U-100 INSULIN	3	100 units per 30 days
HUMULIN R REGULAR U-100 INSULN	3	100 units per 30 days
HUMULIN R U-500 (CONC) INSULIN	3	100 units per 30 days
HUMULIN R U-500 (CONC) KWIKPEN	3	100 units per 30 days
LANTUS SOLOSTAR U-100 INSULIN	3	100 units per 30 days
LANTUS U-100 INSULIN	3	100 units per 30 days
SOLIQUA 100/33	4	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	3	100 units per 30 days
TOUJEO SOLOSTAR U-300 INSULIN	3	100 units per 30 days
TRESIBA FLEXTOUCH U-100	3	100 units per 30 days

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

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-200	3	100 units per 30 days
TRESIBA U-100 INSULIN	3	100 units per 30 days
XULTOPHY 100/3.6	4	ST; QL (15 per 365 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal</i>	2	
<i>calcitriol oral</i>	2	
CERDELGA	5	PA; SP; QL (2 per 365 days)
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	5	PA; SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	5	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	PA; QL (2 per 365 days)
<i>cinacalcet oral tablet 90 mg</i>	3	PA; QL (4 per 365 days)
<i>clomiphene citrate</i>	3	QL (10 per 365 days)
<i>danazol</i>	3	
<i>desmopressin injection</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	SP
<i>desmopressin oral</i>	2	
<i>doxercalciferol oral</i>	3	
GALAFOLD	5	PA; SP; LA; QL (14 per 365 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; LA; QL (4 per 365 days)
JYNARQUE ORAL TABLET	5	PA; SP; LA; QL (4 per 365 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; SP; LA; QL (56 per 365 days)
KYZATREX	4	PA; QL (2 per 365 days)
<i>methyltestosterone oral capsule</i>	3	QL (5 per 365 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; SP; QL (4 per 365 days)
<i>miglustat</i>	5	PA; SP; LA; QL (3 per 365 days)
MYALEPT	5	PA; SP; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	PA; SP
OPFOLDA	5	PA; SP; QL (8 per 365 days)
ORILISSA	4	PA

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Drug Name	Drug Tier	Requirements / Limits
OVIDREL	5	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 365 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; SP; LA; QL (0.15 per 365 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; SP; LA; QL (3 per 365 days)
<i>paricalcitol oral</i>	3	
PREGNYL	5	PA; SP
RECORLEV	5	PA; SP; QL (8 per 365 days)
<i>sapropterin</i>	5	PA; SP
SOMAVERT	5	PA; SP
STRENSIQ	5	PA; SP; LA
SYNAREL	5	PA; SP; QL (8 per 28 days)
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	2	PA
<i>testosterone transdermal</i>	3	PA
<i>tolvaptan oral tablet 15 mg</i>	5	PA; SP; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; SP; LA; QL (60 per 365 days)
VOXZOGO	5	PA; SP; QL (1 per 365 days)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	2	
BYDUREON BCISE	3	PA
BYETTA	3	PA
CYCLOSET	4	
FARXIGA	3	QL (1 per 365 days)
<i>glimepiride</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>	2	
<i>glyburide micronized</i>	2	
<i>glyburide oral tablet 1.25 mg</i>	2	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<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>	3	
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide</i>	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	3	PA; QL (9 per 365 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 365 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	2	
<i>repaglinide</i>	3	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (1 per 365 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (30 per 365 days)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 per 365 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 per 365 days)
TRULICITY	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; QL (9 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
VICTOZA 3-PAK	3	PA; QL (9 per 365 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5- 500 MG	3	QL (1 per 365 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 365 days)

THYROID HORMONES

<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	2	
<i>np thyroid</i>	2	
SYNTHROID	4	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	2	
<i>chlordiazepoxide-clidinium</i>	3	
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	3	QL (40 per 365 days)
<i>dicyclomine oral tablet</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate oral solution</i>	3	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>hyoscyamine sulfate oral elixir</i>	2	
<i>hyoscyamine sulfate oral tablet</i>	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	2	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	2	
<i>hyoscyamine sulfate sublingual</i>	2	
<i>hyosyne oral elixir</i>	2	
<i>methscopolamine</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>oscimin</i>	2	
<i>oscimin sl</i>	2	
MISCELLANEOUS AGENTS		
<i>lanthanum</i>	3	ST; QL (3 per 365 days)
LOKELMA	4	QL (3 per 365 days)
<i>sevelamer carbonate oral tablet</i>	2	QL (17 per 365 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol)</i>	3	
VELPHORO	4	ST; QL (6 per 365 days)
VELTASSA	4	QL (1 per 365 days)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	4	QL (1 per 365 days)
<i>alosetron oral tablet 0.5 mg</i>	3	PA; QL (2 per 1 day)
<i>alosetron oral tablet 1 mg</i>	3	PA; QL (2 per 365 days)
<i>alvimopan</i>	3	
<i>anucort-hc</i>	2	
ANZEMET ORAL TABLET 50 MG	4	
<i>aprepitant oral capsule 125 mg</i>	3	QL (5 per 365 days)
<i>aprepitant oral capsule 40 mg</i>	3	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	3	QL (10 per 365 days)
<i>aprepitant oral capsule, dose pack</i>	3	QL (15 per 365 days)
<i>balsalazide</i>	2	
<i>betaine</i>	5	SP
<i>budesonide oral capsule, delayed, extend. release</i>	2	
<i>budesonide oral tablet, delayed and ext. release</i>	3	PA
<i>budesonide rectal</i>	3	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; SP; LA; QL (5 per 365 days)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; SP; LA; QL (10 per 365 days)
BYLVAY ORAL PELLETT 200 MCG	5	PA; SP; LA; QL (8 per 365 days)
BYLVAY ORAL PELLETT 600 MCG	5	PA; SP; LA; QL (4 per 365 days)
CHENODAL	5	SP; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; SP; QL (7 per 365 days)
CHOLBAM ORAL CAPSULE 50 MG	5	PA; SP; QL (4 per 365 days)
CIMZIA	5	PA; SP; QL (2 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
CIMZIA POWDER FOR RECONST	5	PA; SP; QL (2 per 365 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
<i>compro</i>	2	
<i>constulose</i>	2	
CREON	3	
<i>cromolyn oral</i>	2	
DIPENTUM	4	ST
<i>doxylamine-pyridoxine (vit b6)</i>	3	ST; QL (4 per 365 days)
<i>dronabinol</i>	2	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
ENTYVIO PEN	5	PA; SP; QL (1.36 per 365 days)
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; SP
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	2	ACA
<i>gavilyte-g</i>	2	ACA
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
<i>granisetron hcl oral</i>	2	QL (10 per 365 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	2	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	2	
<i>hydrocortisone rectal</i>	2	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	3	
IBSRELA	4	PA; QL (2 per 365 days)
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</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
LINZESS	3	QL (1 per 365 days)
LIVMARLI	5	PA; SP; QL (3 per 365 days)
<i>lubiprostone</i>	3	QL (2 per 365 days)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule (with del rel tablets)</i>	3	
<i>mesalamine oral capsule, extended release</i>	3	
<i>mesalamine oral capsule,extended release 24hr</i>	3	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	3	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	3	ST
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	QL (1 per 365 days)
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	4	ST; QL (1 per 365 days)
MOVANTIK	3	QL (1 per 365 days)
<i>natura-lax</i>	9	ACA; OTC
OALIVA	5	PA; SP; LA; QL (1 per 365 days)
OMVOH PEN	5	PA; SP; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	5	PA; SP; QL (2 per 28 days)
<i>ondansetron</i>	2	
<i>ondansetron hcl oral solution</i>	2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	
<i>onelax magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</i>	9	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
<i>peg 3350-electrolytes</i>	2	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>peg-electrolyte soln</i>	2	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PERTZYE	4	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCTOFOAM HC	3	
<i>procto-med hc</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	4	
RELISTOR ORAL	4	PA; QL (3 per 365 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; QL (0.6 per 365 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; QL (0.6 per 365 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (0.4 per 365 days)
<i>scopolamine base</i>	2	QL (10 per 365 days)
SKYRIZI INTRAVENOUS	5	PA; SP; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	5	PA; SP; QL (8 per 365 days)
<i>sulfasalazine</i>	2	
SYMPROIC	3	QL (1 per 365 days)
SYNDROS	4	PA
<i>trimethobenzamide oral</i>	2	
TRULANCE	4	PA; QL (1 per 365 days)
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</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
VARUBI	4	QL (4 per 365 days)
VELSIPITY	5	PA; SP; QL (1 per 1 day)
VIBERZI	4	PA; QL (2 per 365 days)
VIOKACE	4	ST
VOWST	4	PA; SP; QL (12 per 365 days)
women's gentle laxative(bisac)	9	ACA; OTC
ZELNORM	4	PA; QL (2 per 365 days)
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	3	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	3	QL (224 per 365 days)
<i>cimetidine hcl oral</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	QL (2 per 365 days)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	3	PA for Age greater than or equal to 9 year(s); QL (2 per 365 days)
<i>famotidine oral suspension for reconstitution</i>	3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	QL (2 per 365 days)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	3	PA for Age greater than or equal to 9 year(s); QL (1 per 365 days)
<i>misoprostol</i>	2	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	4	PA for Age greater than or equal to 9 year(s); QL (2 per 365 days)
<i>nizatidine oral capsule</i>	3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	2	QL (2 per 365 days)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	2	QL (2 per 365 days)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	3	QL (2 per 365 days)
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	2	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

