
# 2026 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 in-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 member experience 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 7/13/2026. To get updated information about the drugs covered by Network Health, please visit https://networkhealth.com/__assets/pdf/pharmacy-drug-lists/2026individualdruglist.pdf or call member experience 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.

- A generic drug or biosimilar drug becomes available on the market. Brand name drugs or original biological drugs may be removed from the covered drug list or may be moved to a higher Tier.

## 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 78. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs, original biological drugs, generic drugs, and biosimilar 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 and biosimilar drugs?

Network Health covers brand-name drugs, original biological drugs, generic drugs, and biosimilar drugs. A generic drug is a prescription drug that has the same active ingredients as the brand name drug. Biological products have alternatives that are called biosimilars. Generally, generics and biosimilars work just as well as the brand name drug or original biological product and usually cost less. There are generic drug substitutes available for many brand name drugs and biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state law, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs. If the practitioner indicates “Dispense As Written,” or if the member requests the brand name product for a medication where a generic is available, the member must pay the applicable brand copayment/coinsurance plus the ancillary charge. The ancillary charge is the cost difference between the brand name product and the generic product. When a generic substitution conflicts with state regulations or restrictions, the pharmacist must gain approval from the prescriber to use the generic equivalent. ACA Preventive Drugs may be exempt from the Ancillary Fee when a generic version has been tried, the practitioner indicates the brand name product is medically necessary and prior approval for the $0 cost share has been approved.

Ancillary Fees will apply toward your Deductible and Out-of-Pocket Limit when applicable. Upon reaching the Out-of-Pocket Limit all covered expenses will be paid at 100 percent.

## 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://networkhealth.com/__assets/pdf/pharmacy-drug-lists/2026individualdruglist.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)
- HIV pre-exposure prophylaxis (PrEP) for prevention of HIV infection for persons at high risk for HIV. Prior authorization is required.

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.
- 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 78.

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*).

Healthcare Marketplace Comprehensive Exchange Drug List: CY2026

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* |
| **Tier 1 $0** | 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 |

*Tier 1 drugs subject to deductible, if applicable, and the Tier 1 copay. Tier 1 $0 medications (Adherence Generics) will be listed in the comprehensive drug list with the label $0 and will be available at no cost, subject to applicable deductible.

**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 Mail Order Only |
|---|---|---|
| **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 Prestige Bronze 20 HDHP**

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<br>Mail Order Only |
|---|---|---|
| **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<br>Mail Order Only |
|---|---|---|
| **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 |

**Network Health Prestige Bronze $0 Medical Deductible**

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 Mail Order Only |
|---|---|---|
| **Tier 0** | $0.00 | $0.00 |
| **Tier 1** | $30.00 | $75.00 |
| **Tier 2** | $160.00 | $400.00 |
| **Tier 3** | 50% coinsurance after deductible | 50% coinsurance after deductible |
| **Tier 4** | 40% coinsurance after deductible | N/A |
| **Tier 5** | 50% coinsurance 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 Mail Order Only |
|---|---|---|
| **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 |

| **Network Health Prestige Silver Essential**<br>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<br>Mail Order Only** |
| **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 Gold**<br>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<br>Mail Order Only** |
| **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 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<br>Mail Order Only |
|---|---|---|
| **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<br>Mail Order Only |
|---|---|---|
| **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 |

| Network Health Prestige Bronze Plus<br>Native American Benefit<br>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 Mail Order Only** | **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 |

| Network Health Prestige Bronze Essential<br>Native American Benefit<br>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 Mail Order Only** | **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 Signature Prestige Bronze $0 Medical Deductible**

**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 Mail Order Only | 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 after deductible | $0.00 | 50% coinsurance 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**

**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 Mail Order Only | 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 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 Mail Order Only | 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 |

**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 Mail Order Only | 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 |

| Network Health Prestige Gold Essential<br>Native American Benefit<br>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 Mail Order Only** | **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 |

| Network Health Prestige Gold 50<br>Native American Benefit<br>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 Mail Order Only** | **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 |

