



2024 Comprehensive List of Covered Drugs

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

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

What is the Network Health Comprehensive Drug List?

A comprehensive drug list is a list of drugs that are covered by your plan. Network Health works with a team of health care providers to choose drugs that provide quality treatment. Network Health covers drugs on our comprehensive drug list, as long as:

- The drug is medically necessary.
- The prescription is filled at a Network Health network pharmacy.
- Other plan rules are followed.

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Are all drugs covered by my benefit plan included on this Comprehensive Drug List?

Yes. This comprehensive drug list is a list of drugs specifically covered by your plan. If you have questions about a medication that is not on the comprehensive drug list, please call customer service at 800-340-1305, 24 hours a day, seven days a week. TTY/TDD users, please call 800-759-1089.

Can the Comprehensive Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. The enclosed comprehensive drug list is up to date as of 1/1/2024. To get updated information about the drugs covered by Network Health, please visit <https://www.networkhealth.com/assets/pdf/pharmacy-drug-lists/2024individualdruglist5tier.pdf> or call customer service at 800-340-1305, 24 hours a day, seven days a week.

What else could result in changes to the covered drug list?

We remove drugs from our drug list right away and will let members know when:

- The U.S. Food and Drug Administration (FDA) decides that a drug is unsafe.
- The drug maker removes the drug from the market.

How do I use the Comprehensive Drug List?

To find your drug on the comprehensive drug list follow the instructions below.

You can look for your drug in the Index that starts on page 72. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Network Health covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment.

Are there any restrictions on my coverage?

Some covered drugs may have more requirements or limits on coverage. These requirements and limits may include the following.

- **Prior Authorization:** Network Health needs you (or your prescriber) to get prior approval or authorization for certain drugs. This means that you need to get approval from Network Health before you fill your prescriptions. If you don't get approval, Network Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Health limits the amount of the drug that it will cover. For example, Network Health allows 9 tablets per prescription for Sumatriptan tablets.
- **Fill Limits:** For certain drugs, Network Health limits the number of fills that it will cover for a drug. For example, Network Health allows 2 treatment cycles of Varenicline in a 365 day period.
- **Step Therapy:** Network Health needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Network Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Network Health will then cover Drug B.

You can find out if your drug has any special requirements or limits by looking on the comprehensive drug list that starts on page 3 after this preface. You can also get more information about the restrictions for specific covered drugs by visiting https://www.networkhealth.com/_assets/pdf/pharmacy-drug-lists/2024individualdruglist5tier.pdf.

You can ask Network Health to make an exception to these restrictions or limits. See the section, "What if my drug is not on the Comprehensive Drug List?" on page III (3).

Does the Plan cover prescription drugs that are considered “Preventive Services” under the Affordable Care Act?

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share and are designated as tier 0 on this document. These items may include:

- Aspirin to Prevent Preeclampsia
- Fluoride Supplementation in Children
- Folic Acid Supplementation for Members Expecting or Planning to be Pregnant
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Women’s Health Preventive Services (i.e., birth control, emergency contraception)
- Low Dosed Statin Medications to Prevent Cardiovascular Disease and Stroke (age restrictions apply) (designated at either tier 0 or tier 1 in this document)

A list of the preventive services covered under the plan is available on the member portal at login.networkhealth.com, or will be mailed to you upon request. You may request the list by calling the Network Health member experience number on your identification card.

What if my drug is not on the Comprehensive Drug List?

If your drug is not on this drug list, call customer service to confirm that your drug is not covered. If you learn that Network Health does not cover your drug, you have two choices:

- Ask customer service for a list of similar drugs that are covered by Network Health. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Network Health. Similar drugs that are preferred and covered by your plan’s formulary may be easier to obtain and lower cost to you than non-preferred drugs.
- Ask Network Health to make an exception and cover your drug. Exception requests may include:
 - You can ask us to cover your drug, even if it is not on our drug list.
 - You can ask us to remove coverage restrictions or limits on your drug. For example, for certain drugs, Network Health limits the amount of the drug that we will cover. If your drug has this quantity limit, you can ask us to remove the limit and cover more.

Generally, Network Health will only approve your request for an exception if the preferred drugs included on the plan’s drug list are not as effective in treating your condition or cause you to have adverse medical effects.

How do I find out if my exception is granted?

When you ask for a drug exception, please send a statement from your prescriber that supports your request.

- For drug exception requests received pre-service we will make our decision within fifteen business days of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) pre-service drug exception if you or your prescriber believes that your health could be seriously harmed by waiting up to fifteen business days for a decision.

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- If your pre-service drug exception expedited (fast) request is granted, we will give you a decision no later than 72 hours after we get your prescriber's supporting statement.

For more information

For more information about your Network Health prescription drug coverage, please view your policy.

Network Health's Comprehensive Drug List

The drug list gives coverage information for all drugs covered by Network Health. If you have trouble finding your drug on the list, turn to the Index that starts on page 72.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ELIQUIS). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if Network Health has any special requirements for coverage of your drug.

Tier Name	Tier Definition
Tier 0	Preventive Prescription Drugs
Tier 1	Generic Prescription Drugs and Adherence Generics* (limited to certain conditions)
Tier 2	Preferred Prescription Drugs
Tier 3	Non-Preferred Prescription Drugs
Tier 4	Preferred Specialty Prescription Drugs
Tier 5	Non-Preferred Specialty Prescription Drugs

*Adherence Generics are designated in the comprehensive drug list with the label \$0 and are available at no cost.

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Network Health Prestige Bronze Plus

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$25.00	\$75.00
Tier 2	\$50.00 after deductible	\$150.00 after deductible
Tier 3	\$100.00 after deductible	\$300.00 after deductible
Tier 4	\$500.00 after deductible	N/A
Tier 5	\$500.00 after deductible	N/A

Network Health Signature Prestige Bronze Copay

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$30.00	\$75.00
Tier 2	\$160.00	\$400.00
Tier 3	50% coinsurance	50% coinsurance
Tier 4	40% coinsurance	N/A
Tier 5	50% coinsurance	N/A

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Network Health Prestige Bronze 20

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	20% after deductible	20% after deductible
Tier 2	20% after deductible	20% after deductible
Tier 3	50% after deductible	50% after deductible
Tier 4	40% after deductible	N/A
Tier 5	50% after deductible	N/A

Network Health Prestige Bronze Essential

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$30.00	\$70.00
Tier 2	\$80.00 after deductible	\$225.00 after deductible
Tier 3	50% after deductible	50% after deductible
Tier 4	40% after deductible	N/A
Tier 5	50% after deductible	N/A

Healthcare Marketplace Comprehensive Exchange Drug List: CY2024

Network Health Prestige Silver Essential		
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.		
DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$20.00	\$55.00
Tier 2	\$80.00	\$225.00
Tier 3	50% after deductible	50% after deductible
Tier 4	40% after deductible	N/A
Tier 5	50% after deductible	N/A

Network Health Prestige Silver		
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.		
DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$20.00	\$60.00
Tier 2	\$40.00	\$120.00
Tier 3	\$80.00 after deductible	\$240.00 after deductible
Tier 4	\$350.00 after deductible	N/A
Tier 5	\$350.00 after deductible	N/A

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Network Health Prestige Gold Essential

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$15.00	\$40.00
Tier 2	\$60.00	\$165.00
Tier 3	50% after deductible	50% after deductible
Tier 4	40% after deductible	N/A
Tier 5	50% after deductible	N/A

Network Health Prestige Gold 50

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$15.00	\$40.00
Tier 2	\$50.00	\$135.00
Tier 3	50% after deductible	50% after deductible
Tier 4	40% after deductible	N/A
Tier 5	50% after deductible	N/A

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Network Health Prestige Gold		
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.		
DRUG TIER	30-Day Supply	90-Day Supply
Tier 0	\$0.00	\$0.00
Tier 1	\$15.00	\$45.00
Tier 2	\$30.00	\$90.00
Tier 3	\$60.00	\$180.00
Tier 4	\$250.00	N/A
Tier 5	\$250.00	N/A

Network Health Prestige Bronze Plus				
Native American Benefit				
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	Retail 30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$25.00	\$0.00	\$75.00	N/A
Tier 2	\$50.00 after deductible	\$0.00	\$150.00 after deductible	N/A
Tier 3	\$100.00 after deductible	\$0.00	\$300.00 after deductible	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

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Network Health Signature Prestige Bronze Copay				
Native American Benefit				
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	Retail 30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$30.00	\$0.00	\$75.00	N/A
Tier 2	\$160.00	\$0.00	\$400.00	N/A
Tier 3	50% coinsurance	\$0.00	50% coinsurance	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

Network Health Prestige Bronze 20 HDHP				
Native American Benefit				
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	Retail 30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	20% after deductible	\$0.00	20% after deductible	N/A
Tier 2	20% after deductible	\$0.00	20% after deductible	N/A
Tier 3	50% after deductible	\$0.00	50% after deductible	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

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Network Health Prestige Bronze Essential

Native American Benefit

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	Retail 30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$30.00	\$0.00	\$70.00	N/A
Tier 2	\$80.00 after deductible	\$0.00	\$225.00 after deductible	N/A
Tier 3	50% after deductible	\$0.00	50% after deductible	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

Network Health Prestige Silver Essential

Native American Benefit

This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.