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

Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
<i>ribavirin oral capsule</i>	5	SP
<i>ribavirin oral tablet 200 mg</i>	5	SP
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	5	PA; SP
ARCALYST	5	PA; SP; QL (4 per 365 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA; SP
FULPHILA	5	PA; SP
FYLNETRA	5	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	PA; SP; QL (4 per 365 days)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 365 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (2 per 365 days)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 365 days)
LEUKINE INJECTION RECON SOLN	5	PA; SP
MIRCERA	5	PA; SP
NEULASTA	5	PA; SP
NEULASTA ONPRO	5	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	5	PA; SP; QL (3 per 365 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 365 days)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 365 days)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 365 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	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
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
NYVEPRIA	5	PA; SP
PROCRIT	5	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 365 days)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 365 days)
RETACRIT	5	PA; SP
ROLVEDON	5	PA; SP
STIMUFEND	5	PA; SP
UDENYCA	5	PA; SP
UDENYCA AUTOINJECTOR	5	PA; SP
UDENYCA ONBODY	5	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 365 days)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 365 days)
ZIEXTENZO	5	PA; SP
GROWTH HORMONES		
EGRIFTA SV	5	PA; SP
GENOTROPIN	5	PA; SP
GENOTROPIN MINIQUICK	5	PA; SP
HUMATROPE INJECTION CARTRIDGE	5	PA; SP
NGENLA	5	PA; SP
NORDITROPIN FLEXPOR	5	PA; SP
NUTROPIN AQ NUSPIN	5	PA; SP
OMNITROPE	5	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; SP
SKYTROFA	5	PA; SP
SOGROYA	4	PA; SP; QL (3 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
ZOMACTON	5	PA; SP
INTERFERONS		
ACTIMMUNE	5	PA; SP
ALFERON N	5	SP
BESREMI	5	PA; SP; QL (2 per 365 days)
PEGASYS	5	SP
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	SP
AVONEX INTRAMUSCULAR SYRINGE KIT	5	SP
BAFIERTAM	5	PA; SP; QL (4 per 365 days)
BETASERON SUBCUTANEOUS KIT	5	SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	5	SP; QL (2 per 365 days)
<i>fingolimod</i>	5	SP
<i>glatiramer</i>	5	SP
<i>glatopa</i>	5	SP
KESIMPTA PEN	5	PA; SP; QL (0.4 per 365 days)
MAVENCLAD (10 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	5	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; SP; QL (1 per 365 days)
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; SP; QL (7 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; SP; QL (12 per 365 days)
PLEGRIDY	5	SP; QL (1 per 365 days)
PONVORY	5	PA; SP; QL (1 per 365 days)
PONVORY 14-DAY STARTER PACK	5	PA; SP; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	5	SP; QL (6 per 365 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	SP; QL (6 per 365 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	5	SP; QL (4.2 per 365 days)
<i>teriflunomide</i>	5	SP
VUMERITY	5	PA; SP; QL (4 per 365 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for Age less than or equal to 59 year(s); ACA
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	9	ACA
AFLURIA QUAD 2023-2024(6MO UP)	9	ACA
AREXVY (PF)	9	PA for Age less than or equal to 59 year(s); ACA
BEXSERO	9	ACA
BOOSTRIX TDAP	9	ACA
COMIRNATY 2023-24 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	9	ACA
FLUARIX QUAD 2023-2024 (PF)	9	ACA
FLUBLOK QUAD 2023-2024 (PF)	9	ACA
FLUCELVAX QUAD 2023-2024	9	ACA
FLUCELVAX QUAD 2023-2024 (PF)	9	ACA
FLULAVAL QUAD 2023-2024 (PF)	9	ACA
FLUMIST QUAD 2023-2024	9	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD 2023-2024	9	ACA
FLUZONE QUAD 2023-2024 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	4	PA; QL (1 per 365 days)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF)	9	ACA
IPOL	9	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	9	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 23-24(6M-11Y)PF	9	ACA
NOVAVAX COVID 2023-24(PF)(EUA)	9	ACA
ODACTRA	4	PA; QL (1 per 365 days)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; QL (1 per 365 days)
PALFORZIA (LEVEL 1)	5	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	5	PA; SP; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	5	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	5	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	5	PA; SP; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	5	PA; SP; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	5	PA; SP; QL (30 per 365 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	9	ACA
PFIZER COVID 2023-24(5Y-11Y)PF	9	ACA
PFIZER COVID 2023-24(6MO-4Y)PF	9	ACA
PNEUMOVAX-23	9	ACA
PREHEVBRIO (PF)	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	4	PA; QL (1 per 365 days)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
SPIKEVAX 2023-2024(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>	2	QL (36 per 365 days)
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral tablet</i>	2	
<i>febuxostat</i>	2	ST
<i>probenecid</i>	2	
<i>probenecid-colchicine</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
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
FOSAMAX PLUS D	3	
<i>ibandronate oral</i>	2	
<i>raloxifene</i>	2	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	3	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	5	PA; SP; QL (1 per 365 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; SP; QL (1 per 365 days)
TYMLOS	5	PA; SP; QL (1.56 per 365 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; SP; QL (3.6 per 365 days)
ACTEMRA SUBCUTANEOUS	5	PA; SP; QL (3.6 per 365 days)
BENLYSTA SUBCUTANEOUS	5	PA; SP; QL (4 per 365 days)
CYLTEZO(CF)	5	PA; SP; QL (2 per 365 days)
CYLTEZO(CF) PEN	5	PA; SP; QL (2 per 365 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; SP; QL (4 per 365 days)
ENBREL MINI	5	PA; SP; QL (4 per 365 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; SP; QL (4 per 365 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; SP; QL (4 per 365 days)
ENBREL SURECLICK	5	PA; SP; QL (4 per 365 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (2 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	5	PA; SP; QL (2 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (2 per 365 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; SP; QL (2 per 365 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; SP; QL (1.6 per 365 days)
KEVZARA	5	PA; SP; QL (2.28 per 28 days)
KINERET	5	PA; SP; QL (18.76 per 365 days)
<i>leflunomide</i>	2	
OLUMIANT	5	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; SP; QL (2.8 per 28 days)
OTEZLA	5	PA; SP; QL (2 per 365 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL (55 per 365 days)
OTREXUP (PF)	4	ST; SP
<i>penicillamine</i>	5	PA; SP; QL (16 per 365 days)
RASUVO (PF)	4	ST; 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
RIDAURA	4	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; SP; QL (56 per 365 days)
SAVELLA ORAL TABLET	4	ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (1 per 365 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 365 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 365 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 365 days)
XELJANZ ORAL SOLUTION	5	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET	5	PA; SP; QL (2 per 1 day)
XELJANZ XR	5	PA; SP; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