**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 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.**

## Table of Contents

**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** | | |
| *amphotericin b liposome* | 1 | |
| *clotrimazole mucous membrane* | 1 | |
| CRESEMBA ORAL | 2 | PA |
| *fluconazole oral suspension for reconstitution* | 1 | |
| *fluconazole oral tablet 100 mg, 200 mg, 50 mg* | 1 | |
| *fluconazole oral tablet 150 mg* | 1 | QL (2 per 30 days) |
| *flucytosine* | 1 | |
| *griseofulvin microsize* | 1 | |
| *griseofulvin ultramicrosize* | 1 | |
| *itraconazole oral capsule* | 1 | QL (30 per 30 days) |
| *itraconazole oral solution* | 1 | QL (300 per 30 days) |
| *ketoconazole oral* | 1 | |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON | 2 | PA |
| *nystatin oral suspension* | 1 | |
| *nystatin oral tablet* | 1 | |
| *posaconazole oral suspension* | 1 | PA |
| *posaconazole oral tablet,delayed release (dr/ec)* | 3 | PA |
| *terbinafine hcl oral* | 1 | |
| *voriconazole oral suspension for reconstitution* | 3 | PA |
| *voriconazole oral tablet* | 1 | PA |
| **ANTIVIRALS** | | |
| *abacavir* | 1 | |
| *abacavir-lamivudine* | 1 | |
| *acyclovir oral capsule* | 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | |
| *acyclovir oral tablet* | 1 | |
| *adefovir* | 1 | |
| *amantadine hcl* | 1 | |
| APTIVUS | 2 | |
| *atazanavir* | 1 | |
| BEYFORTUS | 0 | ACA |
| BIKTARVY | 2 | |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML | 4 | PA; QL (1 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 |
|---|---|---|
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML | 4 | PA; QL (1 per 365 days) |
| CIMDUO | 2 | |
| *darunavir* | 1 | |
| DELSTRIGO | 2 | |
| DESCOVY | 2 | |
| DOVATO | 2 | |
| EDURANT PED | 2 | |
| *efavirenz oral tablet* | 1 | |
| *efavirenz-emtricitabin-tenofov* | 1 | |
| *efavirenz-lamivu-tenofov disop* | 1 | |
| *emtricitabine* | 1 | |
| *emtricitabine-tenofovir (tdf)* | 1 | |
| *emtricita-rilpivirine-tenof df* | 1 | |
| EMTRIVA ORAL SOLUTION | 2 | |
| ENFLONSIA | 0 | ACA |
| *entecavir* | 1 | |
| EPCLUSA | 2 | PA; QL (28 per 30 days) |
| *etravirine* | 1 | |
| EVOTAZ | 5 | |
| *famciclovir oral tablet 125 mg, 500 mg* | 1 | QL (21 per 30 days) |
| *famciclovir oral tablet 250 mg* | 1 | QL (60 per 30 days) |
| *fosamprenavir* | 1 | |
| *foscarnet* | 1 | |
| GENVOYA | 2 | |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 2 | PA; QL (28 per 30 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 2 | PA; QL (56 per 30 days) |
| HARVONI ORAL TABLET 45-200 MG | 2 | PA; QL (56 per 30 days) |
| HARVONI ORAL TABLET 90-400 MG | 2 | PA; QL (28 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | 2 | |
| ISENTRESS | 2 | |
| ISENTRESS HD | 2 | |
| JULUCA | 2 | |
| LAGEVRIO (EUA) | 2 | QL (40 per 180 days) |
| *lamivudine* | 1 | |
| *lamivudine-zidovudine* | 1 | |
| *lopinavir-ritonavir oral tablet* | 1 | |
| *maraviroc* | 1 | |
| *nevirapine* | 1 | |
| NORVIR ORAL POWDER IN PACKET | 2 | |
| ODEFSEY | 2 | |
| *oseltamivir oral capsule 30 mg* | 1 | QL (20 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 |
|---|---|---|
| *oseltamivir oral capsule 45 mg, 75 mg* | 1 | QL (10 per 30 days) |
| *oseltamivir oral suspension for reconstitution* | 1 | QL (180 per 30 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5) | 2 | QL (20 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 2 | QL (30 per 180 days) |
| PIFELTRO | 2 | |
| PREVYMIS ORAL PELLETS IN PACKET | 2 | QL (120 per 30 days) |
| PREVYMIS ORAL TABLET 240 MG | 2 | QL (56 per 30 days) |
| PREVYMIS ORAL TABLET 480 MG | 2 | QL (28 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) |
| *ribavirin inhalation* | 1 | PA |
| *ribavirin oral capsule* | 4 | ST |
| *ribavirin oral tablet 200 mg* | 4 | ST |
| *rilpivirine hcl* | 1 | |
| *rimantadine* | 1 | |
| *ritonavir* | 1 | |
| SELZENTRY ORAL SOLUTION | 2 | |
| SYMFI | 2 | |
| *tenofovir disoproxil fumarate* | 1 | |
| TIVICAY ORAL TABLET 50 MG | 2 | |
| TIVICAY PD | 2 | |
| TRIUMEQ | 2 | |
| TRIUMEQ PD | 2 | |
| *valacyclovir* | 1 | QL (30 per 30 days) |
| *valganciclovir* | 1 | |
| VEKLURY | 2 | PA |
| VEMLIDY | 2 | |
| VIRACEPT ORAL TABLET | 2 | |
| VIREAD ORAL POWDER | 2 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| YEZTUGO | 4 | ST |
| *zidovudine* | 1 | |
| **CEPHALOSPORINS** | | |
| *cefaclor oral capsule* | 1 | |
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml* | 1 | |
| *cefaclor oral tablet extended release 12 hr* | 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 |
|---|---|---|
| *cefadroxil oral capsule* | 1 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *cefadroxil oral tablet* | 1 | |
| *cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml* | 1 | |
| *cefdinir* | 1 | |
| *cefixime* | 1 | |
| *cefpodoxime* | 1 | |
| *cefprozil* | 1 | |
| *ceftaroline fosamil* | 1 | |
| *cefuroxime axetil oral tablet* | 1 | |
| *cephalexin* | 1 | |
| **ERYTHROMYCINS & OTHER MACROLIDES** | | |
| *azithromycin oral* | 1 | |
| *clarithromycin* | 1 | |
| *e.e.s. 400 oral tablet* | 1 | |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 1 | |
| *erythrocin (as stearate) oral tablet 250 mg* | 1 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution* | 1 | |
| *erythromycin ethylsuccinate oral tablet* | 1 | |
| *erythromycin lactobionate* | 1 | |
| *erythromycin oral* | 1 | |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| *albendazole* | 1 | QL (120 per 23 days) |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 2 | QL (180 per 23 days) |
| ARIKAYCE | 5 | PA; LA |
| *atovaquone* | 1 | |
| *atovaquone-proguanil oral tablet 250-100 mg* | 1 | QL (60 per 180 days) |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | 1 | QL (180 per 180 days) |
| BENZNIDAZOLE | 2 | QL (360 per 30 days) |
| CAYSTON | 4 | LA; QL (84 per 30 days) |
| *chloroquine phosphate* | 1 | |
| *clindamycin hcl* | 1 | |
| *clindamycin pediatric* | 1 | |
| COARTEM | 2 | QL (24 per 23 days) |
| *cycloserine* | 1 | |
| *dapsone oral* | 1 | |
| *ethambutol* | 1 | |
| *hydroxychloroquine* | 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 |
|---|---|---|
| IMPAVIDO | 2 | QL (84 per 23 days) |
| *isoniazid oral* | 1 | |
| *ivermectin oral tablet 3 mg* | 1 | PA; QL (14 per 23 days) |
| *ivermectin oral tablet 6 mg* | 1 | PA; QL (8 per 23 days) |
| KITABIS PAK | 4 | PA; QL (280 per 30 days) |
| *linezolid* | 1 | PA |
| *mefloquine* | 1 | QL (13 per 180 days) |
| *metronidazole oral capsule* | 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | |
| NEBUPENT | 2 | QL (1 per 21 days) |
| *neomycin* | 1 | |
| *nitazoxanide* | 1 | QL (12 per 23 days) |
| *pentamidine inhalation* | 1 | QL (1 per 21 days) |
| *praziquantel* | 1 | |
| PRETOMANID | 3 | PA |
| PRIFTIN | 2 | |
| *primaquine* | 1 | QL (120 per 180 days) |
| *pyrazinamide* | 1 | |
| *quinine sulfate* | 1 | QL (42 per 23 days) |
| *rifabutin* | 1 | |
| *rifampin oral* | 1 | |
| SIRTURO | 2 | PA; LA |
| *tinidazole oral tablet 250 mg* | 1 | QL (40 per 23 days) |
| *tinidazole oral tablet 500 mg* | 1 | QL (20 per 30 days) |
| *tobramycin in 0.225 % nacl* | 4 | PA; QL (280 per 30 days) |
| *tobramycin inhalation* | 4 | PA; QL (224 per 30 days) |
| XIFAXAN ORAL TABLET 200 MG | 2 | QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 2 | QL (60 per 30 days) |
| **PENICILLINS** | | |
| *amoxicillin oral capsule* | 1 | |
| *amoxicillin oral suspension for reconstitution* | 1 | |
| *amoxicillin oral tablet* | 1 | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | 1 | |
| *amoxicillin-pot clavulanate* | 1 | |
| *ampicillin oral capsule 500 mg* | 1 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 2 | |
| *dicloxacillin* | 1 | |
| *nafcillin injection recon soln 10 gram* | 1 | |
| *penicillin v potassium* | 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 |
|---|---|---|
| **QUINOLONES** | | |
| *ciprofloxacin* | 1 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *levofloxacin oral* | 1 | |
| *moxifloxacin oral* | 1 | |
| *ofloxacin oral tablet 400 mg* | 1 | |
| **SULFA'S & RELATED AGENTS** | | |
| *sulfadiazine* | 1 | |
| *sulfamethoxazole-trimethoprim oral* | 1 | |
| *sulfatrim* | 1 | |
| **TETRACYCLINES** | | |
| *avidoxy* | 1 | |
| *demeclocycline* | 1 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 1 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 1 | |
| *doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg* | 1 | ST |
| *doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg* | 1 | ST |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 1 | |
| *doxycycline monohydrate oral capsule 150 mg, 75 mg* | 1 | ST |
| *doxycycline monohydrate oral capsule,ir - delay rel,biphase* | 1 | ST |
| *doxycycline monohydrate oral suspension for reconstitution* | 1 | |
| *doxycycline monohydrate oral tablet* | 1 | |
| *minocycline oral capsule* | 1 | |
| *minocycline oral tablet* | 1 | ST |
| *minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 65 mg, 90 mg* | 1 | ST |
| *mondoxyne nl oral capsule 100 mg* | 1 | |
| *mondoxyne nl oral capsule 75 mg* | 1 | ST |
| *tetracycline oral capsule* | 1 | |
| *tetracycline oral tablet* | 1 | ST |
| **URINARY TRACT AGENTS** | | |
| *methenamine hippurate* | 1 | |
| *methenamine mandelate oral tablet* | 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 |
|---|---|---|
| *nitrofurantoin macrocrystal* | 1 | |
| *nitrofurantoin monohyd/m-cryst* | 1 | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 1 | |
| *trimethoprim* | 1 | |
| **VANCOMYCIN** | | |
| *vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml, 1.75 gram/500 ml* | 1 | |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 750 MG/250 ML | 2 | |
| *vancomycin intravenous recon soln 1.25 gram, 1.5 gram* | 1 | |
| *vancomycin oral capsule 125 mg* | 1 | QL (40 per 30 days) |
| *vancomycin oral capsule 250 mg* | 1 | QL (80 per 30 days) |
| *vancomycin oral recon soln 25 mg/ml* | 1 | QL (300 per 30 days) |
| *vancomycin oral recon soln 50 mg/ml* | 1 | QL (450 per 30 days) |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| BILPREVDA | 4 | PA; QL (1.7 per 30 days) |
| *leucovorin calcium oral* | 1 | |
| VISTOGARD | 5 | QL (20 per 30 days) |
| XTRENBO | 4 | PA; QL (1.7 per 30 days) |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| *abiraterone oral tablet 250 mg* | 4 | ST; QL (120 per 30 days) |
| *abiraterone oral tablet 500 mg* | 4 | ST; QL (60 per 30 days) |
| *abirtega* | 4 | ST; QL (120 per 30 days) |
| AFINITOR | 4 | ST; QL (30 per 30 days) |
| ALECENSA | 4 | ST; QL (240 per 30 days) |
| *anastrozole* | 1 | |
| *arsenic trioxide intravenous solution 1 mg/ml* | 1 | ST |
| AVMAPKI-FAKZYNJA | 4 | ST |
| *azathioprine* | 1 | |
| BALVERSA | 5 | ST; LA |
| *bevacizumab intravitreal syringe 1.25 mg/0.05 ml* | 1 | |
| *bexarotene* | 4 | ST |
| *bicalutamide* | 1 | |
| BIZENGRI | 4 | ST |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | 4 | 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 |
|---|---|---|
| *bortezomib injection recon soln 3.5 mg* | 4 | ST |
| BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML | 4 | ST |
| BOSULIF ORAL CAPSULE 100 MG | 4 | ST; QL (90 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 4 | ST; QL (30 per 30 days) |
| 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) |
| *bosutinib oral tablet 100 mg* | 4 | ST; QL (90 per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* | 4 | ST; QL (30 per 30 days) |
| BRUKINSA ORAL TABLET | 4 | ST; LA |