DRUG TIER	30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$20.00	\$0.00	\$55.00	N/A
Tier 2	\$80.00	\$0.00	\$225.00	N/A
Tier 3	50% after deductible	\$0.00	50% after deductible	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

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Network Health Prestige Silver				
Native American Benefit				
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$20.00	\$0.00	\$60.00	N/A
Tier 2	\$40.00	\$0.00	\$120.00	N/A
Tier 3	\$80.00 after deductible	\$0.00	\$240.00 after deductible	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

Network Health Prestige Gold Essential				
Native American Benefit				
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$15.00	\$0.00	\$40.00	N/A
Tier 2	\$60.00	\$0.00	\$165.00	N/A
Tier 3	50% after deductible	\$0.00	50% after deductible	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

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Network Health Prestige Gold 50				
Native American Benefit				
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$15.00	\$0.00	\$40.00	N/A
Tier 2	\$50.00	\$0.00	\$135.00	N/A
Tier 3	50% after deductible	\$0.00	50% after deductible	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

Network Health Prestige Gold				
Native American Benefit				
This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	30-Day Supply	I/T/U Pharmacy 30-Day Supply	90-Day Supply	I/T/U Pharmacy 90-Day Supply
Tier 0	\$0.00	\$0.00	\$0.00	N/A
Tier 1	\$15.00	\$0.00	\$45.00	N/A
Tier 2	\$30.00	\$0.00	\$90.00	N/A
Tier 3	\$60.00	\$0.00	\$180.00	N/A
Tier 4	\$0.00	N/A	N/A	N/A
Tier 5	\$0.00	N/A	N/A	N/A

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The information listed in this document was current at the time of posting, however, changes occur frequently. The actual copay/coinsurance will be determined at the time the prescription is filled. For more information about your benefits contact Network Health member experience at 855-275-1400. For additional prescription drug information, log onto [express-scripts.com](https://www.express-scripts.com) or call Express Scripts at 800-340-1305.

HMO and POS plans underwritten by Network Health Plan.

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

\$0: Adherence Generics

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b liposome</i>	1	
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA ORAL	2	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	1	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (2 per 30 days)
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL (30 per 30 days)
<i>itraconazole oral solution</i>	1	QL (300 per 30 days)
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	2	PA
<i>nystatin oral</i>	1	
<i>posaconazole oral suspension</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	3	PA
<i>terbinafine hcl oral</i>	1	
<i>voriconazole oral suspension for reconstitution</i>	3	PA
<i>voriconazole oral tablet</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
<i>atazanavir</i>	1	
BIKTARVY	2	
CIMDUO	2	
<i>darunavir ethanolate</i>	1	
DESCOVY	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofovir</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>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf)</i>	1	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28 per 30 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56 per 30 days)
EPCLUSA ORAL TABLET	5	PA; QL (28 per 30 days)
<i>etravirine</i>	1	
EVOTAZ	5	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	1	QL (21 per 30 days)
<i>famciclovir oral tablet 250 mg</i>	1	QL (60 per 30 days)
<i>fosamprenavir</i>	1	
<i>foscarnet</i>	1	
GENVOYA	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (28 per 30 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (56 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (56 per 30 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (28 per 30 days)
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
LAGEVRIO (EUA)	0	ACA; QL (40 per 180 days)
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
ODEFSEY	2	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (20 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (180 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	0	ACA; QL (20 per 180 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
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	0	ACA; QL (30 per 180 days)
PREVYMIS ORAL	2	QL (30 per 30 days)
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER	2	QL (20 per 30 days)
REYATAZ ORAL POWDER IN PACKET	3	
<i>ribavirin inhalation</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
<i>stavudine oral capsule 40 mg</i>	1	
SYMFI	2	
SYMFI LO	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
<i>valacyclovir</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>valganciclovir</i>	1	
VEKLURY	2	PA
VEMLIDY	2	
VIRACEPT ORAL TABLET	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
ZEPATIER	5	PA; QL (28 per 30 days)
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin in 0.9% sod chloride</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</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>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate</i>	1	
<i>erythromycin oral</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL (120 per 23 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL (360 per 23 days)
ARIKAYCE	5	PA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1	QL (60 per 180 days)

Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	QL (180 per 180 days)
BENZNIDAZOLE	2	QL (360 per 30 days)
CAYSTON	4	QL (84 per 30 days)
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL (24 per 23 days)
<i>dapsone oral</i>	1	
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	QL (84 per 23 days)
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (14 per 23 days)
KITABIS PAK	4	PA; QL (280 per 30 days)
<i>linezolid</i>	1	PA
<i>mefloquine</i>	1	QL (13 per 180 days)
<i>metronidazole oral</i>	1	
NEBUPENT	2	QL (1 per 21 days)
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (12 per 23 days)
<i>paromomycin</i>	1	
PASER	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>pentamidine inhalation</i>	1	QL (1 per 21 days)
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL (120 per 180 days)
<i>pyrazinamide</i>	1	
<i>quinine sulfate</i>	1	QL (42 per 23 days)
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	2	PA; LA
<i>tinidazole oral tablet 250 mg</i>	1	QL (40 per 23 days)
<i>tinidazole oral tablet 500 mg</i>	1	QL (20 per 30 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (280 per 30 days)
<i>tobramycin inhalation</i>	4	PA; QL (224 per 30 days)
TRECTOR	3	
XIFAXAN ORAL TABLET 200 MG	2	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
<i>dicloxacillin</i>	1	
<i>nafcillin injection recon soln 10 gram</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</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>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	1	ST
<i>mondoxyne nl</i>	1	
<i>morgidox oral capsule 100 mg</i>	1	
<i>tetracycline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml</i>	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/500 ML	2	
<i>vancomycin intravenous recon soln 1.25 gram, 1.5 gram</i>	1	
<i>vancomycin oral capsule 125 mg</i>	1	QL (40 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	1	QL (80 per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	1	QL (300 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450 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
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	2	
VISTOGARD	5	QL (20 per 30 days)
XGEVA	4	QL (1.7 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	ST; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	ST; QL (60 per 30 days)
AFINITOR	4	ST; QL (30 per 30 days)
ALECENSA	4	ST; QL (240 per 30 days)
<i>anastrozole</i>	1	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	ST
<i>azathioprine</i>	1	
BALVERSA	5	PA
<i>bexarotene</i>	4	ST
<i>bicalutamide</i>	1	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	ST
<i>bortezomib injection recon soln 3.5 mg</i>	4	ST

Drug Name	Drug Tier	Requirements / Limits
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	4	ST
BOSULIF ORAL TABLET 100 MG	4	ST; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	ST; QL (30 per 30 days)
CABOMETYX	4	ST; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	4	ST; QL (60 per 30 days)
<i>capecitabine oral tablet 150 mg</i>	4	ST; QL (56 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	4	ST; QL (140 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	ST; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	ST; QL (30 per 30 days)
<i>carboplatin intravenous recon soln</i>	1	ST
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	ST; QL (56 per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	ST; QL (112 per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	ST; QL (84 per 30 days)
COTELLIC	4	ST; QL (63 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclophosphamide oral capsule</i>	1	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>doxorubicin intravenous recon soln 10 mg</i>	1	ST
DROXIA	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
EMCYT	2	ST
ENSPRYNG	4	PA
ERIVEDGE	4	ST; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	4	ST; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	ST; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	ST; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	ST; QL (60 per 30 days)
<i>etoposide oral</i>	1	ST
<i>everolimus (antineoplastic)</i>	4	ST; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
EXKIVITY	4	ST; QL (120 per 30 days)
GAVRETO	4	ST; QL (120 per 30 days)
<i>gefitinib</i>	4	ST; QL (30 per 30 days)
<i>gengraf</i>	1	
GILOTRIF	4	ST; QL (30 per 30 days)
GLEOSTINE	2	ST
HYCAMTIN ORAL	5	ST
<i>hydroxyurea</i>	1	
IBRANCE	4	ST; QL (21 per 30 days)
ICLUSIG	4	ST; QL (30 per 30 days)
IDHIFA	5	ST; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	4	ST; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	ST; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	ST; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	ST; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	4	ST; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	ST; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	4	ST; QL (180 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
INLYTA ORAL TABLET 5 MG	4	ST; QL (120 per 30 days)
IRESSA	4	ST; QL (30 per 30 days)
JAKAFI	4	ST; QL (60 per 30 days)
KIMMTRAK	4	ST
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	ST; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	ST; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	ST; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	ST; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	ST; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	ST; QL (63 per 30 days)
<i>lapatinib</i>	4	ST; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	ST; QL (30 per 90 days)

Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	ST; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	ST; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	ST; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	ST; QL (60 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	2	ST
<i>leuprolide subcutaneous kit</i>	4	PA
LONSURF	4	ST
LORBRENA ORAL TABLET 100 MG	5	ST; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	ST; QL (90 per 30 days)
LUNSUMIO	4	ST
LUPKYNIS	4	PA; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
LUPRON DEPOT-PED	4	PA
LUPRON DEPOT-PED (3 MONTH)	4	PA
LYNPARZA	4	ST; QL (120 per 30 days)
LYSODREN	4	ST
LYTGOBI	4	ST
MATULANE	4	ST
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	ST; QL (1080 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	ST; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYLERAN	2	
NERLYNX	5	ST

Drug Name	Drug Tier	Requirements / Limits
NINLARO	4	ST; QL (3 per 30 days)
NUBEQA	5	ST; QL (120 per 30 days)
<i>octreotide acetate</i>	4	PA
ODOMZO	5	ST; QL (30 per 30 days)
OPDIVO INTRAVENOUS SOLUTION 120 MG/12 ML	4	ST
OPDUALAG	4	ST
ORSERDU ORAL TABLET 345 MG	4	ST; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	ST; QL (90 per 30 days)
PEMAZYRE	4	ST; LA; QL (14 per 30 days)
PHESGO	4	ST
PIQRAY	4	ST
POMALYST	4	ST
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	5	
REVLIMID	4	ST; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	4	ST
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 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
RUBRACA	4	ST; QL (120 per 30 days)
RYDAPT	4	ST; QL (224 per 30 days)
SANDIMMUNE ORAL SOLUTION	2	
SCEMBLIX ORAL TABLET 20 MG	4	ST; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	ST; QL (300 per 30 days)
SIGNIFOR	4	PA
<i>sirolimus</i>	1	
SOMATULINE DEPOT	5	ST; QL (1 per 21 days)
<i>sorafenib</i>	4	ST; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	ST; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	4	ST; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	4	ST; QL (60 per 30 days)
STIVARGA	4	ST; QL (84 per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	4	ST; QL (90 per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	4	ST; QL (30 per 30 days)
TABRECTA	4	ST
<i>tacrolimus oral</i>	1	
TAFINLAR ORAL CAPSULE	4	ST; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	ST; QL (840 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
TAGRISSEO	4	ST; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	ST
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	ST; QL (30 per 30 days)
<i>tamoxifen</i>	0	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	ST; QL (112 per 30 days)
TASIGNA ORAL CAPSULE 50 MG	4	ST; QL (120 per 30 days)
<i>temozolomide</i>	4	ST
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	ST; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	ST; QL (60 per 30 days)
TIBSOVO	5	ST
<i>toremifene</i>	1	
<i>tretinoin (antineoplastic)</i>	3	ST
TYKERB	4	ST; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	ST; QL (56 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	ST; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	ST; QL (28 per 30 days)
VENCLEXTA STARTING PACK	4	ST; QL (42 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
VERZENIO	5	ST; QL (60 per 30 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 21 days)
VITRAKVI ORAL CAPSULE 100 MG	4	ST; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	ST; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	ST; QL (300 per 30 days)
VIZIMPRO	5	ST; QL (30 per 30 days)
VONJO	4	ST; QL (120 per 30 days)
VOTRIENT	4	ST; QL (120 per 30 days)
XALKORI	4	ST; QL (60 per 30 days)
XERMELO	5	PA; ST; QL (90 per 30 days)
XOSPATA	5	ST; QL (90 per 30 days)
YONSA	5	ST; QL (120 per 30 days)
ZEJULA ORAL CAPSULE	5	ST; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	ST; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	ST
ZELBORAF	4	ST; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ZOLINZA	4	ST; QL (120 per 30 days)
ZYDELIG	4	ST; QL (60 per 30 days)
ZYKADIA	4	ST; QL (90 per 30 days)
ZYNYZ	4	ST