<i>amabelz</i>	2	
BIJUVA	4	QL (1 per 365 days)
<i>camila</i>	2	ACA
COMBIPATCH	4	
<i>covaryx</i>	3	
<i>covaryx h.s.</i>	3	
CRINONE	4	PA
<i>deblitane</i>	2	ACA
<i>dotti</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
DUAVEE	4	PA
<i>eemt</i>	3	
<i>eemt hs</i>	3	
<i>errin</i>	2	ACA
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch semiweekly</i>	2	
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal</i>	3	
<i>estradiol-norethindrone acet</i>	2	
<i>estrogens-methyltestosterone</i>	3	
<i>fyavolv</i>	3	
<i>heather</i>	2	ACA
<i>incassia</i>	2	ACA
<i>jencycla</i>	2	ACA
<i>jinteli</i>	3	
<i>lyleq</i>	2	ACA
<i>lyllana</i>	2	
<i>lyza</i>	2	ACA
<i>medroxyprogesterone intramuscular</i>	2	ACA
<i>medroxyprogesterone oral</i>	2	
<i>mimvey</i>	2	
<i>nora-be</i>	2	ACA
<i>norethindrone (contraceptive)</i>	2	ACA
<i>norethindrone acetate</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
OPILL	9	OTC
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>progesterone</i>	2	
<i>progesterone micronized</i>	2	
<i>sharobel</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tulana</i>	2	ACA
<i>yuvafem</i>	3	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin phosphate vaginal</i>	2	
CLINDESSE	4	
<i>eluryng</i>	2	ACA
<i>enilloring</i>	2	ACA
<i>etonogestrel-ethinyl estradiol</i>	2	ACA
GYNAZOLE-1	4	
<i>haloette</i>	1	ACA
INTRAROSA	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>miconazole-3 vaginal suppository</i>	2	
<i>mifepristone oral tablet 200 mg</i>	3	PA
MYFEMBREE	4	PA; QL (1 per 365 days)
<i>norelgestromin-ethin.estradiol</i>	2	ACA
NUVESSA	4	
ORIAHNN	4	PA; SP; QL (2 per 1 day)
OSPHENA	4	PA
<i>terconazole</i>	2	
<i>tranexamic acid oral</i>	3	
<i>vandazole</i>	2	
XACIATO	4	
<i>xulane</i>	2	ACA
<i>zafemy</i>	2	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	2	ACA
<i>after pill</i>	9	ACA; OTC
<i>altavera (28)</i>	2	ACA
<i>alyacen 1/35 (28)</i>	2	ACA
<i>alyacen 7/7/7 (28)</i>	2	ACA
<i>amethia</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>amethyst (28)</i>	2	ACA
<i>apri</i>	2	ACA
<i>aranelle (28)</i>	2	ACA
<i>ashlyna</i>	2	ACA
<i>aubra</i>	2	ACA
<i>aubra eq</i>	2	ACA
<i>aurovela 1.5/30 (21)</i>	2	ACA
<i>aurovela 1/20 (21)</i>	2	ACA
<i>aurovela 24 fe</i>	2	ACA
<i>aurovela fe 1.5/30 (28)</i>	2	ACA
<i>aurovela fe 1-20 (28)</i>	2	ACA
<i>aviane</i>	2	ACA
<i>ayuna</i>	2	ACA
<i>azurette (28)</i>	2	ACA
<i>balziva (28)</i>	2	ACA
<i>blisovi 24 fe</i>	2	ACA
<i>blisovi fe 1.5/30 (28)</i>	2	ACA
<i>blisovi fe 1/20 (28)</i>	2	ACA
<i>briellyn</i>	2	ACA
<i>camrese</i>	2	ACA
<i>camrese lo</i>	2	ACA
<i>caziant (28)</i>	2	ACA
<i>charlotte 24 fe</i>	2	ACA
<i>chateal (28)</i>	2	ACA
<i>chateal eq (28)</i>	2	ACA
<i>cryelle (28)</i>	2	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	2	ACA
<i>cyred eq</i>	2	ACA
<i>dasetta 1/35 (28)</i>	2	ACA
<i>dasetta 7/7/7 (28)</i>	2	ACA
<i>daysee</i>	2	ACA
<i>desog-e.estradiol/e.estradiol</i>	2	ACA
<i>dolishale</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>drospirenone-ethinyl estradiol</i>	2	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	2	ACA
ELLA	4	ACA
<i>enpresse</i>	2	ACA
<i>enskyce</i>	2	ACA
<i>estarylla</i>	2	ACA
<i>ethynodiol diac-eth estradiol</i>	2	ACA
<i>falmina (28)</i>	2	ACA
<i>finzala</i>	2	ACA
<i>hailey</i>	2	ACA
<i>hailey 24 fe</i>	2	ACA
<i>hailey fe 1.5/30 (28)</i>	2	ACA
<i>hailey fe 1/20 (28)</i>	2	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	2	ACA
<i>isibloom</i>	2	ACA
<i>jaimiess</i>	2	ACA
<i>jasmiel (28)</i>	2	ACA
<i>jolessa</i>	2	ACA
<i>juleber</i>	2	ACA
<i>junel 1.5/30 (21)</i>	2	ACA
<i>junel 1/20 (21)</i>	2	ACA
<i>junel fe 1.5/30 (28)</i>	2	ACA
<i>junel fe 1/20 (28)</i>	2	ACA
<i>junel fe 24</i>	2	ACA
<i>kaitlib fe</i>	2	ACA
<i>kalliga</i>	2	ACA
<i>kariva (28)</i>	2	ACA
<i>kelnor 1/35 (28)</i>	2	ACA
<i>kelnor 1-50 (28)</i>	2	ACA
<i>kurvelo (28)</i>	2	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>larin 1.5/30 (21)</i>	2	ACA
<i>larin 1/20 (21)</i>	2	ACA
<i>larin 24 fe</i>	2	ACA
<i>larin fe 1.5/30 (28)</i>	2	ACA
<i>larin fe 1/20 (28)</i>	2	ACA
<i>layolis fe</i>	2	ACA
<i>leena 28</i>	2	ACA
<i>lessina</i>	2	ACA
<i>levonest (28)</i>	2	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	2	ACA
<i>levonorg-eth estrad triphasic</i>	2	ACA
<i>levora-28</i>	2	ACA
LO LOESTRIN FE	3	
<i>lojaimiess</i>	2	ACA
<i>loryna (28)</i>	2	ACA
<i>low-ogestrel (28)</i>	2	ACA
<i>lo-zumandimine (28)</i>	2	ACA
<i>lutra (28)</i>	2	ACA
<i>marlissa (28)</i>	2	ACA
<i>merzee</i>	2	ACA
<i>mibelas 24 fe</i>	2	ACA
<i>microgestin 1.5/30 (21)</i>	2	ACA
<i>microgestin 1/20 (21)</i>	2	ACA
<i>microgestin 24 fe</i>	2	ACA
<i>microgestin fe 1.5/30 (28)</i>	2	ACA
<i>microgestin fe 1/20 (28)</i>	2	ACA
<i>mili</i>	2	ACA
<i>mono-linyah</i>	2	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	2	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	ACA
<i>norgestimate-ethinyl estradiol</i>	2	ACA
<i>nortrel 0.5/35 (28)</i>	2	ACA
<i>nortrel 1/35 (21)</i>	2	ACA
<i>nortrel 1/35 (28)</i>	2	ACA
<i>nortrel 7/7/7 (28)</i>	2	ACA
<i>nylia 1/35 (28)</i>	2	ACA
<i>nylia 7/7/7 (28)</i>	2	ACA
<i>nymyo</i>	2	ACA
<i>ocella</i>	2	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	2	ACA
<i>pimtrea (28)</i>	2	ACA
<i>portia 28</i>	2	ACA
<i>reclipsen (28)</i>	2	ACA
<i>setlakin</i>	2	ACA
<i>simliya (28)</i>	2	ACA
<i>simpesse</i>	2	ACA
<i>sprintec (28)</i>	2	ACA
<i>sronyx</i>	2	ACA
<i>syeda</i>	2	ACA
<i>tarina 24 fe</i>	2	ACA
<i>tarina fe 1/20 (28)</i>	2	ACA
<i>tilia fe</i>	2	ACA
<i>tri-estarylla</i>	2	ACA
<i>tri-legest fe</i>	2	ACA
<i>tri-linyah</i>	2	ACA
<i>tri-lo-estarylla</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-marzia</i>	2	ACA
<i>tri-lo-mili</i>	2	ACA
<i>tri-lo-sprintec</i>	2	ACA
<i>tri-mili</i>	2	ACA
<i>tri-nymyo</i>	2	ACA
<i>tri-sprintec (28)</i>	2	ACA
<i>trivora (28)</i>	2	ACA
<i>tri-vylibra</i>	2	ACA
<i>tri-vylibra lo</i>	2	ACA
<i>turqoz (28)</i>	2	ACA
<i>tydemy</i>	2	ACA
<i>velivet triphasic regimen (28)</i>	2	ACA
<i>vestura (28)</i>	2	ACA
<i>vienva</i>	2	ACA
<i>viorele (28)</i>	2	ACA
<i>volnea (28)</i>	2	ACA
<i>vyfemla (28)</i>	2	ACA
<i>vylibra</i>	2	ACA
<i>wera (28)</i>	2	ACA
<i>wymzya fe</i>	2	ACA
<i>zarah</i>	2	ACA
<i>zovia 1-35 (28)</i>	2	ACA
<i>zumandimine (28)</i>	2	ACA