| CABOMETYX | 4 | ST; LA; QL (30 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) | 4 | ST; LA; QL (60 per 30 days) |
| *capecitabine oral tablet 150 mg* | 4 | ST; QL (56 per 30 days) |
| *capecitabine oral tablet 500 mg* | 4 | ST; QL (140 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 4 | ST; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 4 | ST; LA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *carboplatin intravenous recon soln* | 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; LA; QL (63 per 30 days) |
| *cyclophosphamide intravenous solution 200 mg/ml* | 1 | ST |
| *cyclophosphamide oral capsule* | 1 | |
| *cyclosporine modified* | 1 | |
| *cyclosporine oral capsule* | 1 | |
| DANZITEN | 4 | ST |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg* | 4 | ST; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* | 4 | ST; QL (90 per 30 days) |
| *dasatinib oral tablet 70 mg* | 4 | ST; QL (60 per 30 days) |
| *doxorubicin intravenous recon soln 10 mg* | 1 | ST |
| DROXIA | 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 |
|---|---|---|
| ELIGARD | 4 | PA |
| ELIGARD (3 MONTH) | 4 | PA |
| ELIGARD (4 MONTH) | 4 | PA |
| ELIGARD (6 MONTH) | 4 | PA |
| ENSACOVE | 4 | ST; LA |
| 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) |
| *erlotinib oral tablet 100 mg, 150 mg* | 4 | ST; QL (30 per 30 days) |
| *erlotinib oral tablet 25 mg* | 4 | ST; QL (60 per 30 days) |
| *etoposide oral* | 1 | ST |
| *everolimus (antineoplastic)* | 4 | ST; QL (30 per 30 days) |
| *everolimus (immunosuppressive)* | 1 | |
| *exemestane* | 1 | ST |
| FENSOLVI | 4 | PA |
| GAVRETO | 4 | ST; LA; QL (120 per 30 days) |
| *gefitinib* | 4 | ST; QL (30 per 30 days) |
| *gengraf oral capsule* | 1 | |
| GILOTRIF | 4 | ST; QL (30 per 30 days) |
| GOMEKLI | 4 | ST |
| HERCESSI | 4 | ST |
| HYCAMTIN ORAL | 5 | ST |
| *hydroxyurea* | 1 | |
| ICLUSIG | 4 | ST; QL (30 per 30 days) |
| IDHIFA | 5 | ST; LA; QL (30 per 30 days) |
| *imatinib oral tablet 100 mg* | 4 | ST; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* | 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 | 4 | ST; QL (30 per 30 days) |
| IMKELDI | 4 | ST |
| INLURIYO | 4 | ST |
| INLYTA ORAL TABLET 1 MG | 4 | ST; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 4 | ST; QL (120 per 30 days) |
| IWILFIN | 4 | ST; LA |
| JAKAFI | 4 | PA; QL (60 per 30 days) |
| JAKAFI XR | 4 | PA |
| KEYTRUDA QLEX | 4 | ST |
| KIMMTRAK | 4 | 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 |
|---|---|---|
| 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) |
| KOMZIFTI | 4 | ST |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* | 5 | ST; QL (1 per 21 days) |
| *lapatinib* | 4 | ST; QL (180 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg* | 4 | ST; QL (30 per 90 days) |
| *lenalidomide oral capsule 2.5 mg, 20 mg* | 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) |
| *letrozole* | 1 | |
| LEUKERAN | 2 | ST |
| *leuprolide subcutaneous kit* | 4 | PA |
| *lomustine* | 1 | ST |
| LONSURF | 4 | ST |
| LOQTORZI | 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 |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | 4 | PA |
| LYNPARZA | 4 | ST; QL (120 per 30 days) |
| LYSODREN | 4 | ST |
| LYTGOBI | 4 | ST; LA |
| MATULANE | 4 | 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 |
|---|---|---|
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 1 | |
| *megestrol oral tablet* | 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) |
| *mercaptopurine oral suspension* | 5 | |
| *mercaptopurine oral tablet* | 1 | |
| *methotrexate sodium* | 1 | |
| *methotrexate sodium (pf)* | 1 | |
| MODEYSO | 4 | ST |
| *mycophenolate mofetil* | 1 | |
| *mycophenolate sodium* | 1 | |
| MYHIBBIN | 2 | |
| MYLERAN | 2 | ST |
| NEMLUVIO | 4 | PA; QL (2 per 21 days) |
| NERLYNX | 5 | ST; LA |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | 4 | ST; QL (112 per 30 days) |
| *nilotinib hcl oral capsule 50 mg* | 4 | ST; QL (120 per 30 days) |
| NINLARO | 4 | ST; QL (3 per 30 days) |
| NUBEQA | 5 | ST; LA; QL (120 per 30 days) |
| *octreotide acetate* | 4 | PA |
| *octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg* | 4 | PA; QL (1 per 21 days) |
| *octreotide,microspheres intramuscular suspension,extended rel recon 20 mg* | 4 | PA; QL (2 per 21 days) |
| ODOMZO | 5 | ST; LA; QL (30 per 30 days) |
| OGIVRI | 5 | ST |
| OJEMDA | 4 | ST |
| OPDIVO INTRAVENOUS SOLUTION 120 MG/12 ML | 4 | ST |
| OPDIVO QVANTIG | 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) |
| *pazopanib oral tablet 200 mg* | 4 | ST; QL (120 per 30 days) |
| PAZOPANIB ORAL TABLET 400 MG | 4 | ST; QL (60 per 30 days) |
| PEMAZYRE | 4 | ST; LA; QL (14 per 30 days) |
| PHESGO | 4 | ST |
| PIQRAY | 4 | 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 |
|---|---|---|
| *pomalidomide* | 4 | ST |
| PROGRAF ORAL GRANULES IN PACKET | 2 | |
| PURIXAN | 5 | |
| REVUFORJ | 4 | ST |
| *romidepsin* | 4 | ST |
| ROZLYTREK ORAL CAPSULE 100 MG | 4 | ST; LA; QL (30 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 4 | ST; LA; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET | 4 | ST; LA; QL (42 per 30 days) |
| RYDAPT | 4 | ST; QL (224 per 30 days) |
| SCEMBLIX ORAL TABLET 100 MG | 4 | ST; QL (120 per 30 days) |
| 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 |
| *sirolimus* | 1 | |
| SOMATULINE DEPOT | 5 | ST; QL (1 per 21 days) |
| *sorafenib* | 4 | ST; QL (120 per 30 days) |
| STIVARGA | 4 | ST; QL (84 per 30 days) |
| *sunitinib malate oral capsule 12.5 mg* | 4 | ST; QL (90 per 30 days) |
| *sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg* | 4 | ST; QL (30 per 30 days) |
| TABRECTA | 4 | ST |
| *tacrolimus oral capsule* | 1 | |
| TAFINLAR ORAL CAPSULE | 4 | ST; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 4 | ST; QL (840 per 30 days) |
| TAGRISSO | 4 | ST; LA; QL (30 per 30 days) |
| TALZENNA | 5 | ST; QL (30 per 30 days) |
| *tamoxifen* | 0 | ACA |
| TECENTRIQ HYBREZA | 4 | ST |
| *temozolomide* | 4 | ST |
| TEVIMBRA | 4 | ST |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| TIBSOVO | 5 | ST |
| *toremifene* | 1 | |
| *torpenz* | 4 | ST; QL (30 per 30 days) |
| *tretinoin (antineoplastic)* | 3 | ST |
| TYKERB | 4 | ST; LA; QL (180 per 30 days) |
| *valrubicin* | 4 | ST |
| VENCLEXTA ORAL TABLET 10 MG | 4 | ST; LA; QL (56 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 4 | ST; LA; 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 |
|---|---|---|
| VENCLEXTA ORAL TABLET 50 MG | 4 | ST; LA; QL (28 per 30 days) |
| VENCLEXTA STARTING PACK | 4 | ST; QL (42 per 30 days) |
| VERZENIO | 5 | ST; LA; QL (60 per 30 days) |
| VIJOICE ORAL GRANULES IN PACKET | 4 | PA; QL (28 per 21 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; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 4 | ST; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION | 4 | ST; LA; QL (300 per 30 days) |
| VONJO | 4 | ST; QL (120 per 30 days) |
| VYLOY | 4 | ST |
| XALKORI ORAL CAPSULE | 4 | ST; QL (60 per 30 days) |
| XALKORI ORAL PELLET | 4 | ST; QL (120 per 30 days) |
| XERMELO | 5 | ST; LA; QL (84 per 30 days) |
| XOSPATA | 5 | ST; LA; QL (90 per 30 days) |
| XTANDI ORAL CAPSULE | 4 | ST; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 4 | ST; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 4 | ST; QL (60 per 30 days) |
| *yulithira* | 1 | PA; QL (30 per 30 days) |
| ZEJULA ORAL TABLET 100 MG | 5 | ST; LA; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 200 MG, 300 MG | 5 | ST; LA; QL (30 per 30 days) |
| ZELBORAF | 4 | ST; QL (240 per 30 days) |
| 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** | | |
| *brivaracetam* | 1 | |
| *carbamazepine oral capsule, er multiphase 12 hr* | 1 | |
| *carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml* | 1 | |
| *carbamazepine oral tablet* | 1 | |
| *carbamazepine oral tablet extended release 12 hr* | 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 |
|---|---|---|
| *carbamazepine oral tablet,chewable 100 mg* | 1 | |
| *clobazam oral suspension* | 1 | PA |
| *clobazam oral tablet* | 1 | PA |
| *clonazepam* | 1 | |
| DIACOMIT | 5 | |
| *diazepam rectal* | 1 | |
| DILANTIN 30 MG | 2 | |
| *divalproex* | 1 | |
| EPIDIOLEX | 4 | PA; LA |
| *eslicarbazepine* | 1 | |
| *ethosuximide* | 1 | |
| *felbamate* | 1 | |
| *gabapentin oral capsule* | 1 | |
| *gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)* | 1 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 1 | |
| *gabapentin oral tablet extended release 24 hr* | 1 | ST |
| *lacosamide oral* | 1 | |
| *lamotrigine* | 1 | |
| *levetiracetam oral solution* | 1 | |
| *levetiracetam oral tablet* | 1 | |
| *levetiracetam oral tablet extended release 24 hr* | 1 | |
| *methsuximide* | 1 | |
| NAYZILAM | 2 | QL (2 per 30 days) |
| *oxcarbazepine* | 1 | |
| *perampanel* | 1 | |
| *phenobarbital* | 1 | |
| *phenytoin oral suspension 125 mg/5 ml* | 1 | |
| *phenytoin oral tablet,chewable* | 1 | |
| *phenytoin sodium extended* | 1 | |
| *pregabalin oral capsule* | 1 | |
| *pregabalin oral solution* | 1 | |
| *pregabalin oral tablet extended release 24 hr* | 1 | PA |
| *primidone oral tablet 250 mg, 50 mg* | 1 | |
| *relgaabi oral capsule 300 mg, 400 mg* | 1 | |
| *roweepra* | 1 | |
| *rufinamide* | 1 | |
| *subvenite oral tablet* | 1 | |
| *subvenite starter (blue) kit* | 1 | |
| *subvenite starter (green) kit* | 1 | |
| *subvenite starter (orange) kit* | 1 | |
| *tiagabine* | 1 | |
| *topiramate oral capsule, sprinkle* | 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 |
|---|---|---|
| *topiramate oral capsule,extended release 24hr* | 1 | ST |
| *topiramate oral capsule,sprinkle,er 24hr* | 1 | ST |
| *topiramate oral solution* | 1 | |
| *topiramate oral tablet* | 1 | |
| *valproic acid* | 1 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)* | 1 | |
| *vigabatrin oral powder in packet* | 4 | LA; QL (150 per 30 days) |
| *vigabatrin oral tablet* | 4 | LA; QL (180 per 30 days) |
| *vigadrone oral powder in packet* | 4 | QL (150 per 30 days) |
| *vigadrone oral tablet* | 4 | QL (180 per 30 days) |
| *zonisamide* | 1 | |
| ZTALMY | 4 | LA |
| **ANTIPARKINSONISM AGENTS** | | |
| *apomorphine* | 4 | QL (30 per 23 days) |
| *benztropine oral* | 1 | |
| *bromocriptine* | 1 | |
| *carbidopa* | 1 | |
| *carbidopa-levodopa oral tablet* | 1 | |
| *carbidopa-levodopa oral tablet extended release* | 1 | |
| *carbidopa-levodopa oral tablet,disintegrating* | 1 | |
| *carbidopa-levodopa-entacapone* | 1 | |
| *entacapone* | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 5 | PA; QL (300 per 30 days) |
| NEUPRO | 3 | |
| *pramipexole* | 1 | |
| *rasagiline* | 1 | |
| *ropinirole* | 1 | |
| *selegiline hcl* | 1 | |
| *tolcapone* | 1 | |
| *trihexyphenidyl* | 1 | |
| **MIGRAINE & CLUSTER HEADACHE THERAPY** | | |
| AJOVY AUTOINJECTOR | 2 | PA; QL (1.5 per 23 days) |
| AJOVY SYRINGE | 2 | PA; QL (1 per 23 days) |
| *almotriptan malate oral tablet 12.5 mg* | 1 | ST; QL (12 per 30 days) |
| *almotriptan malate oral tablet 6.25 mg* | 1 | ST; QL (6 per 30 days) |
| *dihydroergotamine injection* | 1 | |
| *dihydroergotamine nasal* | 3 | ST; QL (8 per 30 days) |
| *eletriptan* | 1 | QL (6 per 30 days) |
| EMGALITY PEN | 2 | PA; QL (1 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 |
|---|---|---|
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; QL (1 per 23 days) |
| ERGOMAR | 3 | |
| *ergotamine-caffeine* | 1 | |
| *frovatriptan* | 1 | ST; QL (9 per 30 days) |
| *migergot* | 1 | |
| *naratriptan* | 1 | QL (9 per 30 days) |