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DIACOMIT	5	
<i>diazepam rectal</i>	1	
DILANTIN 30 MG	2	
<i>divalproex</i>	1	
EPIDIOLEX	4	PA
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</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>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam oral</i>	1	
<i>methsuximide</i>	1	
NAYZILAM	2	QL (2 per 30 days)
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	1	
<i>subvenite</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>vigabatrin oral powder in packet</i>	4	QL (150 per 30 days)
<i>vigabatrin oral tablet</i>	4	QL (180 per 30 days)
<i>vigadrone oral powder in packet</i>	4	QL (150 per 30 days)
<i>vigadrone oral tablet</i>	4	QL (180 per 30 days)
XCOPRI	3	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL (56 per 30 days)
XCOPRI TITRATION PACK	3	QL (28 per 30 days)
<i>zonisamide</i>	1	
ZTALMY	4	

ANTIPARKINSONISM AGENTS

<i>apomorphine</i>	4	QL (30 per 23 days)
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days)
NEUPRO	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	

MIGRAINE & CLUSTER HEADACHE THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate oral tablet 12.5 mg</i>	1	QL (12 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	QL (6 per 30 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	3	ST; QL (8 per 30 days)
<i>eletriptan</i>	1	QL (6 per 30 days)
EMGALITY PEN	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 23 days)
<i>ergotamine-caffeine</i>	1	
<i>frovatriptan</i>	1	QL (9 per 30 days)
<i>migergot</i>	1	
<i>naratriptan</i>	1	QL (9 per 30 days)
<i>rizatriptan</i>	1	QL (18 per 30 days)
<i>sumatriptan</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (1 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (1 per 30 days)
<i>sumatriptan-naproxen</i>	1	ST; QL (9 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL (6 per 30 days)
<i>zolmitriptan oral</i>	1	QL (6 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

<i>dalfampridine</i>	4	PA; QL (60 per 30 days)
<i>dichlorphenamide</i>	4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
FIRDAPSE	4	PA
<i>galantamine</i>	1	
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
NUEDEXTA	2	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYSONA	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (60 per 30 days)
ZEPOSIA	4	PA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	4	ST
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (7 per 30 days)

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet 10 mg</i>	1	\$0
<i>baclofen oral tablet 20 mg, 5 mg</i>	1	
<i>carisoprodol</i>	3	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
<i>dantrolene oral</i>	1	
<i>meprobamate</i>	3	
<i>metaxalone</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
<i>orphenadrine citrate oral</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	ST
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	ST
<i>acetaminophen-codeine oral tablet</i>	1	ST
<i>ascomp with codeine</i>	1	ST
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital compound w/codeine</i>	1	ST
<i>butalbital-acetaminop-caff-cod</i>	1	ST
<i>butalbital-acetaminophen oral capsule</i>	3	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	ST
<i>codeine-butalbital-asa-caff</i>	1	ST
<i>diskets</i>	1	ST
<i>endocet</i>	1	ST
<i>fentanyl</i>	1	ST; QL (15 per 23 days)
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	1	ST
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 2,500 mcg/50 ml (50 mcg/ml)</i>	1	ST
<i>fentanyl citrate buccal lozenge on a handle</i>	1	ST; QL (90 per 23 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	ST; QL (90 per 23 days)
<i>hydrocodone-acetaminophen oral solution</i>	1	ST
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	ST
<i>hydrocodone-ibuprofen</i>	1	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>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	ST
<i>hydromorphone oral liquid</i>	1	ST
<i>hydromorphone oral tablet</i>	1	ST
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL (60 per 23 days)
<i>hydromorphone rectal</i>	1	ST
<i>levorphanol tartrate oral tablet 2 mg</i>	1	ST
<i>methadone intravenous</i>	1	
<i>methadone oral concentrate</i>	1	ST
<i>methadone oral solution</i>	1	ST
<i>methadone oral tablet</i>	1	ST
<i>methadone oral tablet,soluble</i>	1	ST
<i>methadose oral concentrate</i>	1	ST
<i>methadose oral tablet,soluble</i>	1	ST
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 50 mg/50 ml (1 mg/ml)</i>	1	ST
<i>morphine concentrate oral solution</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir</i>	1	ST
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL (60 per 23 days)
<i>morphine oral capsule,extend.relea se pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL (90 per 23 days)
<i>morphine oral solution</i>	1	ST
<i>morphine oral tablet</i>	1	ST
<i>morphine oral tablet extended release</i>	1	ST; QL (120 per 23 days)
<i>morphine rectal</i>	1	ST
<i>oxycodone oral capsule</i>	1	ST
<i>oxycodone oral concentrate</i>	1	ST
<i>oxycodone oral solution</i>	1	ST
<i>oxycodone oral tablet</i>	1	ST
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (90 per 23 days)
<i>oxycodone-acetaminophen</i>	1	ST
<i>oxymorphone oral tablet</i>	1	ST
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL (90 per 23 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>prolate oral tablet</i>	1	ST
<i>tencon</i>	1	
<i>zebital</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin childrens</i>	0	ACA; OTC
<i>aspirin oral tablet</i>	0	ACA; OTC
<i>aspirin oral tablet, chewable</i>	0	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	ACA; OTC
<i>aspirin, buffd-calcium carb-mag</i>	0	ACA; OTC
<i>aspir-trin</i>	0	ACA; OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>bayer low dose aspirin</i>	0	ACA; OTC
<i>bufferin</i>	0	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol injection</i>	1	ST
<i>butorphanol nasal</i>	1	ST; QL (5 per 30 days)
<i>celecoxib</i>	1	
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL (150 per 21 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL (112 per 21 days)
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
<i>ecotrin</i>	0	ACA; OTC
<i>ecotrin low strength</i>	0	ACA; OTC
<i>etodolac</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	1	ST
<i>indomethacin oral</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	QL (2 per 30 days)
<i>lofena</i>	1	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet</i>	1	QL (30 per 30 days)
<i>meloxicam submicronized</i>	1	ST; QL (30 per 30 days)
<i>nabumetone</i>	1	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	1	QL (2 per 30 days)
<i>naltrexone</i>	1	
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	1	ST
NARCAN	2	QL (2 per 30 days)
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	0	ACA; OTC
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 600 mg</i>	1	ST
<i>tramadol oral tablet 50 mg</i>	1	ST; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	ST; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	ST; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	ST; QL (240 per 30 days)
<i>tri-buffered aspirin</i>	0	ACA; OTC
VISCO-3	4	PA
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	2	
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	\$0
<i>amitriptyline oral tablet 150 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet,disintegrating</i>	1	QL (60 per 30 days)
<i>armodafinil</i>	1	QL (30 per 30 days)
<i>asenapine maleate</i>	1	QL (60 per 30 days)
<i>atomoxetine</i>	1	
<i>bupropion hcl oral tablet 100 mg</i>	1	\$0
<i>bupropion hcl oral tablet 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	\$0; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	\$0; QL (60 per 30 days)
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	\$0; QL (30 per 30 days)
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	1	ST; QL (30 per 30 days)
<i>dexmethylphenidate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL (30 per 30 days)
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	\$0; QL (30 per 30 days)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	ST; QL (28 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
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	\$0; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	\$0
<i>fluoxetine oral capsule 40 mg</i>	1	\$0; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	ST; QL (4 per 30 days)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	PA; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	PA
<i>fluphenazine hcl oral</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	PA; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	2	QL (60 per 30 days)
<i>lithium carbonate</i>	1	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate</i>	1	
LUMRYZ	4	ST; QL (30 per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	QL (60 per 30 days)
<i>methamphetamine</i>	1	
<i>methylphenidate</i>	1	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet</i>	1	\$0
<i>mirtazapine oral tablet, disintegrating</i>	1	
<i>modafinil oral tablet 100 mg</i>	1	QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>molindone</i>	1	
<i>nefazodone</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg</i>	1	\$0
<i>nortriptyline oral capsule 75 mg</i>	1	
<i>nortriptyline oral solution</i>	1	
<i>olanzapine oral</i>	1	QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	\$0; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	\$0; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PA; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	PA; QL (30 per 30 days)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
QUAZEPAM	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ramelteon</i>	1	QL (30 per 30 days)
REXULTI	3	QL (30 per 30 days)
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating</i>	1	QL (60 per 30 days)
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	\$0; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	\$0; QL (45 per 30 days)
SODIUM OXYBATE	4	ST; QL (540 per 30 days)
<i>temazepam</i>	3	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	\$0
<i>trazodone oral tablet 300 mg</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	\$0; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	\$0; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 37.5 mg, 75 mg</i>	1	\$0; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLET	2	PA; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	PA; QL (30 per 30 days)
<i>vilazodone</i>	1	ST; QL (30 per 30 days)
XYREM	4	ST; QL (540 per 30 days)
XYWAV	4	ST; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
<i>zenedi oral tablet 10 mg, 5 mg</i>	1	
<i>ziprasidone hcl</i>	1	QL (60 per 30 days)
<i>zolpidem oral tablet</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	1	QL (30 per 30 days)
<i>zolpidem sublingual</i>	1	QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