OXYTOCICS

methylergonovine oral

3

OPHTHALMOLOGY

ANTIBIOTICS

bacitracin ophthalmic (eye)

3

bacitracin-polymyxin b

2

BETADINE OPHTHALMIC PREP

4

CILOXAN OPHTHALMIC (EYE) OINTMENT

4

ciprofloxacin hcl ophthalmic (eye)

2

erythromycin ophthalmic (eye)

2

gatifloxacin

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>gentamicin ophthalmic (eye) drops</i>	2	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neo-polycin</i>	2	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
ANTIVIRALS		
<i>trifluridine</i>	2	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	
<i>carteolol</i>	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
<i>atropine ophthalmic (eye) ointment</i>	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2	
<i>homatropaire</i>	2	
<i>tropicamide</i>	2	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	2	OTC
ALOCRIL	4	ST
ALOMIDE	3	ST
<i>azelastine ophthalmic (eye)</i>	2	
<i>bepotastine besilate</i>	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	QL (2 per 365 days)
CYSTADROPS	5	PA; SP; QL (20 per 365 days)
CYSTARAN	5	PA; SP; QL (60 per 365 days)
<i>epinastine</i>	3	
<i>eye itch relief</i>	2	OTC
<i>ketotifen fumarate</i>	2	OTC
<i>olopatadine ophthalmic (eye)</i>	2	
OXERVATE	5	PA; SP; QL (56 per 365 days)
<i>proparacaine</i>	2	
<i>tetracaine hcl</i>	2	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	2	
XDEMVY	5	PA; SP; QL (10 per 365 days)
XIIDRA	3	QL (2 per 365 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	3	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	3	
<i>ketorolac ophthalmic (eye)</i>	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	
<i>methazolamide</i>	3	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	3	
<i>brimonidine-timolol</i>	3	
<i>brinzolamide</i>	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	
<i>latanoprost</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>tafluprost (pf)</i>	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>travoprost</i>	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	
<i>neo-polycin hc</i>	2	
<i>tobramycin-dexamethasone</i>	2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>difluprednate</i>	3	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	3	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	PA
<i>carbinoxamine maleate oral liquid</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>clemastine oral tablet</i>	3	QL (3 per 365 days)
<i>cyproheptadine</i>	2	
<i>desloratadine oral tablet</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate</i>	2	
<i>levocetirizine</i>	2	
<i>promethazine oral</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan</i>	2	
SYMJEPI	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	
<i>benzonatate oral capsule 150 mg</i>	3	
<i>codeine-guaifenesin</i>	2	
<i>g tussin ac</i>	2	
<i>hydrocodone-chlorpheniramine</i>	2	QL (120 per 365 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral tablet</i>	2	
<i>hydromet</i>	2	
<i>maxi-tuss ac</i>	2	
<i>promethazine vc</i>	2	
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
TUXARIN ER	4	QL (24 per 365 days)
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	2	OTC
<i>acetylcysteine</i>	2	
ADEMPAS	5	PA; SP; LA; QL (3 per 365 days)
ADVAIR HFA	3	
<i>albuterol sulfate inhalation solution for nebulization</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	2	
<i>alyq</i>	5	PA; SP; QL (2 per 365 days)
<i>ambrisentan</i>	5	PA; SP; LA; QL (1 per 365 days)
ANORO ELLIPTA	3	
<i>arformoterol</i>	3	ST
ARNUITY ELLIPTA	3	
ASMANEX HFA	3	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	
ATROVENT HFA	4	
<i>bosentan</i>	5	PA; SP; QL (2 per 365 days)
BREO ELLIPTA	3	
<i>breyna</i>	3	
BRONCHITOL	5	PA; SP; QL (20 per 365 days)
<i>budesonide inhalation</i>	2	
<i>budesonide nasal</i>	2	OTC
<i>budesonide-formoterol</i>	3	
COMBIVENT RESPIMAT	3	
<i>cromolyn inhalation</i>	2	
DULERA	3	
FASENRA PEN	5	PA; SP; QL (1 per 365 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; SP; QL (1 per 365 days)
<i>flunisolide</i>	3	ST
<i>fluticasone propionate nasal</i>	2	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	
HAEGARDA	5	PA; SP; LA

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Drug Name	Drug Tier	Requirements / Limits
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	4	
<i>icatibant</i>	5	PA; SP; QL (9 per 365 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation</i>	2	
<i>ipratropium-albuterol</i>	2	
KALYDECO	5	PA; SP; QL (2 per 365 days)
<i>levalbuterol hcl</i>	3	
<i>mometasone nasal</i>	3	ST
<i>montelukast</i>	2	
<i>nasal allergy</i>	2	OTC
NUCALA	5	PA; SP; LA; QL (1 per 365 days)
OFEV	5	PA; SP; QL (2 per 365 days)
OPSUMIT	5	PA; SP; LA; QL (1 per 365 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; SP; QL (2 per 365 days)
ORKAMBI ORAL TABLET	5	PA; SP; QL (4 per 365 days)
ORLADEYO	5	PA; SP; LA; QL (1 per 365 days)
<i>pirfenidone oral capsule</i>	5	PA; SP; QL (6 per 365 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (6 per 365 days)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; SP; QL (3 per 365 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (3 per 365 days)
PULMOZYME	5	PA; SP; QL (5 per 365 days)
QVAR REDIHALER	3	
<i>roflumilast</i>	3	QL (1 per 365 days)
RUCONEST	5	PA; SP; QL (2 per 365 days)
<i>sajazir</i>	5	PA; SP; QL (9 per 365 days)
SEREVENT DISKUS	3	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; SP; QL (6 per 365 days)
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; SP; QL (3 per 365 days)
<i>sodium chloride inhalation</i>	2	
SPIRIVA RESPIMAT	3	
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
SYMDEKO	5	PA; SP; QL (2 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>tadalafil (pulm. hypertension)</i>	5	PA; SP; QL (2 per 365 days)
TADLIQ	5	PA; SP; QL (10 per 365 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; SP; LA; QL (2 per 365 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 365 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; SP; LA; QL (2 per 365 days)
<i>terbutaline oral</i>	2	
TEZSPIRE	5	PA; SP; QL (1.91 per 365 days)
<i>theophylline oral tablet extended release 12 hr</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
<i>tiotropium bromide</i>	3	
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; SP; LA; QL (4 per 365 days)
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide nasal</i>	2	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; SP; QL (2 per 365 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; SP; QL (3 per 365 days)
TYVASO	5	PA; SP; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL (1 per 365 days)
TYVASO REFILL KIT	5	PA; SP; QL (81.2 per 365 days)
TYVASO STARTER KIT	5	PA; SP; QL (1 per 365 days)
VENTAVIS	5	PA; SP; QL (9 per 365 days)
VENTOLIN HFA	2	
<i>wixela inhub</i>	2	
XHANCE	4	PA; QL (32 per 365 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	5	PA; SP; LA; QL (1 per 365 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; SP; LA; QL (2 per 365 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 365 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; SP; LA; QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 365 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; LA; QL (2 per 365 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 365 days)
<i>zafirlukast</i>	3	
<i>zileuton</i>	3	PA; QL (4 per 365 days)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	3	
<i>fesoterodine</i>	3	ST
<i>flavoxate</i>	2	
<i>mirabegron oral tablet extended release 24 hr 50 mg</i>	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
<i>solifenacin</i>	2	
<i>tolterodine</i>	3	
<i>trospium oral capsule, extended release 24hr</i>	3	
<i>trospium oral tablet</i>	2	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	3	
<i>finasteride oral tablet 5 mg</i>	2	
<i>silodosin</i>	3	
<i>tadalafil oral tablet 5 mg</i>	2	PA; QL (1 per 365 days)
<i>tamsulosin</i>	2	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	SP; LA
OXLUMO	5	PA; SP
<i>potassium citrate oral tablet extended release</i>	2	
PROCYSBI	5	PA; SP
RIVFLOZA	5	PA; SP; QL (1 per 365 days)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	QL (12 per 1 day)
<i>calcium acetate(phosphat bind) oral tablet</i>	2	QL (12 per 365 days)
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	2	
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; SP; LA
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>	2	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	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>complete natal dha</i>	2	
<i>cyanocobalamin (vitamin b-12) injection</i>	2	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	2	
<i>elite-ob</i>	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	
<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>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	2	
<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>	2	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	2	
<i>mynatal plus</i>	2	
<i>mynatal-z</i>	2	
<i>newgen</i>	2	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	2	
<i>pnv-omega</i>	2	
<i>pnv-select</i>	2	
<i>pr natal 400</i>	2	
<i>pr natal 400 ec</i>	2	
<i>pr natal 430</i>	2	
<i>pr natal 430 ec</i>	2	
<i>prenatabs fa</i>	2	
<i>prenatabs rx</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>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>	2	
<i>prenatal plus (calcium carb)</i>	2	
<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>	2	
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19 chewable</i>	2	
<i>se-natal-19</i>	2	
<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 quint</i>	9	ACA; OTC
<i>taron-c dha</i>	2	
<i>trinatal rx 1</i>	2	
<i>trinate</i>	2	
<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>	2	
<i>wesnatal dha complete</i>	2	
<i>westab plus</i>	2	
<i>zatean-pn dha</i>	2	
<i>zatean-pn plus</i>	2	