| *rizatriptan* | 1 | QL (18 per 30 days) |
| *sumatriptan* | 1 | QL (6 per 30 days) |
| *sumatriptan succinate oral* | 1 | QL (9 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 1 | QL (1 per 30 days) |
| *sumatriptan succinate subcutaneous solution* | 1 | QL (1 per 30 days) |
| *sumatriptan-naproxen* | 1 | ST; QL (9 per 30 days) |
| *zolmitriptan nasal spray,non-aerosol 5 mg* | 1 | ST; QL (6 per 30 days) |
| *zolmitriptan oral* | 1 | QL (6 per 30 days) |
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |
| *dalfampridine* | 4 | PA; QL (60 per 30 days) |
| *dichlorphenamide* | 4 | PA |
| *donepezil oral tablet 10 mg, 5 mg* | 1 | |
| *donepezil oral tablet 23 mg* | 1 | ST |
| *donepezil oral tablet,disintegrating* | 1 | |
| FIRDAPSE | 4 | PA; LA |
| *galantamine* | 1 | |
| INGREZZA | 4 | PA; LA; QL (30 per 30 days) |
| INGREZZA INITIATION PK(TARDIV) | 4 | PA; QL (28 per 30 days) |
| INGREZZA SPRINKLE | 4 | PA; LA; QL (30 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr* | 1 | |
| *memantine oral solution* | 1 | |
| *memantine oral tablet* | 1 | |
| *memantine-donepezil* | 1 | ST |
| NUEDEXTA | 2 | PA |
| *ormalvi* | 4 | PA |
| *rivastigmine* | 1 | |
| *rivastigmine tartrate* | 1 | |
| *tetrabenazine oral tablet 12.5 mg* | 4 | PA; QL (120 per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 4 | PA; QL (60 per 30 days) |
| TYRUKO | 4 | PA; QL (15 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 |
|---|---|---|
| ZEPOSIA | 4 | PA; QL (30 per 30 days) |
| ZEPOSIA STARTER KIT (28-DAY) | 4 | ST; QL (28 per 30 days) |
| ZEPOSIA STARTER PACK (7-DAY) | 4 | PA; QL (7 per 30 days) |
| **MUSCLE RELAXANTS & ANTISPASMODIC THERAPY** | | |
| *baclofen oral solution* | 1 | |
| *baclofen oral suspension* | 1 | |
| *baclofen oral tablet 10 mg* | 1 | $0 |
| *baclofen oral tablet 15 mg, 20 mg, 5 mg* | 1 | |
| *carisoprodol* | 3 | |
| *carisoprodol-aspirin-codeine* | 1 | ST |
| *chlorzoxazone* | 1 | |
| *cyclobenzaprine* | 1 | |
| *dantrolene oral* | 1 | |
| *meprobamate* | 3 | |
| *metaxalone oral tablet 400 mg, 800 mg* | 1 | |
| *methocarbamol oral* | 1 | |
| *neostigmine in sterile water* | 1 | |
| *neostigmine methylsulfate intravenous solution* | 1 | |
| *neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)* | 1 | |
| *orphenadrine citrate oral* | 1 | |
| *pyridostigmine bromide oral syrup* | 1 | |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 1 | |
| *sugammadex intravenous syringe 100 mg/ml* | 1 | |
| *tanlor* | 1 | |
| *tizanidine oral capsule 2 mg, 4 mg, 6 mg* | 1 | |
| *tizanidine oral tablet* | 1 | |
| **NARCOTIC ANALGESICS** | | |
| *acetaminophen-caff-dihydrocod* | 1 | ST |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml* | 1 | ST |
| *acetaminophen-codeine oral tablet* | 1 | ST |
| *ascomp with codeine* | 1 | ST |
| *buprenorphine* | 1 | ST |
| *buprenorphine hcl sublingual* | 1 | |
| *butalbital-acetaminop-caf-cod* | 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 |
|---|---|---|
| *butalbital-acetaminophen oral capsule* | 3 | |
| *butalbital-acetaminophen oral tablet* | 1 | |
| *butalbital-acetaminophen-caff* | 1 | |
| *butalbital-aspirin-caffeine* | 1 | |
| *codeine sulfate* | 1 | ST |
| *codeine-butalbital-asa-caff* | 1 | ST |
| *diskets* | 1 | ST |
| *endocet* | 1 | ST |
| *fentanyl* | 1 | ST |
| *fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%* | 1 | ST |
| *fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %* | 1 | ST |
| *fentanyl citrate (pf) injection solution* | 1 | ST |
| *fentanyl citrate (pf) injection syringe 50 mcg/ml* | 1 | ST |
| *fentanyl citrate (pf) intravenous prefilled pump reservoir* | 1 | ST |
| *fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml* | 1 | ST |
| *fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)* | 1 | ST |
| *fentanyl-ropivacaine-nacl (pf) injection solution* | 1 | ST |
| *hydrocodone bitartrate oral capsule, oral only, er 12hr* | 1 | ST |
| *hydrocodone-acetaminophen* | 1 | ST |
| *hydrocodone-ibuprofen* | 1 | ST |
| *hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)* | 1 | ST |
| *hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 1 mg/ml* | 1 | ST |
| *hydromorphone in 0.9 % nacl injection* | 1 | ST |
| *hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)* | 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 |
|---|---|---|
| *hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)* | 1 | ST |
| *hydromorphone oral* | 1 | ST |
| *hydromorphone rectal* | 1 | ST |
| *hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)* | 1 | ST |
| *hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)* | 1 | ST |
| *hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml* | 1 | ST |
| *levorphanol tartrate oral tablet 2 mg* | 1 | ST |
| *methadone intravenous* | 1 | ST |
| *methadone oral concentrate* | 1 | ST |
| *methadone oral solution* | 1 | ST |
| *methadone oral tablet* | 1 | ST |
| *methadone oral tablet,soluble* | 1 | ST |
| *methadose oral concentrate* | 1 | ST |
| *methadose oral tablet,soluble* | 1 | ST |
| *morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 50 mg/50 ml (1 mg/ml)* | 1 | ST |
| *morphine concentrate oral solution* | 1 | ST |
| *morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir* | 1 | ST |
| *morphine oral capsule, er multiphase 24 hr* | 1 | ST |
| *morphine oral solution* | 1 | ST |
| *morphine oral tablet* | 1 | ST |
| *morphine oral tablet extended release* | 1 | ST |
| *morphine rectal* | 1 | ST |
| *oxycodone oral capsule* | 1 | ST |
| *oxycodone oral concentrate* | 1 | ST |
| *oxycodone oral solution* | 1 | ST |
| *oxycodone oral tablet* | 1 | ST |
| *oxycodone-acetaminophen oral solution 10-300 mg/5 ml* | 1 | ST |
| *oxycodone-acetaminophen oral tablet* | 1 | ST |
| *oxymorphone* | 1 | ST |
| *prolate oral tablet* | 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 |
|---|---|---|
| *tencon* | 1 | |
| **NON-NARCOTIC ANALGESICS** | | |
| *aspirin childrens* | 0 | ACA; OTC |
| *aspirin oral tablet,chewable* | 0 | ACA; OTC |
| *aspirin oral tablet,delayed release (dr/ec) 81 mg* | 0 | ACA; OTC |
| *bayer low dose aspirin* | 0 | ACA; OTC |
| *buprenorphine-naloxone* | 1 | |
| *butorphanol* | 1 | ST |
| *celecoxib* | 1 | |
| *diclofenac potassium oral capsule* | 1 | ST |
| *diclofenac potassium oral powder in packet* | 1 | ST; QL (9 per 30 days) |
| *diclofenac potassium oral tablet 25 mg* | 1 | ST |
| *diclofenac potassium oral tablet 50 mg* | 1 | |
| *diclofenac sodium oral* | 1 | |
| *diclofenac sodium topical drops* | 1 | QL (150 per 21 days) |
| *diclofenac sodium topical gel 1 %* | 1 | RX ONLY; QL (500 per 21 days) |
| *diclofenac sodium topical solution in metered-dose pump* | 1 | ST; QL (112 per 21 days) |
| *diclofenac-misoprostol* | 1 | |
| *diflunisal* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ecotrin low strength* | 0 | ACA; OTC |
| *etodolac* | 1 | |
| *fenoprofen* | 1 | ST |
| *flurbiprofen oral tablet 100 mg* | 1 | |
| *ibu* | 1 | |
| *ibuprofen oral suspension* | 1 | |
| *ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg* | 1 | |
| *ibuprofen-famotidine* | 1 | ST |
| *indomethacin oral capsule* | 1 | |
| *indomethacin oral capsule, extended release* | 1 | |
| *indomethacin oral suspension* | 1 | ST |
| *indomethacin rectal suppository 50 mg* | 1 | |
| *ketoprofen oral capsule 25 mg* | 1 | ST |
| *ketoprofen oral capsule 50 mg, 75 mg* | 1 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | 1 | ST |
| *ketorolac oral* | 1 | QL (20 per 30 days) |
| *lofena* | 1 | ST |
| *lofexidine* | 1 | PA; QL (224 per 30 days) |
| *lurbiro* | 1 | |
| *meclofenamate* | 1 | |
| *mefenamic acid* | 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 |
|---|---|---|
| *meloxicam oral tablet* | 1 | QL (30 per 30 days) |
| *meloxicam submicronized* | 1 | ST; QL (30 per 30 days) |
| MONOVISC | 4 | PA |
| *nabumetone* | 1 | |
| *naloxone injection solution* | 1 | |
| *naloxone injection syringe* | 1 | |
| *naltrexone* | 1 | |
| *naproxen oral suspension* | 1 | ST |
| *naproxen oral tablet* | 1 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg* | 1 | |
| *naproxen oral tablet,delayed release (dr/ec) 500 mg* | 1 | ST |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 1 | |
| *naproxen sodium oral tablet, er multiphase 24 hr* | 1 | ST |
| *naproxen-esomeprazole* | 1 | ST |
| ORTHOVISC | 4 | PA |
| *oxaprozin oral tablet* | 1 | |
| *piroxicam* | 1 | |
| REXTOVY | 2 | QL (2 per 30 days) |
| *salsalate* | 1 | |
| *st joseph aspirin* | 0 | ACA; OTC |
| *sulindac* | 1 | |
| *tapentadol oral tablet* | 1 | ST |
| *tolectin ds* | 1 | ST |
| *tolmetin oral capsule* | 1 | ST |
| *tolmetin oral tablet 200 mg* | 1 | |
| *tolmetin oral tablet 600 mg* | 1 | ST |
| *tramadol oral tablet 100 mg, 50 mg* | 1 | ST |
| *tramadol oral tablet extended release 24 hr* | 1 | ST |
| *tramadol oral tablet, er multiphase 24 hr* | 1 | ST |
| *tramadol-acetaminophen* | 1 | ST |
| ZUBSOLV | 2 | |
| **PSYCHOTHERAPEUTIC DRUGS** | | |
| ABILIFY ASIMTUFII | 2 | |
| *alprazolam* | 1 | |
| *alprazolam intensol* | 1 | |
| *amitriptyline oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | $0 |
| *amitriptyline oral tablet 150 mg, 75 mg* | 1 | |
| *amitriptyline-chlordiazepoxide* | 1 | |
| *amoxapine* | 1 | |
| *amphetamine* | 1 | |
| *amphetamine sulfate* | 1 | |
| *aripiprazole oral solution* | 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 |
|---|---|---|
| *aripiprazole oral tablet* | 1 | QL (30 per 30 days) |
| *aripiprazole oral tablet,disintegrating* | 1 | QL (60 per 30 days) |
| *armodafinil* | 1 | QL (30 per 30 days) |
| *asenapine maleate* | 1 | QL (60 per 30 days) |
| *atomoxetine oral capsule* | 1 | |
| *bupropion hcl oral tablet 100 mg* | 1 | $0 |
| *bupropion hcl oral tablet 75 mg* | 1 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | 1 | $0; QL (30 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12 hr* | 1 | $0; QL (60 per 30 days) |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *chlordiazepoxide hcl* | 1 | |
| *chlorpromazine* | 1 | |
| *citalopram oral capsule* | 1 | ST; QL (30 per 30 days) |
| *citalopram oral solution* | 1 | |
| *citalopram oral tablet* | 1 | $0; QL (30 per 30 days) |
| *clomipramine* | 1 | |
| *clonidine hcl oral tablet extended release 12 hr* | 1 | |
| *clorazepate dipotassium* | 1 | |
| *clozapine* | 1 | |
| *desipramine* | 1 | |
| *desvenlafaxine succinate* | 1 | ST; QL (30 per 30 days) |
| *dexmethylphenidate* | 1 | |
| *dextroamphetamine sulfate* | 1 | |
| *dextroamphetamine-amphetamine* | 1 | |
| *diazepam intensol* | 1 | |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 1 | |
| *diazepam oral tablet* | 1 | |
| *doxepin oral capsule* | 1 | |
| *doxepin oral concentrate* | 1 | |
| *doxepin oral tablet* | 1 | ST; QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg* | 1 | QL (60 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 30 mg* | 1 | QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | 1 | ST; QL (30 per 30 days) |
| EMSAM | 3 | |
| *ergoloid* | 1 | |
| ERZOFRI | 2 | |
| *escitalopram oxalate oral solution* | 1 | ST |
| *escitalopram oxalate oral tablet* | 1 | $0; 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 |
|---|---|---|
| *estazolam* | 1 | QL (15 per 30 days) |
| *eszopiclone* | 1 | QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26) | 3 | ST; QL (28 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR | 3 | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg* | 1 | $0; QL (30 per 30 days) |
| *fluoxetine oral capsule 20 mg* | 1 | $0 |