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

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
<i>adenosine intravenous solution</i>	1	
<i>amiodarone intravenous solution</i>	1	
<i>amiodarone oral</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	
<i>aliskiren</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	\$0

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	\$0
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	1	\$0
<i>benazepril</i>	1	\$0
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	\$0
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan</i>	1	\$0
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 50 mg</i>	1	
<i>captopril oral tablet 25 mg</i>	1	\$0
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	\$0
<i>carvedilol</i>	1	\$0
<i>carvedilol phosphate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	\$0
<i>clonidine</i>	1	QL (4 per 21 days)
<i>clonidine hcl oral tablet 0.1 mg</i>	1	\$0
<i>clonidine hcl oral tablet 0.2 mg, 0.3 mg</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	\$0
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	\$0
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	\$0
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	1	
<i>diltiazem hcl oral tablet</i>	1	\$0
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	\$0
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	\$0; QL (60 per 30 days)
<i>enalapril maleate oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>enalapril maleate oral tablet</i>	1	\$0
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril oral tablet 10 mg</i>	1	
<i>fosinopril oral tablet 20 mg, 40 mg</i>	1	\$0
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg</i>	1	\$0
<i>furosemide oral tablet 80 mg</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg</i>	1	
<i>hydralazine oral tablet 25 mg, 50 mg</i>	1	\$0
<i>hydrochlorothiazide</i>	1	\$0
<i>indapamide</i>	1	\$0
<i>irbesartan oral tablet 150 mg, 300 mg</i>	1	\$0
<i>irbesartan oral tablet 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	PA; QL (30 per 90 days)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	\$0
<i>lisinopril-hydrochlorothiazide</i>	1	\$0
<i>losartan</i>	1	\$0
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	1	\$0
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone oral tablet 10 mg</i>	1	
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	1	\$0
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	\$0
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 60 mg, 90 mg</i>	1	\$0
<i>nifedipine oral tablet extended release 30 mg</i>	1	\$0
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	\$0
<i>propranolol oral capsule, extended release 24 hr</i>	1	\$0
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	\$0
<i>propranolol-hydrochlorothiazid</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>quinapril</i>	1	\$0
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril oral capsule 1.25 mg</i>	1	
<i>ramipril oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	\$0
<i>spironolactone</i>	1	\$0
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>taztia xt</i>	1	\$0
<i>telmisartan</i>	1	\$0
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	\$0; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	\$0; QL (60 per 30 days)
<i>tiadylt er</i>	1	\$0
<i>timolol maleate oral</i>	1	
<i>torse mide oral tablet 10 mg, 5 mg</i>	1	
<i>torse mide oral tablet 100 mg, 20 mg</i>	1	\$0
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	\$0
UPTRAVI ORAL TABLET	4	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; QL (200 per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	\$0
<i>valsartan oral tablet 320 mg</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 180 mg</i>	1	\$0
<i>verapamil oral tablet 120 mg</i>	1	\$0
<i>verapamil oral tablet 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 240 mg</i>	1	\$0
<i>verapamil oral tablet extended release 180 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digox</i>	1	
<i>digoxin oral</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral</i>	1	
<i>argatroban in 0.9 % sod chlor</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>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA
CEPROTIN (BLUE BAR)	5	
CEPROTIN (GREEN BAR)	5	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	5	PA
<i>dabigatran etexilate</i>	1	PA
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; QL (15 per 30 days)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	
<i>eptifibatide intravenous solution 2 mg/ml</i>	1	
<i>fondaparinux</i>	4	
<i>hep flush-10 (pf)</i>	1	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine)</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
<i>jantoven</i>	1	\$0
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL (10 per 30 days)
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL TABLET	4	PA
TAVALISSE	4	PA; QL (60 per 30 days)
<i>tirofiban-0.9% sodium chloride intravenous solution 5 mg/100 ml (50 mcg/ml)</i>	1	
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
<i>warfarin</i>	1	\$0
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	\$0; ACA; QL (30 per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	\$0; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	0	ACA; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	0	ACA; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	0	ACA; QL (30 per 30 days)
<i>gemfibrozil</i>	1	\$0
<i>icosapent ethyl</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA
<i>lovastatin oral tablet 10 mg</i>	0	\$0; ACA; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	0	\$0; ACA; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pravastatin</i>	0	\$0; ACA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 21 days)
REPATHA SURECLICK	2	PA; QL (2 per 21 days)
REPATHA SYRINGE	2	PA; QL (2 per 21 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	\$0; ACA; QL (30 per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	\$0; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	\$0; ACA; QL (30 per 30 days)
<i>simvastatin oral tablet 80 mg</i>	1	\$0; QL (30 per 30 days)
VASCEPA	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	QL (30 per 30 days)
ENTRESTO	2	QL (60 per 30 days)
<i>isoproterenol hcl</i>	1	
<i>ranolazine</i>	1	
VERQUVO	2	QL (30 per 30 days)
VYNDAMAX	5	PA
VYNDAQEL	5	PA
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
<i>calcipotriene scalp</i>	1	QL (120 per 23 days)
<i>calcipotriene topical cream</i>	1	QL (120 per 23 days)
<i>calcipotriene topical ointment</i>	1	QL (120 per 23 days)
<i>calcipotriene-betamethasone</i>	1	QL (60 per 23 days)
<i>calcitriol topical</i>	1	
COSENTYX (2 SYRINGES)	5	PA; QL (2 per 21 days)
COSENTYX PEN	5	PA; QL (2 per 21 days)
COSENTYX PEN (2 PENS)	5	PA; QL (2 per 21 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 per 21 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
<i>selenium sulfide topical lotion</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
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 63 days)
SPEVIGO	4	PA
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (90 per 42 days)
TALTZ AUTOINJECTOR	4	PA; QL (1 per 21 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (1 per 21 days)
TALTZ SYRINGE	4	PA; QL (1 per 21 days)
TREMFYA	4	PA; QL (100 per 42 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; QL (6 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>ammonium lactate</i>	1	
CIBINQO ORAL TABLET 100 MG, 50 MG	4	PA; QL (30 per 30 days)
CIBINQO ORAL TABLET 200 MG	4	PA; QL (30 per 23 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 21 days)
<i>doxepin topical</i>	1	ST; QL (90 per 23 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (400 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (600 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (2 per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (400 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (600 per 21 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
<i>methoxsalen</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>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
<i>pimecrolimus</i>	1	PA; QL (120 per 23 days)
<i>podofilox</i>	1	
<i>prudoxin</i>	1	ST; QL (90 per 23 days)
REGRANEX	2	QL (15 per 30 days)
<i>tacrolimus topical</i>	1	PA; QL (120 per 23 days)
VALCHLOR	4	ST
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
<i>amnesteem</i>	1	
<i>avita topical cream</i>	1	PA
<i>azelaic acid</i>	1	
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>claravis</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindacin</i>	1	QL (100 per 23 days)
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical foam</i>	1	QL (100 per 23 days)
<i>clindamycin phosphate topical gel</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	QL (150 per 450 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical solution</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>dapsone topical gel</i>	1	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin</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>ivermectin topical cream</i>	1	QL (60 per 23 days)
<i>metronidazole topical</i>	1	
<i>neuac</i>	1	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
<i>tazarotene topical cream</i>	1	PA
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres topical gel</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	1	ST
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (30 per 23 days)
<i>lidocort</i>	1	
ZTLIDO	2	PA