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<i>chateal (28)</i>	85	<i>clobetasol</i>	57	<i>cyanocobalamin (vitamin b-12)</i>	
<i>chateal eq (28)</i>	85	<i>clobetasol-emollient</i>	57	99
CHEMET	58	<i>clomiphene citrate</i>	65	<i>cyclobenzaprine</i>	31
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<i>chlordiazepoxide hcl</i>	38	<i>clonazepam</i>	27	<i>cyclophosphamide</i>	20
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<i>elite-ob</i>	<i>erythrocin (as stearate)</i>	16	FENSOLVI.....
ELLA.....	<i>erythromycin</i>	16, 89	<i>fentanyl</i>
<i>eluryng</i>	<i>erythromycin ethylsuccinate</i> .16		<i>fentanyl citrate</i>
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EMGALITY SYRINGE.....	54	<i>fesoterodine</i>
<i>emtricitabine</i>	<i>escitalopram oxalate</i>	39	FIASP U-100 INSULIN
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<i>enalapril maleate</i>	<i>estradiol</i>	83	<i>finzala</i>
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.....	<i>estrogens-methyltestosterone</i>	83	FIRMAGON KIT W
ENBREL	<i>eszopiclone</i>	39	DILUENT SYRINGE
ENBREL MINI	<i>ethacrynic acid</i>	46	<i>flac otic oil</i>
ENBREL SURECLICK	<i>ethambutol</i>	17	FLAREX.....
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<i>endocet</i>	<i>ethynodiol diac-eth estradiol</i>	86	<i>flecainide</i>
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<i>enilloring</i>	<i>etoposide</i>	21	FLUARIX QUAD 2023-2024
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<i>entecavir</i>	EVRYSDI.....	31	FLUCELVAX QUAD 2023-
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<i>enulose</i>	<i>eye itch relief</i>	91	<i>flucytosine</i>
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<i>erlotinib</i>	FEMCAP	82	<i>fluorouracil</i>
<i>errin</i>	<i>fenofibrate</i>	50	<i>fluoxetine</i>
<i>ery pads</i>	<i>fenofibrate micronized</i>	50	<i>fluphenazine decanoate</i>
			<i>fluphenazine hcl</i>