| *fluoxetine oral capsule 40 mg* | 1 | $0; QL (60 per 30 days) |
| *fluoxetine oral capsule,delayed release(dr/ec)* | 1 | ST; QL (4 per 30 days) |
| *fluoxetine oral solution* | 1 | |
| *fluoxetine oral tablet 10 mg* | 1 | ST; QL (30 per 30 days) |
| *fluoxetine oral tablet 20 mg, 60 mg* | 1 | ST |
| *fluphenazine hcl oral* | 1 | |
| *flurazepam* | 1 | QL (15 per 30 days) |
| *fluvoxamine oral capsule,extended release 24hr* | 1 | ST; QL (60 per 30 days) |
| *fluvoxamine oral tablet 100 mg* | 1 | QL (90 per 30 days) |
| *fluvoxamine oral tablet 25 mg* | 1 | QL (30 per 30 days) |
| *fluvoxamine oral tablet 50 mg* | 1 | QL (60 per 30 days) |
| *guanfacine oral tablet extended release 24 hr* | 1 | |
| *haloperidol* | 1 | |
| *haloperidol lactate oral* | 1 | |
| *imipramine hcl* | 1 | |
| *imipramine pamoate* | 1 | |
| 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) |
| *lisdexamfetamine* | 1 | |
| *lithium carbonate* | 1 | |
| *lithium citrate* | 1 | |
| *lorazepam injection syringe* | 1 | |
| *lorazepam intensol* | 1 | |
| *lorazepam oral* | 1 | |
| *loxapine succinate* | 1 | |
| LUMRYZ | 4 | ST; QL (30 per 30 days) |
| LUMRYZ STARTER PACK | 4 | ST; QL (28 per 30 days) |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 1 | QL (30 per 30 days) |
| *lurasidone oral tablet 80 mg* | 1 | QL (60 per 30 days) |
| *methamphetamine* | 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 |
|---|---|---|
| *methylphenidate hcl oral cap,er sprinkle,biphasic 40-60* | 1 | |
| *methylphenidate hcl oral capsule, er biphasic 30-70* | 1 | |
| *methylphenidate hcl oral capsule,er biphasic 50-50* | 1 | |
| *methylphenidate hcl oral solution* | 1 | |
| *methylphenidate hcl oral tablet* | 1 | |
| *methylphenidate hcl oral tablet extended release* | 1 | |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg* | 1 | |
| *methylphenidate hcl oral tablet,chewable* | 1 | |
| *methylphenidate transdermal* | 1 | |
| *midazolam oral* | 1 | |
| *mirtazapine oral tablet* | 1 | $0 |
| *mirtazapine oral tablet,disintegrating* | 1 | |
| *modafinil oral tablet 100 mg* | 1 | QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | 1 | QL (60 per 30 days) |
| *molindone* | 1 | |
| *nefazodone* | 1 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg* | 1 | $0 |
| *nortriptyline oral capsule 75 mg* | 1 | |
| *nortriptyline oral solution* | 1 | |
| *olanzapine oral* | 1 | QL (30 per 30 days) |
| *olanzapine-fluoxetine* | 1 | |
| *oxazepam* | 1 | |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg* | 1 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | 1 | QL (60 per 30 days) |
| *paroxetine hcl oral suspension* | 1 | ST |
| *paroxetine hcl oral tablet 10 mg, 40 mg* | 1 | $0; QL (30 per 30 days) |
| *paroxetine hcl oral tablet 20 mg, 30 mg* | 1 | $0; QL (60 per 30 days) |
| *paroxetine hcl oral tablet extended release 24 hr* | 1 | ST; QL (60 per 30 days) |
| *perphenazine* | 1 | |
| *perphenazine-amitriptyline* | 1 | |
| *phenelzine* | 1 | |
| *pimozide* | 1 | |
| *procentra* | 1 | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | 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 |
|---|---|---|
| *quetiapine oral tablet 300 mg, 400 mg* | 1 | QL (60 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg* | 1 | QL (30 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg* | 1 | QL (60 per 30 days) |
| *ramelteon* | 1 | QL (30 per 30 days) |
| REXULTI ORAL TABLET | 3 | QL (30 per 30 days) |
| *risperidone oral solution* | 1 | |
| *risperidone oral tablet* | 1 | QL (60 per 30 days) |
| *risperidone oral tablet,disintegrating* | 1 | QL (60 per 30 days) |
| RYKINDO | 2 | |
| *sertraline oral capsule* | 1 | ST; QL (30 per 30 days) |
| *sertraline oral concentrate* | 1 | |
| *sertraline oral tablet 100 mg, 50 mg* | 1 | $0; QL (60 per 30 days) |
| *sertraline oral tablet 25 mg* | 1 | $0; QL (45 per 30 days) |
| *sodium oxybate* | 4 | ST; LA; QL (540 per 30 days) |
| *temazepam* | 3 | QL (15 per 30 days) |
| *thioridazine* | 1 | |
| *thiothixene* | 1 | |
| *tranylcypromine* | 1 | |
| *trazodone oral tablet 100 mg, 150 mg, 50 mg* | 1 | $0 |
| *trazodone oral tablet 300 mg* | 1 | |
| *triazolam* | 1 | QL (15 per 30 days) |
| *trifluoperazine* | 1 | |
| *trimipramine* | 1 | |
| UZEDY | 2 | |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg* | 1 | $0; QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 75 mg* | 1 | $0; QL (90 per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 50 mg* | 1 | QL (90 per 30 days) |
| *venlafaxine oral tablet 37.5 mg, 75 mg* | 1 | $0; QL (90 per 30 days) |
| *venlafaxine oral tablet extended release 24hr* | 1 | ST; QL (30 per 30 days) |
| VIIBRYD ORAL TABLET | 2 | ST; QL (30 per 30 days) |
| *vilazodone* | 1 | ST; QL (30 per 30 days) |
| *zaleplon oral capsule 10 mg* | 1 | QL (60 per 30 days) |
| *zaleplon oral capsule 5 mg* | 1 | QL (30 per 30 days) |
| *zenzedi oral tablet 10 mg, 5 mg* | 1 | |
| *ziprasidone hcl* | 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 |
|---|---|---|
| *zolpidem oral tablet* | 1 | QL (30 per 30 days) |
| *zolpidem oral tablet,ext release multiphase* | 1 | QL (30 per 30 days) |
| *zolpidem sublingual* | 1 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 4 | QL (28 per 365 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 4 | QL (14 per 365 days) |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY** | | |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 5 | PA; QL (1 per 21 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT | 5 | PA; QL (1 per 21 days) |
| BETASERON SUBCUTANEOUS KIT | 4 | PA; QL (14 per 23 days) |
| *cladribine(multiple sclerosis)* | 4 | PA; QL (9 per 30 days) |
| *dimethyl fumarate* | 4 | PA; QL (60 per 30 days) |
| *fingolimod* | 1 | PA; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | 4 | PA; QL (30 per 23 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | 4 | PA; QL (12 per 23 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | 4 | PA; QL (30 per 23 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | 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) |
| OCREVUS ZUNOVO | 4 | PA; QL (23 per 135 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) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 (4.2 per 21 days) |
| REBIF TITRATION PACK | 4 | PA; QL (4.2 per 21 days) |
| TECFIDERA | 4 | PA; QL (60 per 30 days) |
| *teriflunomide* | 4 | PA; QL (30 per 30 days) |
| VUMERITY | 4 | PA; QL (120 per 30 days) |
| **CARDIOVASCULAR, HYPERTENSION & LIPIDS** | | |
| **ANTIARRHYTHMIC AGENTS** | | |
| *adenosine intravenous solution* | 1 | |
| *amiodarone* | 1 | |
| *dofetilide* | 1 | |
| *flecainide* | 1 | |
| *lidocaine (pf) intravenous solution* | 1 | |
| *lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)* | 1 | |
| *mexiletine* | 1 | |
| *pacerone oral tablet 100 mg, 200 mg* | 1 | |
| *propafenone* | 1 | |
| *quinidine gluconate oral* | 1 | |
| *quinidine sulfate oral tablet* | 1 | |
| *sotalol af* | 1 | |
| *sotalol oral* | 1 | |
| SOTYLIZE | 2 | |
| **ANTIHYPERTENSIVE THERAPY** | | |
| *acebutolol* | 1 | |
| *aliskiren* | 1 | |
| *amiloride* | 1 | |
| *amiloride-hydrochlorothiazide* | 1 | |
| *amlodipine* | 1 | $0 |
| *amlodipine-benazepril* | 1 | |
| *amlodipine-olmesartan* | 1 | |
| *amlodipine-valsartan* | 1 | |
| *amlodipine-valsartan-hcthiazid* | 1 | |
| *atenolol* | 1 | $0 |
| *atenolol-chlorthalidone oral tablet 100-25 mg* | 1 | |
| *atenolol-chlorthalidone oral tablet 50-25 mg* | 1 | $0 |
| *benazepril* | 1 | $0 |
| *benazepril-hydrochlorothiazide* | 1 | |
| *betaxolol oral* | 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 |
|---|---|---|
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | $0 |
| *bisoprolol-hydrochlorothiazide* | 1 | |
| *bumetanide oral* | 1 | |
| *candesartan* | 1 | $0 |
| *candesartan-hydrochlorothiazid* | 1 | |
| *captopril oral tablet 100 mg, 12.5 mg, 50 mg* | 1 | |
| *captopril oral tablet 25 mg* | 1 | $0 |
| *captopril-hydrochlorothiazide* | 1 | |
| *cartia xt* | 1 | $0 |
| *carvedilol* | 1 | $0 |
| *carvedilol phosphate* | 1 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | $0 |
| *clonidine* | 1 | QL (4 per 21 days) |
| *clonidine hcl oral tablet 0.1 mg* | 1 | $0 |
| *clonidine hcl oral tablet 0.2 mg, 0.3 mg* | 1 | |
| *diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg* | 1 | $0 |
| *diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg* | 1 | |
| *diltiazem hcl oral capsule,extended release 12 hr* | 1 | $0 |
| *diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | $0 |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | $0 |
| *diltiazem hcl oral capsule,extended release 24hr 360 mg* | 1 | |
| *diltiazem hcl oral tablet* | 1 | $0 |
| *diltiazem hcl oral tablet extended release 24 hr* | 1 | |
| *dilt-xr* | 1 | $0 |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg* | 1 | QL (30 per 30 days) |
| *doxazosin oral tablet 8 mg* | 1 | $0; QL (60 per 30 days) |
| *enalapril maleate oral solution* | 1 | |
| *enalapril maleate oral tablet* | 1 | $0 |
| *enalapril-hydrochlorothiazide* | 1 | |
| *eplerenone* | 1 | |
| *esmolol intravenous syringe* | 1 | |
| *ethacrynic acid* | 1 | |
| *felodipine* | 1 | |
| *fosinopril oral tablet 10 mg* | 1 | |
| *fosinopril oral tablet 20 mg, 40 mg* | 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 |
|---|---|---|
| *fosinopril-hydrochlorothiazide* | 1 | |
| *furosemide oral solution* | 1 | |
| *furosemide oral tablet 20 mg, 40 mg* | 1 | $0 |
| *furosemide oral tablet 80 mg* | 1 | |
| *guanfacine oral tablet* | 1 | |
| *hydralazine oral tablet 10 mg, 100 mg* | 1 | |
| *hydralazine oral tablet 25 mg, 50 mg* | 1 | $0 |
| *hydrochlorothiazide* | 1 | $0 |
| *indapamide* | 1 | $0 |
| *irbesartan oral tablet 150 mg, 300 mg* | 1 | $0 |
| *irbesartan oral tablet 75 mg* | 1 | |
| *irbesartan-hydrochlorothiazide* | 1 | |
| *isosorbide-hydralazine* | 1 | |
| *isradipine* | 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 2 | QL (30 per 90 days) |
| KERENDIA ORAL TABLET 40 MG | 2 | |
| *labetalol oral* | 1 | |
| *lisinopril* | 1 | $0 |
| *lisinopril-hydrochlorothiazide* | 1 | $0 |
| *losartan* | 1 | $0 |
| *losartan-hydrochlorothiazide* | 1 | |
| *matzim la* | 1 | $0 |
| *methyldopa* | 1 | |
| *metolazone oral tablet 10 mg* | 1 | |
| *metolazone oral tablet 2.5 mg, 5 mg* | 1 | $0 |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | 1 | $0 |
| *metoprolol succinate oral tablet extended release 24 hr 200 mg* | 1 | |
| *metoprolol ta-hydrochlorothiaz* | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | 1 | $0 |
| *metoprolol tartrate oral tablet 37.5 mg, 75 mg* | 1 | |
| *metyrosine* | 1 | PA |
| *minoxidil oral* | 1 | |
| *moexipril* | 1 | |
| *nadolol* | 1 | |
| *nebivolol* | 1 | |
| *nicardipine oral* | 1 | |
| *nifedipine oral tablet extended release 24hr 30 mg* | 1 | |
| *nifedipine oral tablet extended release 24hr 60 mg, 90 mg* | 1 | $0 |
| *nifedipine oral tablet extended release 30 mg* | 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 |
|---|---|---|
| *nifedipine oral tablet extended release 60 mg, 90 mg* | 1 | |
| *nimodipine* | 1 | |
| *nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg* | 1 | |
| *olmesartan* | 1 | |
| *olmesartan-amlodipin-hcthiazid* | 1 | |
| *olmesartan-hydrochlorothiazide* | 1 | |
| *perindopril erbumine* | 1 | |
| *phenoxybenzamine* | 1 | PA |
| *pindolol* | 1 | |
| *prazosin* | 1 | $0 |
| *propranolol oral capsule,extended release 24 hr* | 1 | $0 |
| *propranolol oral solution* | 1 | |
| *propranolol oral tablet* | 1 | $0 |