TOPICAL ANTIBACTERIALS

Drug Name	Drug Tier	Requirements / Limits
ALTABAX	3	ST; QL (30 per 30 days)
<i>gentamicin topical</i>	1	QL (60 per 30 days)
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL (44 per 30 days)
<i>mupirocin calcium</i>	1	ST; QL (30 per 30 days)
<i>strong iodine topical</i>	1	
SULFAMYLON TOPICAL CREAM	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream</i>	1	QL (90 per 21 days)
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (90 per 21 days)
<i>ciclopirox topical gel</i>	1	QL (100 per 21 days)
<i>ciclopirox topical shampoo</i>	1	QL (120 per 21 days)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (60 per 21 days)
<i>clotrimazole topical cream</i>	1	QL (45 per 21 days)
<i>clotrimazole topical solution</i>	1	QL (60 per 21 days)
<i>clotrimazole-betamethasone topical cream</i>	1	QL (90 per 21 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>clotrimazole-betamethasone topical lotion</i>	1	QL (60 per 21 days)
<i>econazole</i>	1	QL (85 per 21 days)
<i>ketconazole topical cream</i>	1	QL (60 per 21 days)
<i>ketconazole topical foam</i>	1	QL (100 per 21 days)
<i>ketconazole topical shampoo</i>	1	QL (120 per 21 days)
<i>ketodan</i>	1	QL (100 per 21 days)
<i>ketodan kit</i>	1	
LULICONAZOLE	3	QL (60 per 21 days)
MENTAX	3	QL (30 per 21 days)
<i>naftifine topical cream 1 %</i>	1	QL (90 per 21 days)
<i>naftifine topical cream 2 %</i>	1	QL (60 per 21 days)
<i>naftifine topical gel 2 %</i>	1	QL (60 per 21 days)
<i>nyamyc</i>	1	QL (180 per 30 days)
<i>nystatin topical cream</i>	1	QL (60 per 21 days)
<i>nystatin topical ointment</i>	1	QL (60 per 21 days)
<i>nystatin topical powder</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	QL (60 per 21 days)
<i>nystop</i>	1	QL (180 per 30 days)
<i>oxiconazole</i>	1	QL (90 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
<i>tavaborole</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; QL (30 per 30 days)
DENAVIR	2	
<i>penciclovir</i>	1	
XERESE	3	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone</i>	1	
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
<i>clobetasol scalp</i>	1	QL (100 per 23 days)
<i>clobetasol topical cream</i>	1	QL (120 per 23 days)
<i>clobetasol topical foam</i>	1	ST; QL (100 per 23 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>clobetasol topical gel</i>	1	QL (120 per 23 days)
<i>clobetasol topical lotion</i>	1	ST; QL (118 per 23 days)
<i>clobetasol topical ointment</i>	1	QL (120 per 23 days)
<i>clobetasol topical shampoo</i>	1	ST; QL (236 per 23 days)
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL (125 per 23 days)
<i>clobetasol-emollient topical cream</i>	1	QL (120 per 23 days)
<i>clobetasol-emollient topical foam</i>	1	ST; QL (100 per 23 days)
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL (236 per 23 days)
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QL (120 per 23 days)
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL (120 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical gel</i>	1	QL (120 per 23 days)
<i>fluocinonide topical ointment</i>	1	QL (120 per 23 days)
<i>fluocinonide topical solution</i>	1	QL (120 per 23 days)
<i>fluocinonide-e</i>	1	QL (120 per 23 days)
<i>flurandrenolide</i>	1	ST; QL (120 per 23 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL (120 per 23 days)
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL (118 per 23 days)
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL (120 per 21 days)
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL (120 per 23 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>hydrocortisone butyr-emollient</i>	1	QL (120 per 23 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone topical</i>	1	
<i>nolix</i>	1	ST; QL (120 per 23 days)
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
<i>tovet emollient</i>	1	ST; QL (100 per 23 days)
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL (126 per 23 days)
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>tritocin</i>	1	ST
TOPICAL ENZYMES		
SANTYL	2	QL (180 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
CARBAGLU	5	
<i>carglumic acid</i>	5	
<i>cevimeline</i>	1	
CHEMET	2	PA
<i>deferasirox oral granules in packet</i>	4	PA
<i>deferasirox oral tablet 180 mg</i>	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>deferasirox oral tablet 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet, dispersible</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
EMPAVELI	4	PA
ENJAYMO	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
GLASSIA	5	PA; LA
INCRELEX	4	PA
LAMZEDE	4	PA
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA
NITYR	5	PA
PEDMARK	2	
PHEBURANE	4	
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RAVICTI	4	
<i>riluzole</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	
<i>tiopronin</i>	4	
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XENPOZYME	4	PA
XURIDEN	5	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	ACA; QL (180 per 365 days)
NICODERM CQ	0	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL GUM 2 MG	0	ACA; OTC; QL (180 per 365 days)
<i>nicorette buccal gum 4 mg</i>	0	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL LOZENGE	0	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC; QL (180 per 365 days)
<i>nicotine</i>	0	ACA; OTC; QL (180 per 365 days)
<i>nicotine (polacrilex)</i>	0	ACA; OTC; QL (180 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
NICOTROL	0	ACA; QL (180 per 365 days)
NICOTROL NS	0	ACA; QL (180 per 365 days)
<i>quit 2</i>	0	ACA; OTC; QL (180 per 365 days)
<i>quit 4</i>	0	ACA; OTC; QL (180 per 365 days)
<i>stop smoking aid</i>	0	ACA; OTC; QL (180 per 365 days)
<i>varenicline</i>	0	ACA; QL (180 per 365 days)

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental</i>	1	
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days)
<i>olopatadine nasal</i>	1	QL (31 per 30 days)
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

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

OTIC STEROID / ANTIBIOTIC

CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>cortisone</i>	1	
<i>dexabliss</i>	1	
<i>dexamethasone</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone intensol</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	\$0
<i>prednisone oral tablets, dose pack</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE TEST	2	OTC
PRECISION XTRA TEST	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	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
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (2 per 30 days)
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL (2 per 30 days)
GVOKE	2	QL (2 per 30 days)
GVOKE HYPOPEN 2-PACK	2	QL (2 per 30 days)
GVOKE PFS 2-PACK SYRINGE	2	QL (2 per 30 days)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	

Drug Name	Drug Tier	Requirements / Limits
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
CEQR SIMPLICITY	2	
FREESTYLE CONTROL	2	OTC
FREESTYLE FLASH SYSTEM	2	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (2 per 21 days)
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR	2	QL (2 per 21 days)
FREESTYLE LIBRE 3 SENSOR	2	QL (2 per 21 days)
FREESTYLE LITE METER	2	OTC
FREESTYLE SIDEKICK II	2	OTC
FREESTYLE SYSTEM KIT	2	OTC
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
MEDISENSE GLUCOSE KETONE	2	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	PA; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	PA; QL (15 per 28 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	PA; QL (15 per 21 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	PA; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	PA; QL (15 per 21 days)
OMNIPOD GO PODS 10 UNITS/DAY	3	PA
PRECISION XTRA KETONE- GLUCOSE	2	OTC
PRECISION XTRA MONITOR	2	OTC
SAFE-CLIP NEEDLE STORAGE DEV	2	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 INSULN U- 100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U- 100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LEVEMIR U-100 INSULIN	3	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	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
LYUMJEV U-100 INSULIN	2	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULIN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
RELION NOVOLIN 70/30	3	
RELION NOVOLIN N	3	
RELION NOVOLIN R	3	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
SOLIQUA 100/33	3	QL (15 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	1	QL (8 per 21 days)
<i>calcitonin (salmon)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; QL (56 per 30 days)
<i>cinacalcet</i>	3	ST
<i>danazol</i>	1	
<i>desmopressin injection</i>	4	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	1	ST
<i>javygtor</i>	4	PA
KUVAN	4	PA
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
<i>miglustat</i>	4	PA; QL (90 per 30 days)
MYALEPT	4	PA
ORILISSA ORAL TABLET 150 MG	2	ST; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	2	ST; QL (60 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; QL (8 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (60 per 30 days)
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	ST
SAMSCA ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
<i>sapropterin</i>	4	PA
SOMAVERT	4	
STRENSIQ	4	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA; QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; QL (75 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (30 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL (60 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (30 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 per 30 days)
<i>vasopressin</i>	1	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BYDUREON	2	PA; QL (4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; QL (3 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL (2 per 30 days)
FARXIGA	2	ST; QL (30 per 30 days)
<i>glimepiride</i>	1	\$0
<i>glipizide</i>	1	\$0
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	1	
<i>glipizide-metformin oral tablet 5-500 mg</i>	1	\$0
<i>glyburide micronized</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>glyburide oral tablet 5 mg</i>	1	\$0
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	1	
<i>glyburide-metformin oral tablet 5-500 mg</i>	1	\$0
GLYXAMBI	2	ST; QL (30 per 30 days)
JANUMET	2	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
JANUVIA	2	ST; QL (30 per 30 days)
JARDIANCE	2	ST; QL (30 per 30 days)
<i>metformin oral solution</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	\$0
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	\$0; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	\$0; QL (60 per 30 days)
<i>miglitol</i>	1	
MOUNJARO	2	PA; QL (2 per 30 days)
<i>nateglinide</i>	1	
<i>pioglitazone</i>	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	QL (90 per 30 days)
<i>repaglinide</i>	1	
<i>saxagliptin</i>	1	QL (30 per 30 days)
SEGLUROMET	2	ST; QL (60 per 30 days)
STEGLATRO	2	ST; QL (30 per 30 days)
STEGLUJAN	2	ST; QL (30 per 30 days)
SYMLINPEN 120	2	ST; QL (21.6 per 30 days)
SYMLINPEN 60	2	ST; QL (9 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
SYNJARDY	2	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 per 30 days)
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL (2 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 per 30 days)
THYROID HORMONES		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	\$0
<i>levo-t</i>	1	\$0
<i>levothyroxine oral tablet</i>	1	\$0
<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	\$0
<i>liothyronine oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>niva thyroid</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>thyroid (pork)</i>	1	
<i>unithroid</i>	1	\$0
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>atropine intravenous solution</i>	1	
<i>belladonna alkaloids-opium</i>	1	ST
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (pf)</i>	1	
<i>glycopyrrolate oral</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine</i>	1	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</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>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	

MISCELLANEOUS AGENTS

<i>lanthanum</i>	1	QL (90 per 30 days)
LOKELMA	2	QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	1	QL (270 per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	1	QL (90 per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i>	1	QL (270 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
VELPHORO	3	QL (120 per 30 days)

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	1	
<i>alvimopan</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	ST; QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	ST; QL (2 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	1	ST; QL (3 per 30 days)
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA
<i>budesonide oral</i>	1	
<i>budesonide rectal</i>	1	
CHENODAL	5	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
<i>citrate of magnesia</i>	0	ACA; OTC
<i>citroma</i>	0	ACA; OTC
<i>clearlax oral powder</i>	0	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL (120 per 30 days)
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
<i>enulose</i>	1	
<i>gavilax oral powder</i>	0	ACA; OTC
<i>gavilyte-c</i>	0	ACA
<i>gavilyte-g</i>	0	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>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	0	ACA; OTC
<i>gentlelax</i>	0	ACA; OTC
<i>granisetron hcl oral</i>	1	QL (6 per 30 days)
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
<i>lactulose oral packet</i>	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>laxative peg 3350</i>	0	ACA; OTC
<i>lubiprostone</i>	1	QL (60 per 30 days)
<i>magnesium citrate oral solution</i>	0	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	0	ACA; OTC
<i>milk of magnesia concentrated</i>	0	ACA; OTC
MOVANTIK	2	QL (30 per 30 days)
<i>natura-lax</i>	0	ACA; OTC
OCALIVA	4	PA; QL (30 per 30 days)
<i>ondansetron</i>	1	QL (9 per 30 days)
<i>ondansetron hcl oral solution</i>	1	QL (100 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>oral saline laxative</i>	0	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	2	
<i>peg 3350-electrolytes</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0	ACA
<i>peg-electrolyte soln</i>	0	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
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
<i>phosphate laxative</i>	0	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	0	ACA; OTC
<i>powderlax oral powder</i>	0	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	0	ACA; OTC
RECTIV	2	
RELISTOR ORAL	3	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
<i>scopolamine base</i>	1	
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 per 42 days)