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

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<i>flurbiprofen</i>	36	<i>gabapentin</i>	28	SYRINGE.....	63	
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<i>kelnor 1-50 (28)</i>	86	<i>larin fe 1/20 (28)</i>	87	47
KERENDIA	47	<i>latanoprost</i>	91	LITFULO	59
KESIMPTA PEN	76	<i>laxative (bisacodyl)</i>	70	<i>lithium carbonate</i>	41
<i>ketoconazole</i>	12, 56	<i>laxative peg 3350</i>	70	<i>lithium citrate</i>	41
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<i>klor-con m15</i>	98	LEUPROLIDE (3 MONTH) 23		<i>losartan-hydrochlorothiazide</i>	
<i>klor-con m20</i>	98	<i>levabuterol hcl</i>	95	47
<i>klor-con/ef</i>	98	<i>levetiracetam</i>	28	<i>loteprednol etabonate</i>	92
KLOXXADO	36	<i>levobunolol</i>	90	<i>lovastatin</i>	50
<i>kobee</i>	99	<i>levocarnitine</i>	59	<i>low-ogestrel (28)</i>	87
KOSELUGO	22	<i>levocarnitine (with sugar)</i>	59	<i>loxapine succinate</i>	41
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RIVFLOZA.....	98	<i>simpesse</i>	88	STRENSIQ.....	66
<i>rizatriptan</i>	30	SIMPONI.....	82	<i>stress formula with iron</i>	100
<i>roflumilast</i>	95	<i>simvastatin</i>	51	<i>stress formula with iron(sulf)</i>	
ROLVEDON.....	75	<i>sirolimus</i>	25	.....	100
<i>ropinirole</i>	29	SIVEXTRO.....	17	STRIBILD.....	15
<i>rosadan</i>	55	SKYCLARYS.....	31	STRIVERDI RESPIMAT ...	95
<i>rosuvastatin</i>	51	SKYRIZI.....	52, 72	SUBLOCADE.....	35
ROTARIX.....	79	SKYTROFA.....	75	<i>subvenite</i>	28
ROTATEQ VACCINE.....	79	<i>smoothlax</i>	72	SUCRAID.....	72
<i>roweepira</i>	28	<i>sodium chloride</i>	59, 95	<i>sucralfate</i>	73
ROZLYTREK.....	24, 25	<i>sodium fluoride 5000 plus</i>	61	SULCONAZOLE.....	56
RUBRACA.....	25	<i>sodium fluoride-pot nitrate</i> ...61		<i>sulfacetamide sodium</i>	92
RUCONEST.....	95	SODIUM OXYBATE.....	44	<i>sulfacetamide sodium (acne)</i> 56	
<i>rufinamide</i>	28	<i>sodium phenylbutyrate</i>	59	<i>sulfacetamide sodium-sulfur</i> ..55	
RUKOBIA.....	14	<i>sodium polystyrene sulfonate</i> 69		<i>sulfacetamide-prednisolone</i> ..92	
RYBELSUS.....	67	SOFOSBUVIR-		<i>sulfacleanse 8-4</i>	55
RYDAPT.....	25	VELPATASVIR.....	15	<i>sulfadiazine</i>	18
RYKINDO.....	43	SOGROYA.....	75	<i>sulfamethoxazole-trimethoprim</i>	
S		SOHONOS.....	59	.....	18
<i>sajazir</i>	95	<i>solifenacin</i>	97	SULFAMYLON.....	56
<i>salsalate</i>	37	SOLQUA 100/33.....	64	<i>sulfasalazine</i>	72
SANDIMMUNE.....	25	SOLTAMOX.....	25	<i>sulfatrim</i>	18
SANDOSTATIN LAR		SOMAVERT.....	66	<i>sulindac</i>	37
DEPOT.....	25	<i>sorafenib</i>	25	<i>sumatriptan</i>	30
SANTYL.....	58	<i>sotalol</i>	45	<i>sumatriptan succinate</i>	30
<i>sapropterin</i>	66	<i>sotalol af</i>	45	<i>sunitinib malate</i>	25
SAVELLA.....	82	SOTYKTU.....	52	SUNLENCA.....	15
SCSEMBLIX.....	25	SOVALDI.....	15	SUNOSI.....	44
<i>scopolamine base</i>	72	SPACE CHAMBER.....	62	<i>super b maxi complex</i>	100
<i>selegiline hcl</i>	29	SPIKEVAX 2023-2024(12Y		<i>super quints</i>	100
<i>selenium sulfide</i>	52	UP)(PF).....	79	SUPPRELIN LA.....	25
SELZENTRY.....	15	<i>spinosad</i>	58	<i>syeda</i>	88
<i>se-natal 19 chewable</i>	100	SPIRIVA RESPIMAT.....	95	SYMDEKO.....	95
<i>se-natal-19</i>	100	<i>spironolactone</i>	48	SYMJEPI.....	93
SEREVENT DISKUS.....	95	<i>spironolacton-</i>		SYMLINPEN 120.....	67
SEROSTIM.....	75	<i>hydrochlorothiaz</i>	48	SYMLINPEN 60.....	67
<i>sertraline</i>	43	SPRAVATO.....	44	SYMPROIC.....	72
<i>setlakin</i>	88	<i>sprintec (28)</i>	88	SYMTUZA.....	15
<i>sevelamer carbonate</i>	69	SPRYCEL.....	25	SYNAGIS.....	15
<i>sf 61</i>		<i>sps (with sorbitol)</i>	69	SYNAREL.....	66
<i>sf 5000 plus</i>	61	<i>sronyx</i>	88	SYNDROS.....	72