| *quinapril* | 1 | $0 |
| *quinapril-hydrochlorothiazide* | 1 | |
| *ramipril oral capsule 1.25 mg* | 1 | |
| *ramipril oral capsule 10 mg, 2.5 mg, 5 mg* | 1 | $0 |
| *spironolactone oral suspension* | 1 | |
| *spironolactone oral tablet* | 1 | $0 |
| *spironolacton-hydrochlorothiaz* | 1 | |
| *telmisartan* | 1 | $0 |
| *telmisartan-hydrochlorothiazid* | 1 | |
| *terazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | $0; QL (30 per 30 days) |
| *terazosin oral capsule 10 mg* | 1 | $0; QL (60 per 30 days) |
| *tiadylt er* | 1 | $0 |
| *timolol maleate oral* | 1 | |
| *torsemide oral tablet 10 mg, 5 mg* | 1 | |
| *torsemide oral tablet 100 mg, 20 mg* | 1 | $0 |
| *trandolapril* | 1 | |
| *trandolapril-verapamil* | 1 | |
| *triamterene* | 1 | |
| *triamterene-hydrochlorothiazid* | 1 | $0 |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 4 | PA; LA; QL (60 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK | 4 | PA; LA; QL (200 per 30 days) |
| *valsartan oral solution* | 1 | |
| *valsartan oral tablet 160 mg, 40 mg, 80 mg* | 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 |
|---|---|---|
| *valsartan oral tablet 320 mg* | 1 | |
| *valsartan-hydrochlorothiazide* | 1 | |
| *verapamil oral capsule, 24 hr er pellet ct* | 1 | ST |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 240 mg, 360 mg* | 1 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 180 mg* | 1 | $0 |
| *verapamil oral tablet 120 mg* | 1 | $0 |
| *verapamil oral tablet 40 mg, 80 mg* | 1 | |
| *verapamil oral tablet extended release 120 mg, 240 mg* | 1 | $0 |
| *verapamil oral tablet extended release 180 mg* | 1 | |
| **CARDIAC GLYCOSIDES** | | |
| *digoxin oral* | 1 | |
| **COAGULATION THERAPY** | | |
| *aminocaproic acid oral* | 1 | |
| *argatroban in 0.9 % sod chlor* | 1 | |
| *aspirin-dipyridamole* | 1 | |
| CABLIVI INJECTION KIT | 4 | PA; LA |
| CEPROTIN (BLUE BAR) | 5 | |
| CEPROTIN (GREEN BAR) | 5 | |
| *cilostazol* | 1 | |
| *clopidogrel* | 1 | |
| COAGADEX | 5 | PA |
| *dabigatran etexilate* | 1 | |
| *dipyridamole oral* | 1 | |
| DOPTELET (15 TAB PACK) | 4 | PA; LA; QL (60 per 30 days) |
| DOPTELET SPRINKLE | 4 | PA; QL (60 per 30 days) |
| ELIQUIS | 2 | |
| ELIQUIS DVT-PE TREAT 30D START | 2 | |
| ELIQUIS SPRINKLE | 2 | |
| *eltrombopag olamine* | 4 | PA |
| *enoxaparin* | 4 | |
| *eptifibatide intravenous solution 0.75 mg/ml* | 1 | |
| FESILTY | 4 | |
| FIBRYGA | 4 | |
| *fondaparinux* | 4 | |
| *hep flush-10 (pf)* | 1 | |
| *heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)* | 1 | |
| *heparin (porcine) in 5 % dex* | 1 | |
| *heparin (porcine) in nacl (pf) intravenous parenteral solution* | 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 |
|---|---|---|
| *heparin (porcine) injection solution* | 1 | |
| *heparin (porcine) injection syringe 5,000 unit/ml* | 1 | |
| *heparin lock flush (porcine) intravenous solution 10 unit/ml* | 1 | |
| *heparin lockflush(porcine)(pf)* | 1 | |
| *heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml* | 1 | |
| *heparin, porcine (pf) injection* | 1 | |
| *heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml* | 1 | |
| *pentoxifylline* | 1 | |
| *phytonadione (vitamin k1) injection* | 1 | |
| *phytonadione (vitamin k1) oral tablet 5 mg* | 1 | QL (10 per 30 days) |
| *prasugrel hcl* | 1 | |
| *rivaroxaban* | 1 | |
| TAVALISSE | 4 | PA; LA; QL (60 per 30 days) |
| *ticagrelor* | 1 | |
| *tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)* | 1 | |
| *tranexamic acid in nacl,iso-os intravenous piggyback* | 1 | |
| *vitamin k* | 1 | |
| *vitamin k1 injection* | 1 | |
| *warfarin* | 1 | $0 |
| XARELTO | 2 | |
| XARELTO DVT-PE TREAT 30D START | 2 | |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | |
| *amlodipine-atorvastatin* | 1 | ST; QL (30 per 30 days) |
| *atorvastatin oral tablet 10 mg, 20 mg* | 0 | $0; ACA; QL (30 per 30 days) |
| *atorvastatin oral tablet 40 mg, 80 mg* | 1 | $0; QL (30 per 30 days) |
| *cholestyramine (with sugar)* | 1 | |
| *cholestyramine light* | 1 | |
| *colesevelam* | 1 | |
| *colestipol* | 1 | |
| *ezetimibe* | 1 | |
| *ezetimibe-simvastatin* | 1 | QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 130 mg* | 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 |
|---|---|---|
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg* | 1 | |
| *fenofibrate nanocrystallized* | 1 | |
| *fenofibrate oral tablet 120 mg, 40 mg* | 1 | ST |
| *fenofibrate oral tablet 160 mg, 54 mg* | 1 | |
| *fenofibric acid* | 1 | |
| *fenofibric acid (choline)* | 1 | |
| *gemfibrozil* | 1 | $0 |
| *icosapent ethyl* | 1 | PA |
| JUXTAPID | 4 | PA; LA |
| *lovastatin oral tablet 10 mg* | 0 | $0; ACA; QL (30 per 30 days) |
| *lovastatin oral tablet 20 mg, 40 mg* | 0 | $0; ACA; QL (60 per 30 days) |
| *niacin oral tablet 500 mg* | 1 | |
| *niacin oral tablet extended release 24 hr* | 1 | |
| *omega-3 acid ethyl esters* | 1 | PA |
| *pitavastatin calcium* | 0 | ACA; QL (30 per 30 days) |
| *pravastatin* | 0 | ACA; QL (30 per 30 days) |
| *prevalite* | 1 | |
| REPATHA PUSHTRONEX | 2 | PA; QL (3.5 per 21 days) |
| REPATHA SURECLICK | 2 | PA; QL (3 per 21 days) |
| REPATHA SYRINGE | 2 | PA; QL (3 per 21 days) |
| *rosuvastatin oral tablet 10 mg, 5 mg* | 0 | $0; ACA; QL (30 per 30 days) |
| *rosuvastatin oral tablet 20 mg, 40 mg* | 1 | $0; QL (30 per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 0 | $0; ACA; QL (30 per 30 days) |
| *simvastatin oral tablet 80 mg* | 1 | $0; QL (30 per 30 days) |
| VASCEPA | 2 | PA |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |
| ATTRUBY | 4 | PA |
| CAMZYOS | 4 | QL (30 per 30 days) |
| ENTRESTO SPRINKLE | 2 | QL (240 per 30 days) |
| *isoproterenol hcl* | 1 | |
| *ivabradine* | 1 | PA |
| MYQORZO | 4 | QL (30 per 30 days) |
| *ranolazine* | 1 | |
| *sacubitril-valsartan* | 1 | QL (60 per 30 days) |
| VERQUVO | 2 | QL (30 per 30 days) |
| VYNDAQEL | 5 | PA |
| **NITRATES** | | |
| *isosorbide dinitrate oral tablet* | 1 | |
| *isosorbide mononitrate* | 1 | |
| *nitro-bid* | 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 |
|---|---|---|
| *nitroglycerin sublingual* | 1 | |
| *nitroglycerin transdermal* | 1 | |
| *nitroglycerin translingual* | 1 | |
| **DERMATOLOGICALS/TOPICAL THERAPY** | | |
| **ANTIPSORIATIC / ANTISEBORRHEIC** | | |
| *acitretin* | 1 | |
| *calcipotriene scalp* | 1 | QL (120 per 23 days) |
| *calcipotriene topical cream* | 1 | QL (120 per 23 days) |
| *calcipotriene topical ointment* | 1 | QL (120 per 23 days) |
| *calcipotriene-betamethasone* | 1 | QL (60 per 23 days) |
| *calcitriol topical* | 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) |
| *hydrocortisone-pramoxine topical cream 2.5-1 %* | 1 | ST |
| ICOTYDE | 4 | PA |
| IMULDOSA INTRAVENOUS | 4 | PA |
| IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 4 | PA; QL (45 per 63 days) |
| IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML | 4 | PA; QL (90 per 42 days) |
| SELARSDI INTRAVENOUS | 4 | PA |
| SELARSDI SUBCUTANEOUS SOLUTION | 4 | PA; QL (45 per 63 days) |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 4 | PA; QL (45 per 63 days) |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML | 4 | PA; QL (90 per 42 days) |
| *selenium sulfide topical lotion* | 1 | |
| SOTYKTU | 4 | PA; QL (30 per 23 days) |
| SPEVIGO INTRAVENOUS | 4 | PA |
| 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 SUBCUTANEOUS SYRINGE 20 MG/0.25 ML | 4 | PA; QL (0.25 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 |
|---|---|---|
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML | 4 | PA; QL (0.5 per 21 days) |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML | 4 | PA; QL (1 per 21 days) |
| TREMFYA INTRAVENOUS | 4 | PA |
| TREMFYA ONE-PRESS | 4 | PA; QL (100 per 42 days) |
| TREMFYA PEN INDUCTION PK(2PEN) | 4 | PA; QL (1200 per 365 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 4 | PA; QL (100 per 42 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 4 | PA; QL (200 per 21 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; QL (100 per 42 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML | 4 | PA; QL (200 per 21 days) |
| USTEKINUMAB-TTWE INTRAVENOUS | 4 | PA |
| USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION | 4 | PA; QL (45 per 63 days) |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 4 | PA; QL (45 per 63 days) |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML | 4 | PA; QL (90 per 42 days) |
| YESINTEK INTRAVENOUS | 4 | PA |
| YESINTEK SUBCUTANEOUS SOLUTION | 4 | PA; QL (45 per 63 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 4 | PA; QL (45 per 63 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 4 | PA; QL (90 per 42 days) |
| **BURN THERAPY** | | |
| *silver sulfadiazine* | 1 | |
| *ssd* | 1 | |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR | 4 | PA; QL (2 per 21 days) |
| ADBRY SUBCUTANEOUS SYRINGE | 4 | PA; QL (4 per 21 days) |
| *ammonium lactate* | 1 | |
| CIBINQO ORAL TABLET 100 MG, 50 MG | 4 | 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 |
|---|---|---|
| CIBINQO ORAL TABLET 200 MG | 4 | PA; QL (30 per 23 days) |
| *diclofenac sodium topical gel 3 %* | 1 | PA; QL (100 per 21 days) |
| *doxepin topical* | 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 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) |
| EBGLYSS PEN | 4 | PA; QL (4 per 21 days) |
| EBGLYSS SYRINGE | 4 | PA |
| EUCRISA | 2 | ST; QL (120 per 23 days) |
| *fluorouracil topical cream 5 %* | 1 | |
| *fluorouracil topical solution* | 1 | |
| *imiquimod* | 1 | |
| *methoxsalen* | 1 | |
| *methyl salicylate* | 1 | |
| *methyl salicylate topical liquid* | 1 | |
| *pimecrolimus* | 1 | ST; QL (120 per 23 days) |
| *podofilox topical gel* | 1 | QL (7 per 30 days) |
| *podofilox topical solution* | 1 | |
| *prudoxin* | 1 | ST; QL (90 per 23 days) |
| *tacrolimus topical* | 1 | ST; QL (120 per 23 days) |
| VALCHLOR | 4 | ST |
| *wintergreen oil* | 1 | |
| **THERAPY FOR ACNE** | | |
| *accutane* | 1 | |
| *adapalene topical cream* | 1 | |
| *adapalene topical gel 0.3 %* | 1 | |
| *adapalene topical gel with pump* | 1 | |
| *adapalene topical solution* | 1 | |
| *adapalene topical swab* | 1 | ST |
| *adapalene-benzoyl peroxide* | 1 | |
| *amnesteem* | 1 | |
| *azelaic acid* | 1 | |
| *benzepro topical towelette* | 1 | |
| *benzoyl peroxide topical foam* | 1 | |
| *claravis* | 1 | |
| *clindacin* | 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 |
|---|---|---|
| *clindacin etz topical swab* | 1 | |
| *clindacin p* | 1 | |
| *clindamycin phosphate topical foam* | 1 | ST; QL (100 per 23 days) |
| *clindamycin phosphate topical gel* | 1 | QL (120 per 23 days) |
| *clindamycin phosphate topical gel, once daily* | 1 | ST; QL (150 per 450 days) |
| *clindamycin phosphate topical lotion* | 1 | QL (120 per 23 days) |
| *clindamycin phosphate topical solution* | 1 | QL (120 per 23 days) |
| *clindamycin phosphate topical swab* | 1 | |
| *clindamycin-benzoyl peroxide* | 1 | |
| *clindamycin-tretinoin* | 1 | |
| *dapsone topical gel 5 %* | 1 | |
| *ery pads* | 1 | |
| *erythromycin with ethanol topical gel* | 1 | |
| *erythromycin with ethanol topical solution* | 1 | |
| *erythromycin-benzoyl peroxide* | 1 | |
| *isotretinoin* | 1 | |
| *ivermectin topical cream* | 1 | QL (45 per 23 days) |
| *metronidazole topical* | 1 | |
| *neuac* | 1 | |
| *rosadan topical cream* | 1 | |
| *rosadan topical gel* | 1 | |
| *tazarotene topical cream* | 1 | PA |
| *tazarotene topical gel* | 1 | PA |
| *tretinoin* | 1 | |