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (1 per 42 days)
<i>smoothlax oral powder</i>	0	ACA; OTC
<i>sodium,potassium,m ag sulfates</i>	0	ACA
SUCRAID	4	
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	3	
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	
UCERIS RECTAL	3	
<i>ursodiol</i>	1	
VARUBI	2	ST; QL (2 per 30 days)
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	0	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
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	2	

ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (112 per 30 days)
<i>bismuth subcit k-metronidz-tcn</i>	1	
CARAFATE ORAL SUSPENSION	2	
<i>cimetidine</i>	1	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL (30 per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol</i>	1	
<i>nizatidine oral capsule</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	\$0; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	\$0

You can find information 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>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	\$0; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	\$0
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>sucralfate</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

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

BIOTECHNOLOGY DRUGS

LEUKINE INJECTION RECON SOLN	4	ST
MOZOBIL	5	
NEULASTA	4	ST; QL (2 per 23 days)
NEULASTA ONPRO	4	ST; QL (2 per 23 days)
NIVESTYM	4	ST
<i>plerixafor</i>	5	
PROCRIT	4	PA
PROLEUKIN	4	ST
RETACRIT	4	ST

Drug Name	Drug Tier	Requirements / Limits
UDENYCA	4	ST; QL (2 per 23 days)
ZIEXTENZO	4	ST; QL (2 per 23 days)
ZYNTEGLO	4	PA

GROWTH HORMONES

EGRIFTA SV	4	PA
OMNITROPE	5	PA

INTERFERONS

ACTIMMUNE	4	ST
ALFERON N	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	4	ST; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	ST; QL (2 per 21 days)

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; QL (4 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; QL (4 per 21 days)
BAFIERTAM	4	PA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT	4	PA; QL (14 per 23 days)
<i>dimethyl fumarate</i>	4	PA; QL (60 per 30 days)
<i>fingolimod</i>	4	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 23 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>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 23 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 23 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 23 days)
KESIMPTA PEN	4	PA; QL (1 per 21 days)
MAYZENT	4	PA; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; QL (7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (12 per 30 days)
PLEGRIDY INTRAMUSCULAR	5	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; QL (1 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
PONVORY	4	PA; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	4	PA; QL (14 per 30 days)
REBIF (WITH ALBUMIN)	4	PA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (5 per 21 days)
REBIF TITRATION PACK	4	PA; QL (5 per 21 days)
TECFIDERA	4	PA; QL (60 per 30 days)
<i>teriflunomide</i>	4	PA; QL (30 per 30 days)
VUMERITY	4	PA; QL (120 per 30 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	0	ACA
ACAM2000 (NATIONAL STOCKPILE)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	0	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
AFLURIA QUAD 2023-2024(6MO UP)	0	ACA
AREXVY (PF)	0	ACA
BEXSERO	0	ACA
BIOTHRAX	0	ACA
BOOSTRIX TDAP	0	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	0	ACA
DENGVAXIA (PF)	0	ACA
ENGERIX-B (PF)	0	ACA
ENGERIX-B PEDIATRIC (PF)	0	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	0	ACA
FLUARIX QUAD 2023-2024 (PF)	0	ACA
FLUBLOK QUAD 2023-2024 (PF)	0	ACA
FLUCELVAX QUAD 2023-2024	0	ACA
FLUCELVAX QUAD 2023-2024 (PF)	0	ACA
FLULAVAL QUAD 2023-2024 (PF)	0	ACA
FLUMIST QUAD 2023-2024	0	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	0	ACA
FLUZONE QUAD 2023-2024	0	ACA
FLUZONE QUAD 2023-2024 (PF)	0	ACA

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD LIQUID	4	PA
GAMUNEX-C	4	PA
GARDASIL 9 (PF)	0	ACA
HAVRIX (PF)	0	ACA
HIBERIX (PF)	0	ACA
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA
IMOVAX RABIES VACCINE (PF)	0	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL	0	ACA
IXIARO (PF)	0	ACA
JYNNEOS (PF)(STOCKPILE)	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENVEO A-C-Y-W-135-DIP (PF)	0	ACA
M-M-R II (PF)	0	ACA
MODERNA COVID BIVAL(6M UP)(PF)	0	ACA
MODERNA COVID BIVAL(6M-5Y)-PF	0	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA)	0	ACA
PEDVAX HIB (PF)	0	ACA
PFIZER COVID BIVAL(12Y UP)(PF)	0	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
PFIZER COVID BIVAL(5-11YR)(PF)	0	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF)	0	ACA
PNEUMOVAX-23	0	ACA
PREHEVBRIO (PF)	0	ACA
PREVNAR 13 (PF)	0	ACA
PREVNAR 20 (PF)	0	ACA
PRIORIX (PF)	0	ACA
PROQUAD (PF)	0	ACA
QUADRACEL (PF)	0	ACA
RABAVERT (PF)	0	ACA
RECOMBIVAX HB (PF)	0	ACA
ROTARIX	0	ACA
ROTATEQ VACCINE	0	ACA
SHINGRIX (PF)	0	ACA
STAMARIL (PF)	0	ACA
TDVAX	0	ACA
TICOVAC	2	
TRUMENBA	0	ACA
TWINRIX (PF)	0	ACA
TYPHIM VI	0	ACA
VARIVAX (PF)	0	ACA
VARIZIG	2	
VAXCHORA VACCINE	0	ACA
VAXNEUVANCE (PF)	0	ACA
VIVOTIF	0	ACA
YF-VAX (PF)	0	ACA

Drug Name	Drug Tier	Requirements / Limits
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod</i>	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	\$0
<i>colchicine (gout) oral tablet</i>	1	
<i>febuxostat</i>	1	ST
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	QL (300 per 21 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	\$0; QL (4 per 21 days)
<i>ibandronate oral</i>	1	QL (1 per 23 days)
<i>raloxifene</i>	1	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 per 23 days)
<i>risedronate oral tablet 35 mg</i>	1	QL (4 per 21 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL (4 per 21 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
TYMLOS	5	PA; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	ST; QL (3.6 per 21 days)
ACTEMRA SUBCUTANEOUS	4	ST; QL (3.6 per 21 days)
ADALIMUMAB- ADAZ	4	PA
AMJEVITA(CF) AUTOINJECTOR	4	PA; QL (2 per 21 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; QL (2 per 21 days)
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 21 days)
CYLTEZO(CF)	4	PA
CYLTEZO(CF) PEN	4	PA
CYLTEZO(CF) PEN CROHN'S-UC- HS	4	PA
CYLTEZO(CF) PEN PSORIASIS STRT	4	PA
ENBREL MINI	4	PA; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; QL (8 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; QL (4 per 21 days)
ENBREL SURECLICK	4	PA; QL (4 per 21 days)
HUMIRA PEN	4	PA; QL (2 per 21 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 per 365 days)
HUMIRA PEN PSOR-UEVITS- ADOL HS	4	PA; QL (4 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (2 per 21 days)
HUMIRA(CF)	4	PA; QL (2 per 21 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; 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
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 per 21 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA
HYRIMOZ PEN PSORIASIS STARTER	4	PA
HYRIMOZ(CF)	4	PA
HYRIMOZ(CF) PEDI CROHN STARTER	4	PA
HYRIMOZ(CF) PEN	4	PA
<i>leflunomide</i>	1	QL (30 per 30 days)
OTEZLA	4	PA; QL (60 per 23 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 per 274 days)
<i>penicillamine</i>	3	PA
RIDAURA	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; QL (30 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; QL (56 per 365 days)
SAVELLA ORAL TABLET	2	ST; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL (55 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (1 per 23 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (1 per 23 days)
XELJANZ ORAL SOLUTION	4	PA; QL (300 per 30 days)
XELJANZ ORAL TABLET	4	PA; QL (60 per 30 days)
XELJANZ XR	4	PA; QL (30 per 30 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	0	ACA
FC2 FEMALE CONDOM	0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
KYLEENA	0	ACA
MIRENA	0	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
PARAGARD T 380A	0	ACA
SKYLA	0	ACA
TRUSTEX LUBRICATED CONDOMS	0	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS	0	ACA; OTC