<i>sharobel</i>	83	<i>ssd</i>	53	SYNJARDY.....	67
SHINGRIX (PF).....	79	<i>st joseph aspirin</i>	37	SYNJARDY XR.....	67
SIGNIFOR.....	25	<i>st. joseph aspirin</i>	37	SYNTHROID.....	68
<i>sildenafil (pulm.hypertension)</i>		<i>stavudine</i>	15	T	
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SILIQ.....	52	STIMUFEND.....	75	TABRECTA.....	25

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<i>tacrolimus</i>	25, 53	TETRACAINE HCL (PF)....	91	TRESIBA FLEXTOUCH U-	
<i>tadalafil</i>	97	<i>tetracycline</i>	19	200.....	65
<i>tadalafil (pulm. hypertension)</i>		TEZSPIRE.....	96	TRESIBA U-100 INSULIN .	65
.....	96	THALOMID.....	25	<i>tretinoin</i>	55
TADLIQ.....	96	<i>theophylline</i>	96	<i>tretinoin (antineoplastic)</i>	26
TAFINLAR.....	25	<i>thioridazine</i>	44	<i>tretinoin microspheres</i>	55
<i>tafluprost (pf)</i>	91	<i>thiothixene</i>	44	<i>triamcinolone acetonide</i> 58, 61,	
TAGRISSE.....	25	<i>tiadylt er</i>	48	96	
TAKHZYRO.....	96	<i>tiagabine</i>	28	<i>triamterene</i>	48
TALTZ AUTOINJECTOR ..	52	TIBSOVO.....	25	<i>triamterene-hydrochlorothiazid</i>	
TALTZ AUTOINJECTOR (2		<i>tilia fe</i>	88	.....	48
PACK).....	52	<i>timolol maleate</i>	48, 90	<i>triazolam</i>	44
TALTZ AUTOINJECTOR (3		<i>tinidazole</i>	18	<i>triderm</i>	58
PACK).....	52	<i>tiopronin</i>	59	<i>trientine</i>	59
TALTZ SYRINGE.....	52	<i>tiotropium bromide</i>	96	TRIENTINE.....	60
TALZENNA.....	25	TIVICAY.....	15	<i>tri-estarylla</i>	88
<i>tamoxifen</i>	25	TIVICAY PD.....	15	<i>trifluoperazine</i>	44
<i>tamsulosin</i>	97	<i>tizanidine</i>	32	<i>trifluridine</i>	90
<i>tarina 24 fe</i>	88	TOBI PODHALER.....	18	<i>trihexyphenidyl</i>	29
<i>tarina fe 1/20 (28)</i>	88	<i>tobramycin</i>	18, 90	TRIJARDY XR.....	67
<i>taron-c dha</i>	100	<i>tobramycin in 0.225 % nacl</i> .	18	TRIKAFTA.....	96
TARPEYO.....	62	<i>tobramycin-dexamethasone</i> ..	92	<i>tri-legest fe</i>	88
TASIGNA.....	25	<i>tolcapone</i>	29	<i>tri-linyah</i>	88
<i>tasimelteon</i>	44	<i>tolmetin</i>	37	<i>tri-lo-estarylla</i>	88
<i>tavaborole</i>	56	<i>tolterodine</i>	97	<i>tri-lo-marzia</i>	89
TAVALISSE.....	50	<i>tolvaptan</i>	66	<i>tri-lo-mili</i>	89
TAVNEOS.....	59	<i>topiramate</i>	28	<i>tri-lo-sprintec</i>	89
<i>tazarotene</i>	55	<i>toremifene</i>	25	<i>trimethobenzamide</i>	72
TAZVERIK.....	25	<i>torseamide</i>	48	<i>trimethoprim</i>	19
TDVAX.....	79	TOUJEO MAX U-300		<i>tri-mili</i>	89
<i>telmisartan</i>	48	SOLOSTAR.....	64	<i>trimipramine</i>	44
<i>temazepam</i>	44	TOUJEO SOLOSTAR U-300		<i>trinatal rx 1</i>	100
<i>temozolomide</i>	25	INSULIN.....	64	<i>trinate</i>	100
<i>tencon</i>	35	TRACLEER.....	96	TRINTELLIX.....	44
TENIVAC (PF).....	79	TRADJENTA.....	67	<i>tri-nymyo</i>	89
<i>tenofovir disoproxil fumarate</i>		<i>tramadol</i>	37	TRIPTODUR.....	26
.....	15	<i>tramadol-acetaminophen</i>	37	<i>tri-sprintec (28)</i>	89
TEPMETKO.....	25	<i>trandolapril</i>	48	TRIUMEQ.....	15
<i>terazosin</i>	48	<i>trandolapril-verapamil</i>	48	TRIUMEQ PD.....	15
<i>terbinafine hcl</i>	12	<i>tranexamic acid</i>	84	<i>tri-vitamin with fluoride</i>	100
<i>terbutaline</i>	96	<i>tranylcypromine</i>	44	<i>trivora (28)</i>	89
<i>terconazole</i>	84	<i>travoprost</i>	92	<i>tri-vylibra</i>	89
<i>teriflunomide</i>	77	<i>trazodone</i>	44	<i>tri-vylibra lo</i>	89
<i>teriparatide</i>	80	TRECATOR.....	18	<i>tropicamide</i>	90
TERIPARATIDE.....	80	TRELEGY ELLIPTA.....	96	<i>trospium</i>	97
<i>testosterone</i>	66	TRELSTAR.....	26	TRULANCE.....	72
<i>testosterone cypionate</i>	66	TREMFYA.....	53	TRULICITY.....	67
<i>testosterone enanthate</i>	66	TRESIBA FLEXTOUCH U-		TRUMENBA.....	79
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<i>tetracaine hcl</i>	91				