| *tretinoin microspheres* | 1 | |
| *zenatane* | 1 | |
| **TOPICAL ANESTHETICS** | | |
| *dermacinrx lidocan* | 1 | ST |
| *lidocaine hcl mucous membrane solution 2 %* | 1 | |
| *lidocaine hcl-hydrocortison ac topical* | 1 | |
| *lidocaine topical adhesive patch,medicated 5 %* | 1 | PA |
| *lidocaine topical ointment* | 1 | QL (50 per 23 days) |
| *lidocaine-prilocaine topical cream* | 1 | QL (30 per 23 days) |
| *lidocan iii* | 1 | ST |
| *lidocan iv* | 1 | PA |
| *lidocan v* | 1 | PA |
| *lidocort* | 1 | |
| ZTLIDO | 2 | PA |
| **TOPICAL ANTIBACTERIALS** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *gentamicin topical* | 1 | QL (60 per 30 days) |
| *lugols topical* | 1 | |
| *mupirocin* | 1 | QL (44 per 30 days) |
| *mupirocin calcium* | 1 | ST; QL (30 per 30 days) |
| *strong iodine topical* | 1 | |
| SULFAMYLON TOPICAL CREAM | 2 | |
| **TOPICAL ANTIFUNGALS** | | |
| *ciclodan topical cream* | 1 | QL (90 per 21 days) |
| *ciclodan topical solution* | 1 | |
| *ciclopirox topical cream* | 1 | QL (90 per 21 days) |
| *ciclopirox topical gel* | 1 | QL (100 per 21 days) |
| *ciclopirox topical shampoo* | 1 | QL (120 per 21 days) |
| *ciclopirox topical solution* | 1 | |
| *ciclopirox topical suspension* | 1 | QL (60 per 21 days) |
| *clotrimazole topical cream* | 1 | QL (45 per 21 days) |
| *clotrimazole topical solution* | 1 | QL (60 per 21 days) |
| *clotrimazole-betamethasone topical cream* | 1 | QL (90 per 21 days) |
| *clotrimazole-betamethasone topical lotion* | 1 | QL (60 per 21 days) |
| *econazole nitrate topical cream* | 1 | QL (85 per 21 days) |
| *ketoconazole topical cream* | 1 | QL (60 per 21 days) |
| *ketoconazole topical foam* | 1 | QL (100 per 21 days) |
| *ketoconazole topical shampoo* | 1 | QL (120 per 21 days) |
| *ketodan* | 1 | QL (100 per 21 days) |
| *ketodan kit* | 1 | |
| *klayesta* | 1 | QL (180 per 30 days) |
| LULICONAZOLE | 3 | QL (60 per 21 days) |
| *naftifine topical cream 1 %* | 3 | QL (90 per 21 days) |
| *naftifine topical cream 2 %* | 3 | QL (60 per 21 days) |
| *naftifine topical gel* | 3 | QL (60 per 21 days) |
| *nystatin topical cream* | 1 | QL (60 per 21 days) |
| *nystatin topical ointment* | 1 | QL (60 per 21 days) |
| *nystatin topical powder* | 1 | QL (180 per 30 days) |
| *nystatin-triamcinolone* | 1 | QL (60 per 21 days) |
| *nystop* | 1 | QL (180 per 30 days) |
| *oxiconazole* | 3 | QL (90 per 21 days) |
| *tavaborole* | 1 | ST |
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir topical cream* | 1 | PA; QL (5 per 30 days) |
| *acyclovir topical ointment* | 1 | 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 |
|---|---|---|
| DENAVIR | 2 | |
| XERESE | 3 | |
| **TOPICAL CORTICOSTEROIDS** | | |
| *ala-cort topical cream* | 1 | |
| *alclometasone* | 1 | |
| *amcinonide topical cream* | 1 | ST |
| *amcinonide topical ointment* | 1 | ST |
| *apexicon e* | 1 | ST |
| *beser* | 1 | ST |
| *betamethasone dipropionate* | 1 | |
| *betamethasone valerate topical cream* | 1 | |
| *betamethasone valerate topical foam* | 1 | ST |
| *betamethasone valerate topical lotion* | 1 | |
| *betamethasone valerate topical ointment* | 1 | |
| *betamethasone, augmented* | 1 | |
| *clobetasol scalp* | 1 | QL (100 per 23 days) |
| *clobetasol topical cream 0.05 %* | 1 | QL (120 per 23 days) |
| *clobetasol topical foam* | 1 | ST; QL (100 per 23 days) |
| *clobetasol topical gel* | 1 | QL (120 per 23 days) |
| *clobetasol topical lotion* | 1 | ST; QL (118 per 23 days) |
| *clobetasol topical ointment* | 1 | ST; QL (120 per 23 days) |
| *clobetasol topical shampoo* | 1 | ST; QL (236 per 23 days) |
| *clobetasol topical spray,non-aerosol* | 1 | ST; QL (125 per 23 days) |
| *clobetasol-emollient topical cream* | 1 | QL (120 per 23 days) |
| *clobetasol-emollient topical foam* | 1 | ST; QL (100 per 23 days) |
| *clocortolone pivalate* | 1 | ST |
| *clodan* | 1 | ST; QL (236 per 23 days) |
| *desonide topical cream* | 1 | |
| *desonide topical gel* | 1 | ST |
| *desonide topical lotion* | 1 | ST |
| *desonide topical ointment* | 1 | |
| *desoximetasone* | 1 | ST |
| *diflorasone* | 1 | ST; QL (120 per 23 days) |
| *fluocinolone* | 1 | |
| *fluocinolone and shower cap* | 1 | |
| *fluocinonide topical cream 0.05 %* | 1 | QL (120 per 23 days) |
| *fluocinonide topical cream 0.1 %* | 1 | ST; QL (120 per 23 days) |
| *fluocinonide topical gel* | 1 | QL (120 per 23 days) |
| *fluocinonide topical ointment* | 1 | 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 |
|---|---|---|
| *fluocinonide topical solution* | 1 | QL (120 per 23 days) |
| *fluocinonide-e* | 1 | QL (120 per 23 days) |
| *flurandrenolide* | 1 | ST; QL (120 per 23 days) |
| *fluticasone propionate topical cream* | 1 | |
| *fluticasone propionate topical lotion* | 1 | ST |
| *fluticasone propionate topical ointment* | 1 | |
| *halcinonide topical cream* | 1 | ST |
| *halcinonide topical solution* | 1 | |
| *halobetasol propionate topical cream* | 1 | |
| *halobetasol propionate topical foam* | 1 | ST |
| *halobetasol propionate topical ointment* | 1 | |
| *hydrocortisone butyrate topical cream* | 1 | QL (120 per 23 days) |
| *hydrocortisone butyrate topical lotion* | 1 | ST; QL (118 per 23 days) |
| *hydrocortisone butyrate topical ointment* | 1 | ST; QL (120 per 21 days) |
| *hydrocortisone butyrate topical solution* | 1 | ST; QL (120 per 23 days) |
| *hydrocortisone topical cream 1 %, 2.5 %* | 1 | |
| *hydrocortisone topical lotion 2 %, 2.5 %* | 1 | |
| *hydrocortisone topical ointment 1 %, 2.5 %* | 1 | |
| *hydrocortisone topical solution* | 1 | |
| *hydrocortisone valerate* | 1 | |
| *lexette* | 1 | ST |
| *mometasone topical* | 1 | |
| *prednicarbate topical cream* | 1 | |
| *scalacort* | 1 | |
| *tovet emollient* | 1 | ST; QL (100 per 23 days) |
| *triamcinolone acetonide topical aerosol* | 1 | ST; QL (126 per 23 days) |
| *triamcinolone acetonide topical cream* | 1 | |
| *triamcinolone acetonide topical lotion* | 1 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamcinolone acetonide topical ointment 0.05 %* | 1 | ST |
| *triderm topical cream 0.5 %* | 1 | ST |
| **TOPICAL ENZYMES** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SANTYL | 2 | QL (180 per 30 days) |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| *crotan* | 3 | |
| *malathion* | 1 | |
| *permethrin* | 1 | |
| *pruradik* | 3 | |
| *spinosad* | 1 | |
| **DIAGNOSTICS & MISCELLANEOUS AGENTS** | | |
| **IRRIGATING SOLUTIONS** | | |
| *lactated ringers irrigation* | 1 | |
| *neomycin-polymyxin b gu* | 1 | |
| *ringer's irrigation* | 1 | |
| **MISCELLANEOUS AGENTS** | | |
| *acamprosate* | 1 | |
| *acetic acid irrigation* | 1 | |
| *anagrelide* | 1 | |
| *caffeine citrate oral* | 1 | |
| CARBAGLU | 5 | LA |
| *carglumic acid* | 5 | |
| *cevimeline* | 1 | |
| CHEMET | 2 | PA |
| *deferasirox oral granules in packet* | 4 | PA |
| *deferasirox oral tablet 180 mg* | 4 | PA |
| *deferasirox oral tablet 360 mg, 90 mg* | 5 | PA |
| *deferasirox oral tablet, dispersible* | 4 | PA |
| *deferiprone* | 4 | PA |
| *disulfiram* | 1 | |
| EMPAVELI | 4 | PA; LA |
| ENJAYMO | 4 | PA |
| EPYSQLI | 4 | PA |
| FABHALTA | 4 | PA |
| FERRIPROX (2 TIMES A DAY) | 4 | PA |
| FERRIPROX ORAL SOLUTION | 4 | PA |
| *glutamine (sickle cell)* | 4 | PA |
| *glycerol phenylbutyrate* | 4 | PA |
| INCRELEX | 4 | PA; LA |
| LAMZEDE | 4 | PA |
| *levocarnitine (with sugar)* | 1 | |
| *levocarnitine intravenous* | 1 | |
| *levocarnitine oral solution 100 mg/ml* | 1 | |
| *levocarnitine oral tablet* | 1 | |
| *midodrine* | 1 | |
| *nitisinone* | 4 | PA; LA |
| NITYR | 5 | PA; LA |
| PEDMARK | 2 | |
| PHEBURANE | 4 | PA |
| *riluzole* | 1 | PA |
| *risedronate oral tablet 30 mg* | 1 | QL (30 per 30 days) |
| RYONCIL | 2 | PA |
| *sodium chloride irrigation* | 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 |
|---|---|---|
| *sodium phenylbutyrate* | 1 | PA |
| *tiopronin* | 4 | PA |
| *trientine oral capsule 250 mg* | 1 | PA |
| *venxxiva* | 4 | PA |
| *water for irrigation, sterile* | 1 | |
| XENPOZYME | 4 | PA |
| XURIDEN | 5 | |
| ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG | 4 | PA; LA |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl (smoking deter)* | 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) |
| *nicorette buccal gum 4 mg* | 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) |
| *nicotine* | 0 | ACA; OTC; QL (180 per 365 days) |
| *nicotine (polacrilex)* | 0 | ACA; OTC; QL (180 per 365 days) |
| NICOTROL NS | 0 | ACA; QL (180 per 365 days) |
| *stop smoking aid* | 0 | ACA; OTC; QL (180 per 365 days) |
| *varenicline tartrate* | 0 | ACA; QL (180 per 365 days) |
| **EAR, NOSE & THROAT MEDICATIONS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 1 | QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | 1 | |
| *chlorhexidine gluconate mucous membrane* | 1 | |
| *denta 5000 plus* | 1 | |
| *denta 5000 plus sensitive* | 1 | |
| *dentagel* | 1 | |
| *fluoride (sodium) dental* | 1 | |
| *ipratropium bromide nasal* | 1 | QL (30 per 30 days) |
| *kourzeq* | 1 | |
| *olopatadine nasal* | 1 | QL (31 per 30 days) |
| *paroex oral rinse* | 1 | |
| *periogard* | 1 | |
| *pilocarpine hcl oral* | 1 | |
| *sf* | 1 | |
| *sf 5000 plus* | 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 |
|---|---|---|
| *sodium fluoride 5000 plus* | 1 | |
| *sodium fluoride-pot nitrate* | 1 | |
| *triamcinolone acetonide dental* | 1 | |
| **MISCELLANEOUS OTIC PREPARATIONS** | | |
| *acetic acid otic (ear)* | 1 | |
| *ciprofloxacin hcl otic (ear)* | 1 | |
| *flac otic oil* | 1 | |
| *fluocinolone acetonide oil* | 1 | |
| *hydrocortisone-acetic acid* | 1 | |
| *ofloxacin otic (ear)* | 1 | |
| **OTIC STEROID / ANTIBIOTIC** | | |
| CIPRO HC | 2 | |
| *ciprofloxacin-dexamethasone* | 1 | |
| *ciprofloxacin-hydrocortisone* | 1 | |
| CORTISPORIN-TC | 3 | |
| *neomycin-polymyxin-hc otic (ear)* | 1 | |
| **ENDOCRINE/DIABETES** | | |
| **ADRENAL HORMONES** | | |
| *cortisone* | 1 | |
| *deflazacort* | 4 | PA |
| *dexabliss* | 1 | |
| *dexamethasone intensol* | 1 | |
| *dexamethasone oral elixir* | 1 | |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)* | 1 | |
| *fludrocortisone* | 1 | |
| *hydrocortisone oral* | 1 | |
| *hydrocortisone sod succinate* | 1 | |
| *jaythari* | 4 | PA |
| *kymbee* | 4 | PA |
| *methylprednisolone* | 1 | |
| *millipred dp* | 1 | |
| *millipred oral tablet* | 1 | |
| *prednisolone* | 1 | |
| *prednisolone sodium phosphate oral solution* | 1 | |
| *prednisolone sodium phosphate oral tablet,disintegrating* | 1 | |
| *prednisone intensol* | 1 | |
| *prednisone oral solution* | 1 | |
| *prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 50 mg* | 1 | $0 |
| *prednisone oral tablet 10 mg, 5 mg* | 1 | |
| *prednisone oral tablet,delayed release (dr/ec)* | 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 |
|---|---|---|
| *prednisone oral tablets,dose pack* | 1 | |
| *pyquvi* | 4 | PA |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | |
| *potassium iodide oral solution* | 1 | |
| *propylthiouracil* | 1 | |
| **BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES** | | |
| DEXCOM G6 RECEIVER | 2 | QL (1 per 365 days) |
| DEXCOM G6 SENSOR | 2 | QL (3 per 23 days) |
| DEXCOM G6 TRANSMITTER | 2 | QL (1 per 68 days) |
| DEXCOM G7 15 DAY SENSOR | 2 | QL (2 per 23 days) |
| DEXCOM G7 RECEIVER | 2 | QL (1 per 365 days) |
| DEXCOM G7 SENSOR | 2 | QL (3 per 23 days) |
| FREESTYLE CONTROL | 2 | OTC |
| FREESTYLE FREEDOM | 2 | OTC |
| FREESTYLE FREEDOM LITE | 2 | OTC |
| FREESTYLE INSULINX | 2 | OTC |