ESTROGENS & PROGESTINS		
<i>amabelz</i>	1	
<i>camila</i>	0	ACA
<i>deblitane</i>	0	ACA
<i>dotti</i>	1	QL (8 per 21 days)
DUAVEE	3	
<i>errin</i>	0	ACA
<i>estradiol oral</i>	1	\$0
<i>estradiol transdermal gel in packet</i>	1	QL (30 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	1	QL (8 per 21 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 per 21 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	0	ACA
<i>incassia</i>	0	ACA
<i>jencycla</i>	0	ACA
<i>jinteli</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lyleq</i>	0	ACA
<i>lyllana</i>	1	QL (8 per 21 days)
<i>lyza</i>	0	ACA
<i>medroxyprogesteron e intramuscular</i>	0	ACA; QL (1 per 68 days)
<i>medroxyprogesteron e oral</i>	1	
<i>mimvey</i>	1	
<i>nora-be</i>	0	ACA
<i>norethindrone (contraceptive)</i>	0	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>progesterone</i>	4	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	0	ACA
<i>tulana</i>	0	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	
<i>eluryng</i>	0	ACA
<i>etonogestrel-ethinyl estradiol</i>	0	ACA
<i>haloette</i>	0	ACA
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE	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
NEXPLANON	0	ACA
ORIAHNN	2	
OSPHENA	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	ACA; OTC
<i>tranexamic acid oral</i>	1	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL	0	ACA; OTC
<i>xulane</i>	0	ACA
<i>zafemy</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	ACA
<i>after pill</i>	0	ACA; OTC; QL (1 per 30 days)
<i>altavera (28)</i>	0	ACA
<i>alyacen 1/35 (28)</i>	0	ACA
<i>alyacen 7/7/7 (28)</i>	0	ACA
<i>amethia</i>	0	ACA
<i>amethyst (28)</i>	0	ACA
<i>apri</i>	0	ACA
<i>aranelle (28)</i>	0	ACA
<i>ashlyna</i>	0	ACA
<i>aubra</i>	0	ACA
<i>aubra eq</i>	0	ACA
<i>aurovela 1.5/30 (21)</i>	0	ACA
<i>aurovela 1/20 (21)</i>	0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 24 fe</i>	0	ACA
<i>aurovela fe 1.5/30 (28)</i>	0	ACA
<i>aurovela fe 1-20 (28)</i>	0	ACA
<i>aviane</i>	0	ACA
<i>ayuna</i>	0	ACA
<i>azurette (28)</i>	0	ACA
<i>balziva (28)</i>	0	ACA
<i>blisovi 24 fe</i>	0	ACA
<i>blisovi fe 1.5/30 (28)</i>	0	ACA
<i>blisovi fe 1/20 (28)</i>	0	ACA
<i>briellyn</i>	0	ACA
<i>camrese</i>	0	ACA
<i>camrese lo</i>	0	ACA
<i>caziant (28)</i>	0	ACA
<i>charlotte 24 fe</i>	0	ACA
<i>chateal (28)</i>	0	ACA
<i>chateal eq (28)</i>	0	ACA
<i>cryselle (28)</i>	0	ACA
<i>curae</i>	0	ACA; OTC; QL (1 per 30 days)
<i>cyred</i>	0	ACA
<i>cyred eq</i>	0	ACA
<i>dasetta 1/35 (28)</i>	0	ACA
<i>dasetta 7/7/7 (28)</i>	0	ACA
<i>daysee</i>	0	ACA
<i>desog-e.estradiol/e.estradiol</i>	0	ACA
<i>dolishale</i>	0	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>drospirenone-ethinyl estradiol</i>	0	ACA
<i>econtra ez</i>	0	ACA; OTC; QL (1 per 30 days)
<i>econtra one-step</i>	0	ACA; OTC; QL (1 per 30 days)
<i>elinest</i>	0	ACA
ELLA	0	ACA; QL (1 per 30 days)
<i>enpresse</i>	0	ACA
<i>enskyce</i>	0	ACA
<i>estarylla</i>	0	ACA
<i>ethynodiol diac-eth estradiol</i>	0	ACA
<i>falmina (28)</i>	0	ACA
<i>finzala</i>	0	ACA
<i>gemmily</i>	0	ACA
<i>hailey</i>	0	ACA
<i>hailey 24 fe</i>	0	ACA
<i>hailey fe 1.5/30 (28)</i>	0	ACA
<i>hailey fe 1/20 (28)</i>	0	ACA
<i>her style</i>	0	ACA; OTC; QL (1 per 30 days)
<i>iclevia</i>	0	ACA
<i>isibloom</i>	0	ACA
<i>jaimiess</i>	0	ACA
<i>jasmiel (28)</i>	0	ACA
<i>jolessa</i>	0	ACA
<i>juleber</i>	0	ACA
<i>junel 1.5/30 (21)</i>	0	ACA
<i>junel 1/20 (21)</i>	0	ACA
<i>junel fe 1.5/30 (28)</i>	0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>junel fe 1/20 (28)</i>	0	ACA
<i>junel fe 24</i>	0	ACA
<i>kaitlib fe</i>	0	ACA
<i>kalliga</i>	0	ACA
<i>kariva (28)</i>	0	ACA
<i>kelnor 1/35 (28)</i>	0	ACA
<i>kelnor 1-50 (28)</i>	0	ACA
<i>kurvelo (28)</i>	0	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	0	ACA
<i>larin 1.5/30 (21)</i>	0	ACA
<i>larin 1/20 (21)</i>	0	ACA
<i>larin 24 fe</i>	0	ACA
<i>larin fe 1.5/30 (28)</i>	0	ACA
<i>larin fe 1/20 (28)</i>	0	ACA
<i>layolis fe</i>	0	ACA
<i>leena 28</i>	0	ACA
<i>lessina</i>	0	ACA
<i>levonest (28)</i>	0	ACA
<i>levonorgestrel</i>	0	ACA; OTC; QL (1 per 30 days)
<i>levonorgestrel-ethinyl estrad</i>	0	ACA
<i>levonorg-eth estrad triphasic</i>	0	ACA
<i>levora-28</i>	0	ACA
<i>lojaimiess</i>	0	ACA
<i>loryna (28)</i>	0	ACA
<i>low-ogestrel (28)</i>	0	ACA
<i>lo-zumandimine (28)</i>	0	ACA
<i>lutera (28)</i>	0	ACA
<i>marlissa (28)</i>	0	ACA
<i>merzee</i>	0	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>mibelas 24 fe</i>	0	ACA
<i>microgestin 1.5/30 (21)</i>	0	ACA
<i>microgestin 1/20 (21)</i>	0	ACA
<i>microgestin 24 fe</i>	0	ACA
<i>microgestin fe 1.5/30 (28)</i>	0	ACA
<i>microgestin fe 1/20 (28)</i>	0	ACA
<i>mili</i>	0	ACA
<i>mono-linyah</i>	0	ACA
<i>my choice</i>	0	ACA; OTC; QL (1 per 30 days)
<i>my way</i>	0	ACA; OTC; QL (1 per 30 days)
<i>necon 0.5/35 (28)</i>	0	ACA
<i>new day</i>	0	ACA; OTC; QL (1 per 30 days)
<i>nikki (28)</i>	0	ACA
<i>noreth-ethinyl estradiol-iron</i>	0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	ACA
<i>norethindrone-e.estradiol-iron</i>	0	ACA
<i>norgestimate-ethinyl estradiol</i>	0	ACA
<i>nortrel 0.5/35 (28)</i>	0	ACA
<i>nortrel 1/35 (21)</i>	0	ACA
<i>nortrel 1/35 (28)</i>	0	ACA
<i>nortrel 7/7/7 (28)</i>	0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 1/35 (28)</i>	0	ACA
<i>nylia 7/7/7 (28)</i>	0	ACA
<i>nymyo</i>	0	ACA
<i>ocella</i>	0	ACA
<i>opcicon one-step</i>	0	ACA; OTC; QL (1 per 30 days)
<i>option-2</i>	0	ACA; OTC; QL (1 per 30 days)
<i>philith</i>	0	ACA
<i>pimtrea (28)</i>	0	ACA
PLAN B ONE-STEP	0	ACA; OTC; QL (1 per 30 days)
<i>portia 28</i>	0	ACA
<i>reclipsen (28)</i>	0	ACA
<i>rivelsa</i>	0	ACA
<i>setlakin</i>	0	ACA
<i>simliya (28)</i>	0	ACA
<i>simpesse</i>	0	ACA
<i>sprintec (28)</i>	0	ACA
<i>sronyx</i>	0	ACA
<i>syeda</i>	0	ACA
<i>tarina 24 fe</i>	0	ACA
<i>tarina fe 1/20 (28)</i>	0	ACA
<i>taysofy</i>	0	ACA
<i>tilia fe</i>	0	ACA
<i>tri-estarylla</i>	0	ACA
<i>tri-legest fe</i>	0	ACA
<i>tri-linyah</i>	0	ACA
<i>tri-lo-estarylla</i>	0	ACA
<i>tri-lo-marzia</i>	0	ACA
<i>tri-lo-mili</i>	0	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>tri-lo-sprintec</i>	0	ACA
<i>tri-mili</i>	0	ACA
<i>tri-nymyo</i>	0	ACA
<i>tri-sprintec (28)</i>	0	ACA
<i>trivora (28)</i>	0	ACA
<i>tri-vylibra</i>	0	ACA
<i>tri-vylibra lo</i>	0	ACA
<i>tydemy</i>	0	ACA
<i>velivet triphasic regimen (28)</i>	0	ACA
<i>vestura (28)</i>	0	ACA
<i>vienva</i>	0	ACA
<i>viorele (28)</i>	0	ACA
<i>volnea (28)</i>	0	ACA
<i>vyfemla (28)</i>	0	ACA
<i>vylibra</i>	0	ACA
<i>wera (28)</i>	0	ACA
<i>wymzya fe</i>	0	ACA
<i>zarah</i>	0	ACA
<i>zovia 1-35 (28)</i>	0	ACA
<i>zumandimine (28)</i>	0	ACA
OXYTOCICS		
<i>methergine</i>	1	ST; QL (240 per 30 days)
<i>methylergonovine oral</i>	1	ST; QL (240 per 30 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclopen-tropic-phenyleph-watr</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	3	ST
<i>altacaine</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	1	
BYOOVIZ	4	PA
CIMERLI	4	PA
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	1	PA; QL (60 per 30 days)
CYSTARAN	4	

Drug Name	Drug Tier	Requirements / Limits
<i>epinastine</i>	1	
LUXTURNA	5	PA
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	4	PA
<i>proparacaine</i>	1	
RESTASIS MULTIDOSE	2	PA; QL (6 per 30 days)
<i>tetracaine hcl</i>	1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac ophthalmic (eye)</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>latanoprost</i>	1	\$0
<i>miostat</i>	1	
<i>tafluprost (pf)</i>	1	ST
<i>travoprost</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VYZULTA	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate</i>	1	
OZURDEX	5	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	3	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2 per 30 days)
EPIPEN	2	PA; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
EPIPEN JR	2	PA; QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (30 per 30 days)
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>m-clear wc</i>	1	
<i>promethazine vc</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; QL (90 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
<i>alyq</i>	4	PA; QL (60 per 30 days)
<i>ambrisentan</i>	4	PA; QL (30 per 30 days)
ANORO ELLIPTA	2	QL (60 per 30 days)
<i>arformoterol</i>	1	QL (120 per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION	3	QL (1 per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
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	QL (1 per 30 days)
<i>azelastine-fluticasone</i>	1	ST; QL (23 per 30 days)
BEVESPI AEROSPHERE	2	QL (11 per 30 days)
<i>bosentan</i>	4	PA; QL (60 per 30 days)
BREO ELLIPTA	3	ST; QL (60 per 30 days)
<i>breyna</i>	1	ST
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	ST; QL (11 per 30 days)
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DULERA	2	ST; QL (1 per 30 days)
<i>epinephrine hcl</i>	1	
FASENRA PEN	5	PA; QL (1 per 42 days)
<i>flunisolide</i>	1	ST; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (1 per 30 days)
<i>formoterol fumarate</i>	1	QL (120 per 30 days)
<i>icatibant</i>	4	PA; QL (12 per 21 days)
INCRUSE ELLIPTA	2	QL (1 per 30 days)
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; QL (56 per 30 days)
KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days)
<i>levalbuterol hcl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone nasal</i>	1	ST; QL (17 per 30 days)
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	\$0
<i>montelukast oral tablet, chewable</i>	1	\$0
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	ST; QL (1 per 28 days)
OFEV	4	PA; QL (60 per 30 days)
OPSUMIT	4	PA; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; QL (56 per 30 days)
ORKAMBI ORAL TABLET	4	PA; QL (112 per 30 days)
<i>pirfenidone oral capsule</i>	4	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (90 per 30 days)
<i>pulmosal</i>	1	
PULMOZYME	4	