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<i>tulana</i>	VENCLEXTA STARTING		<i>warfarin</i>
TURALIO	PACK	26	WELIREG
<i>turqoz (28)</i>	<i>venlafaxine</i>	44	<i>wera (28)</i>
TUXARIN ER.....	VENTAVIS	96	<i>wescap-c dha</i>
TWINRIX (PF)	VENTOLIN HFA.....	96	<i>wesnatal dha complete</i>
TYBOST	<i>verapamil</i>	49	<i>westab plus</i>
<i>tydemy</i>	VERQUVO	51	WIDE-SEAL DIAPHRAGM
TYMLOS	VERZENIO	26	.....
TYVASO.....	<i>vestura (28)</i>	89	<i>wixela inhub</i>
TYVASO DPI.....	V-GO 20.....	64	<i>women's gentle laxative(bisac)</i>
TYVASO REFILL KIT	V-GO 30.....	64
TYVASO STARTER KIT ...	V-GO 40.....	64	<i>wymzya fe</i>
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.....	<i>vigabatrin</i>	28	XARELTO
UDENYCA ONBODY	<i>vigadrone</i>	29	XARELTO DVT-PE TREAT
<i>unithroid</i>	<i>vigpoder</i>	29	30D START.....
UPTRAVI.....	VIJOICE.....	26	XCOPRI
<i>urea</i>	<i>vilazodone</i>	44	XCOPRI MAINTENANCE
<i>ursodiol</i>	VIOKACE	73	PACK
V	<i>viorele (28)</i>	89	XCOPRI TITRATION PACK
<i>valacyclovir</i>	VIRACEPT	15	.....
VALCHLOR.....	VIREAD.....	15	XDEMVY.....
<i>valganciclovir</i>	VISTOGARD.....	19	XELJANZ.....
<i>valproic acid</i>	<i>vitamin b complex-folic acid</i>		XELJANZ XR.....
.....	.....	100	XEPI
<i>valsartan</i>	<i>vitamins a,c,d and fluoride</i> .	100	XHANCE
<i>valsartan-hydrochlorothiazide</i>	VITRAKVI.....	26	XIFAXAN
.....	VIVITROL	37	XIGDUO XR.....
VALTOCO.....	VIVJOA.....	12	XIIDRA
<i>vanadom</i>	VIZIMPRO.....	26	XOFLUZA
<i>vancomycin</i>	<i>volnea (28)</i>	89	XOLAIR
<i>vandazole</i>	VONJO.....	26	XOSPATA.....
VANFLYTA	<i>voriconazole</i>	12	XPOVIO.....
VAQTA (PF).....	VORTEX HOLDING		XTAMPZA ER.....
<i>varenicline</i>	CHAMBER	62	XTANDI.....
VARIVAX (PF)	VOSEVI	15	<i>xulane</i>
VARUBI.....	VOWST.....	73	XULTOPHY 100/3.6
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Z		
<i>zafemy</i>	84	ZEPATIER.....
<i>zafirlukast</i>	97	ZEPOSIA.....
<i>zaleplon</i>	44	ZEPOSIA STARTER KIT (28-
<i>zarah</i>	89	DAY).....
ZARXIO.....	75	ZEPOSIA STARTER PACK
<i>zatean-pn dha</i>	100	(7-DAY).....
<i>zatean-pn plus</i>	100	<i>zidovudine</i>
ZAVZPRET.....	30	ZIEXTENZO.....
ZEJULA.....	27	ZILBRYSQ.....
ZELBORAF.....	27	<i>zileuton</i>
ZELNORM.....	73	ZIMHI.....
<i>zenatane</i>	55	<i>ziprasidone hcl</i>
ZENPEP.....	73	ZIRGAN.....
<i>zenzedi</i>	45	ZOKINVY.....
		ZOLADEx.....
		ZOLINZA.....
		<i>zolmitriptan</i>
		<i>zolpidem</i>
		ZOMACTON.....
		<i>zonisamide</i>
		ZONTIVITY.....
		ZORYVE.....
		<i>zovia 1-35 (28)</i>
		ZTALMY.....
		<i>zumandimine (28)</i>
		ZURZUVAE.....
		ZYDELIG.....
		ZYKADIA.....
		ZYPREXA RELPREVV.....

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