Drug Name	Drug Tier	Requirements / Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (22 per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL (30 per 30 days)
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST	5	PA; QL (16 per 21 days)
<i>sajazir</i>	4	PA; QL (12 per 21 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; QL (112 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; QL (90 per 30 days)
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	QL (30 per 30 days)
STRIVERDI RESPIMAT	2	QL (4 per 30 days)
SYMBICORT	2	ST; QL (11 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
SYMDEKO	4	PA; QL (56 per 30 days)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (60 per 30 days)
TAKHZYRO	4	PA; QL (2 per 21 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	4	PA; QL (1.91 per 21 days)
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; QL (120 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL (60 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	QL (28 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; QL (56 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; QL (84 per 30 days)
TYVASO	4	PA
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	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
<i>wixela inhub</i>	1	QL (1 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (4 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (2 per 21 days)
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
<i>trospium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	1	
<i>tadalafil oral tablet 2.5 mg</i>	1	ST; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	ST; QL (8 per 30 days)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	
ELMIRON	2	
K-PHOS ORIGINAL	2	
<i>potassium citrate oral tablet extended release</i>	1	
RENACIDIN	2	

Drug Name	Drug Tier	Requirements / Limits
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (360 per 30 days)
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>magnesium sulfate in water</i>	1	
<i>potassium chloride oral</i>	1	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	0	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	0	ACA; OTC
<i>balanced b-100 oral tablet</i>	0	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	ACA; OTC
<i>classic prenatal</i>	0	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</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>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ferumoxytol</i>	1	PA
<i>fluoride (sodium) oral drops</i>	0	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	0	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA; OTC
<i>folitab</i>	0	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	0	ACA; OTC
<i>full spectrum b-vitamin c</i>	0	ACA; OTC
<i>hydroxocobalamin</i>	1	
<i>kobee</i>	0	ACA; OTC
<i>ludent fluoride</i>	0	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	0	ACA; OTC
<i>mvc-fluoride</i>	0	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>newgen</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>one daily prenatal</i>	0	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	0	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	0	ACA; OTC
<i>prenatal multivitamins</i>	0	ACA; OTC
<i>prenatal one daily</i>	0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	0	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA; OTC
<i>prenatal vitamin with minerals</i>	0	ACA; OTC
<i>prenatal-u</i>	1	
<i>rena-vite</i>	0	ACA; OTC
<i>se-natal 19 chewable</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	0	ACA; OTC
<i>stress formula with iron(sulf)</i>	0	ACA; OTC
<i>super b maxi complex</i>	0	ACA; OTC
<i>super quints</i>	0	ACA; OTC
<i>taron-c dha</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	0	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin b complex-folic acid oral tablet</i>	0	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	0	ACA; OTC
<i>wescap-c dha</i>	1	
<i>wescap-pn dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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<i>klor-con m20</i>	69	<i>levocarnitine</i>	39	<i>low-ogestrel (28)</i>	60
<i>klor-con/ef</i>	69	<i>levocarnitine (with sugar)</i>	39	<i>loxapine succinate</i>	23
KLOXXADO	21	<i>levocetirizine</i>	65	<i>lo-zumandimine (28)</i>	60
<i>kobee</i>	70	<i>levofloxacin</i>	7, 62	<i>lubiprostone</i>	49
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<i>kurvelo (28)</i>	60	<i>levonorgestrel</i>	60	<i>lugols</i>	35
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L		<i>levora-28</i>	60	LUNSUMIO	11
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<i>lamivudine</i>	4	<i>lidocaine (pf)</i>	26	MONTH)	12
<i>lamivudine-zidovudine</i>	4	<i>lidocaine hcl</i>	35	<i>lurasidone</i>	23
<i>lamotrigine</i>	15	<i>lidocaine hcl-hydrocortison ac</i>		<i>luteru (28)</i>	60
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.....	44	<i>methazolamide</i>	63	<i>millipred</i>	41
<i>lyza</i>	58	<i>methenamine hippurate</i>	8	<i>millipred dp</i>	41
M		<i>methenamine mandelate</i>	8	<i>mimvey</i>	58
<i>mafenide acetate</i>	35	<i>methergine</i>	62	<i>minocycline</i>	8
<i>magnesium citrate</i>	49	<i>methimazole</i>	41	<i>minoxidil</i>	28
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MAYZENT	53	<i>methyl salicylate</i>	34	<i>modafinil</i>	24
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1MG MAINT)	53	<i>methyl dopa-</i>		BIVAL(6M UP)(PF)	54
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<i>meclizine</i>	49	<i>methylphenidate hcl</i>	23, 24	<i>molindone</i>	24
<i>meclofenamate</i>	21	<i>methylprednisolone</i>	41	<i>mometasone</i>	38, 67
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<i>mefenamic acid</i>	21	<i>metoprolol ta-hydrochlorothiaz</i>		<i>morphine</i>	19
<i>mefloquine</i>	6	28	<i>morphine (pf) in 0.9 % sod chl</i>	
<i>megestrol</i>	12	<i>metoprolol tartrate</i>	28	19
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<i>meloxicam</i>	21	<i>metyrosine</i>	28	<i>morphine in 0.9 % sodium</i>	
<i>meloxicam submicronized</i>	21	<i>mexiletine</i>	26	<i>chlor</i>	19
<i>melphalan</i>	12	<i>mibelas 24 fe</i>	61	MOUNJARO	46
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<i>mercaptopurine</i>	12	<i>microgestin fe 1/20 (28)</i>	61	<i>mvc-fluoride</i>	70
<i>merzee</i>	60	MICROSPACER	41	<i>my choice</i>	61
<i>mesalamine</i>	49	<i>midazolam</i>	24	<i>my way</i>	61

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<i>nabumetone</i>	21	<i>nicotine (polacrilex)</i>	39	INSULIN	44
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<i>nafcillin</i>	7	NICOTROL NS	40	ASPART	44
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<i>naloxone</i>	21	<i>nikki (28)</i>	61	<i>np thyroid</i>	47
<i>naltrexone</i>	21	<i>nimodipine</i>	28	NUBEQA.....	12
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<i>naproxen sodium</i>	21	<i>nisoldipine</i>	28	NUDEXTA	17
<i>naproxen-esomeprazole</i>	21	<i>nitazoxanide</i>	6	<i>nyamyc</i>	36
<i>naratriptan</i>	16	<i>nitisinone</i>	39	<i>nylia 1/35 (28)</i>	61
NARCAN	21	<i>nitro-bid</i>	32	<i>nylia 7/7/7 (28)</i>	61
NATACYN	62	<i>nitrofurantoin</i>	8	<i>nymyo</i>	61
<i>nateglinide</i>	46	<i>nitrofurantoin macrocrystal</i>	8	<i>nystatin</i>	3, 36
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<i>nefazodone</i>	24	<i>nizatidine</i>	51	ODEFSEY	4
<i>neomycin</i>	6	<i>nolix</i>	38	ODOMZO	12
<i>neomycin-bacitracin-poly-hc</i>	64	<i>nora-be</i>	58	OFEV	67
<i>neomycin-bacitracin-</i>		<i>noreth-ethinyl estradiol-iron</i>	61	<i>ofloxacin</i>	7, 40, 62
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<i>neomycin-polymyxin b gu</i>	38	58	<i>olanzapine-fluoxetine</i>	24
<i>neomycin-polymyxin b-</i>		<i>norethindrone acetate</i>	58	<i>olmesartan</i>	28
<i>dexameth</i>	64	<i>norethindrone ac-eth estradiol</i>		<i>olmesartan-amlodipin-</i>	
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SANTYL	38	<i>sodium,potassium,mag sulfates</i>		SULFAMYLON	35
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.....68	25	13
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13	25	35
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13	29	29
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PACK).....	55	25
33	<i>tilia fe</i>	<i>tri-buffered aspirin</i>
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33	<i>tinidazole</i>	39
TALZENNA.....	7	<i>tri-estarylla</i>
13	<i>tiopronin</i>	61
<i>tamoxifen</i>	39	<i>trifluoperazine</i>
13	<i>tirofiban-0.9% sodium chloride</i>	25
<i>tamsulosin</i>	<i>trifluridine</i>
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<i>tarina 24 fe</i>	<i>tis-u-sol pentalyte</i>	<i>trihexyphenidyl</i>
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<i>tarina fe 1/20 (28)</i>	TIVICAY.....	TRIJARDY XR.....
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55	<i>tolmetin</i>	50
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53	<i>tolterodine</i>	8
<i>telmisartan</i>	69	<i>tri-mili</i>
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<i>telmisartan-amlodipine</i>	45	<i>trimipramine</i>
29	<i>topiramate</i>	25
<i>telmisartan-hydrochlorothiazid</i>	<i>toremifene</i>	<i>trinatal rx 1</i>
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29	<i>torse mide</i>	<i>trinate</i>
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45	59	<i>tropicamide</i>
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