| FREESTYLE INSULINX TEST STRIPS | 2 | OTC |
| FREESTYLE LIBRE 14 DAY READER | 2 | |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | QL (2 per 21 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR | 2 | QL (2 per 23 days) |
| FREESTYLE LIBRE 2 READER | 2 | QL (1 per 365 days) |
| FREESTYLE LIBRE 2 SENSOR | 2 | QL (2 per 21 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | QL (2 per 23 days) |
| FREESTYLE LIBRE 3 READER | 2 | QL (1 per 365 days) |
| FREESTYLE LIBRE 3 SENSOR | 2 | QL (2 per 21 days) |
| FREESTYLE LITE METER | 2 | OTC |
| FREESTYLE LITE STRIPS | 2 | OTC |
| FREESTYLE PRECISION NEO STRIPS | 2 | OTC |
| FREESTYLE TEST | 2 | OTC |
| GLUCOSE KETONE CONTROL SOLN | 2 | OTC |
| PRECISION XTRA KETONE-GLUCOSE | 2 | OTC |
| PRECISION XTRA MONITOR | 2 | OTC |
| PRECISION XTRA TEST | 2 | OTC |
| TRUE METRIX AIR GLUCOSE METER | 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 |
|---|---|---|
| TRUE METRIX GLUCOSE METER | 2 | OTC |
| TRUE METRIX GO GLUCOSE METER | 2 | OTC |
| TRUE METRIX LEVEL 1 | 2 | OTC |
| **DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT** | | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2" | 2 | |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) | 3 | PA; QL (1 per 720 days) |
| **GLUCOSE ELEVATING AGENTS** | | |
| BAQSIMI | 2 | QL (2 per 30 days) |
| *diazoxide* | 1 | |
| *glucagon emergency kit (human)* | 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 SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 2 | QL (2 per 30 days) |
| **INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU** | | |
| BD MICROTAINER LANCET 30 GAUGE | 2 | OTC |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 2 | |
| CEQUR SIMPLICITY | 2 | |
| ILET STARTER KIT-INSET | 2 | |
| LANCETS 33 GAUGE | 2 | OTC |
| LANCING DEVICE | 2 | OTC |
| OMNIPOD 5 (LIBRE 2/3 PLUS) | 3 | PA; QL (15 per 23 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 3 | PA; QL (1 per 720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 3 | PA; QL (15 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | 3 | PA; QL (1 per 720 days) |
| OMNIPOD DASH PODS (GEN 4) | 3 | PA; QL (15 per 30 days) |
| TWIIST REFILL KT(CSST-NDL-SYR) | 2 | |
| TWIIST RFL(INFUS-CSST-NDL-SYR) | 2 | |
| TWIIST STARTER KIT | 2 | |
| V-GO 20 | 2 | |
| V-GO 30 | 2 | |
| V-GO 40 | 2 | |
| **INSULIN THERAPY** | | |
| HUMALOG JUNIOR KWIKPEN U-100 | 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 |
|---|---|---|
| HUMALOG KWIKPEN INSULIN | 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 SUBCUTANEOUS CARTRIDGE | 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) KWIKPEN | 2 | |
| INSULIN GLARGINE-YFGN | 2 | |
| INSULIN LISPRO | 2 | |
| INSULIN LISPRO PROTAMIN-LISPRO | 2 | |
| LANTUS SOLOSTAR U-100 INSULIN | 3 | |
| LANTUS U-100 INSULIN | 3 | |
| LYUMJEV KWIKPEN U-100 INSULIN | 2 | |
| LYUMJEV KWIKPEN U-200 INSULIN | 2 | |
| LYUMJEV U-100 INSULIN | 2 | |
| MERILOG | 2 | |
| MERILOG SOLOSTAR | 2 | |
| 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 | |
| TRESIBA FLEXTOUCH U-100 | 3 | |
| TRESIBA FLEXTOUCH U-200 | 3 | |
| TRESIBA U-100 INSULIN | 3 | |
| **MISCELLANEOUS HORMONES** | | |
| *cabergoline* | 1 | QL (8 per 21 days) |
| *calcitonin (salmon)* | 1 | |
| *calcitriol intravenous solution 1 mcg/ml* | 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 |
|---|---|---|
| *calcitriol oral* | 1 | |
| CERDELGA | 4 | PA; QL (56 per 30 days) |
| *cinacalcet* | 3 | ST |
| *danazol* | 1 | |
| *desmopressin injection* | 4 | |
| *desmopressin nasal spray with pump* | 1 | |
| DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 2 | |
| *desmopressin oral* | 1 | |
| *doxercalciferol oral* | 1 | ST |
| ELFABRIO | 4 | PA |
| *javygtor* | 4 | PA |
| KUVAN | 4 | PA |
| METHITEST | 2 | |
| *methyltestosterone oral capsule* | 1 | |
| *mifepristone oral tablet 300 mg* | 4 | PA |
| *miglustat* | 4 | PA; LA; QL (90 per 30 days) |
| MYALEPT | 4 | PA; LA |
| 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; LA; QL (30 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML | 5 | PA; LA; QL (8 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML | 5 | PA; LA; QL (60 per 30 days) |
| *paricalcitol intravenous* | 1 | |
| *paricalcitol oral* | 1 | ST |
| SAMSCA ORAL TABLET 30 MG | 5 | PA; QL (60 per 30 days) |
| *sapropterin* | 4 | PA |
| SOMAVERT | 4 | |
| STRENSIQ | 4 | PA; LA |
| *testosterone cypionate* | 1 | PA |
| *testosterone enanthate* | 1 | PA |
| *testosterone transdermal gel* | 1 | PA; QL (60 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation* | 1 | PA; QL (120 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 1 | PA; QL (150 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 |
|---|---|---|
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | 1 | PA; QL (75 per 30 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | 1 | PA; QL (30 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)* | 1 | PA; QL (60 per 30 days) |
| *testosterone transdermal solution in metered pump w/app* | 1 | PA; QL (180 per 30 days) |
| *tolvaptan (polycys kidney dis) oral tablet* | 5 | PA; LA; QL (120 per 30 days) |
| *tolvaptan (polycys kidney dis) oral tablets, sequential* | 4 | PA; LA; QL (56 per 30 days) |
| *tolvaptan oral tablet 15 mg* | 5 | PA; LA; QL (30 per 30 days) |
| *tolvaptan oral tablet 30 mg* | 5 | PA; LA; QL (60 per 30 days) |
| *vasopressin* | 1 | |
| *zelvysia* | 4 | PA |
| **NON-INSULIN HYPOGLYCEMIC AGENTS** | | |
| *acarbose* | 1 | |
| *dapagliflozin* | 1 | ST; QL (30 per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg* | 1 | ST; QL (30 per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg* | 1 | ST; QL (60 per 30 days) |
| *dapagliflozin-saxagliptin* | 1 | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | $0 |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | $0 |
| *glipizide oral tablet extended release 24hr* | 1 | $0 |
| *glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg* | 1 | |
| *glipizide-metformin oral tablet 5-500 mg* | 1 | $0 |
| *glyburide oral tablet 1.25 mg, 2.5 mg* | 1 | |
| *glyburide oral tablet 5 mg* | 1 | $0 |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg* | 1 | |
| *glyburide-metformin oral tablet 5-500 mg* | 1 | $0 |
| GLYXAMBI | 2 | ST; QL (30 per 30 days) |
| JANUMET | 2 | ST; 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 |
|---|---|---|
| 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) |
| JANUVIA | 2 | ST; QL (30 per 30 days) |
| JARDIANCE | 2 | ST; QL (30 per 30 days) |
| *liraglutide 2-pak 18 mg/3 ml outer, suv* | 1 | ST; QL (6 per 23 days) |
| *liraglutide 2-pak 18 mg/3 ml suv, outer* | 1 | ST; QL (6 per 23 days) |
| *liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)* | 1 | ST; QL (9 per 23 days) |
| *metformin oral solution* | 1 | |
| *metformin oral tablet 1,000 mg, 500 mg, 850 mg* | 1 | $0 |
| *metformin oral tablet 625 mg, 750 mg* | 1 | |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | $0; QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | $0; QL (60 per 30 days) |
| *miglitol* | 1 | |
| MOUNJARO | 2 | ST; QL (2 per 21 days) |
| *nateglinide* | 1 | |
| OZEMPIC ORAL | 2 | ST; QL (30 per 23 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML) | 2 | ST; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 2 MG/DOSE (8 MG/3 ML) | 2 | ST; QL (3 per 30 days) |
| *pioglitazone* | 1 | QL (30 per 30 days) |
| *pioglitazone-glimepiride* | 1 | QL (30 per 30 days) |
| *pioglitazone-metformin* | 1 | QL (90 per 30 days) |
| *repaglinide* | 1 | |
| RYBELSUS | 2 | ST; QL (30 per 30 days) |
| *saxagliptin* | 1 | ST; QL (30 per 30 days) |
| *saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg* | 1 | ST; QL (60 per 30 days) |
| *saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg* | 1 | ST; QL (30 per 30 days) |
| *sitagliptin phos-metformin* | 1 | QL (60 per 30 days) |
| *sitagliptin phosphate* | 1 | QL (30 per 30 days) |
| SYNJARDY | 2 | ST; 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 |
|---|---|---|
| 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 | ST; QL (2 per 21 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 2 | ST; QL (60 per 30 days) |
| **THYROID HORMONES** | | |
| *adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| ARMOUR THYROID | 2 | |
| *evexithroid* | 1 | |
| *levo-t* | 1 | $0 |
| *levothyroxine oral tablet* | 1 | $0 |
| *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* | 1 | $0 |
| *liomny* | 1 | |
| *liothyronine oral* | 1 | |
| *niva thyroid* | 1 | |
| *np thyroid* | 1 | |
| *renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| SYNTHROID | 3 | |
| *thyroid (pork)* | 1 | |
| *unithroid* | 1 | $0 |
| **GASTROENTEROLOGY** | | |
| **ANTIDIARRHEALS & ANTISPASMODICS** | | |
| *atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)* | 1 | |
| *atropine intravenous solution* | 1 | |
| *belladonna alkaloids-opium* | 1 | ST |
| *dicyclomine oral capsule* | 1 | |
| *dicyclomine oral solution* | 1 | |
| *dicyclomine oral tablet 20 mg* | 1 | |
| *diphenoxylate-atropine* | 1 | |
| *ed-spaz* | 1 | |
| *glycopyrrolate (pf)* | 1 | |
| *glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)* | 1 | |
| *glycopyrrolate oral solution* | 1 | |
| *glycopyrrolate oral tablet* | 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 |
|---|---|---|
| *hyoscyamine sulfate oral* | 1 | |
| *hyoscyamine sulfate sublingual* | 1 | |
| *hyosyne* | 1 | |
| *loperamide oral capsule* | 1 | |
| *methscopolamine* | 1 | |
| *oscimin* | 1 | |
| *oscimin sl* | 1 | |
| *phenobarb-hyoscy-atropine-scop* | 1 | |
| *symax fastabs* | 1 | |
| *symax-sl* | 1 | |
| *symax-sr* | 1 | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| *alosetron* | 1 | |
| *alvimopan* | 1 | |
| *aprepitant oral capsule 125 mg, 40 mg* | 1 | ST; QL (1 per 30 days) |
| *aprepitant oral capsule 80 mg* | 1 | ST; QL (2 per 30 days) |
| *aprepitant oral capsule,dose pack* | 1 | ST; QL (3 per 30 days) |
| AVSOLA | 4 | PA |
| *balsalazide* | 1 | |
| *betaine* | 4 | PA |
| *bisacodyl oral* | 0 | ACA; OTC |
| *budesonide oral* | 1 | |
| *budesonide rectal* | 1 | |
| CHOLBAM ORAL CAPSULE 250 MG | 4 | PA |
| CHOLBAM ORAL CAPSULE 50 MG | 4 | PA; QL (120 per 30 days) |
| *citroma* | 0 | ACA; OTC |
| *clearlax oral powder* | 0 | ACA; OTC |
| *compro* | 1 | |
| *constulose* | 1 | |
| *cromolyn oral* | 1 | |
| CTEXLI | 5 | PA |
| DIPENTUM | 3 | |
| *doxylamine-pyridoxine (vit b6)* | 1 | QL (120 per 30 days) |
| *dronabinol oral capsule* | 1 | PA |
| *dulcolax (magnesium hydroxide) oral suspension* | 0 | ACA; OTC |
| *enulose* | 1 | |
| *gavilax oral powder* | 0 | ACA; OTC |
| *gavilyte-c* | 0 | ACA |
| *gavilyte-g* | 0 | ACA |
| *gavilyte-n* | 0 | ACA |
| *generlac* | 1 | |
| *gentle laxative (bisacodyl) oral* | 0 | ACA; OTC |
| *gentle laxative (mag hydrox)* | 0 | ACA; OTC |
| *gentlelax* | 0 | ACA; OTC |
| *granisetron hcl oral* | 1 | QL (6 per 30 days) |
| *hydrocortisone acetate topical cream with perineal applicator* | 1 | |
| *hydrocortisone rectal* | 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 |
|---|---|---|
| *hydrocortisone topical cream with perineal applicator* | 1 | |
| *hydrocortisone-pramoxine rectal cream 1-1 %* | 1 | |
| *hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)* | 1 | ST |
| INFLIXIMAB | 4 | PA |
| IQIRVO | 4 | PA |
| *lactulose oral packet* | 3 | |
| *lactulose oral solution* | 1 | |
| *laxative (bisacodyl) oral tablet,delayed release (dr/ec)* | 0 | ACA; OTC |
| *laxative peg 3350* | 0 | ACA; OTC |
| LINZESS | 2 | QL (30 per 30 days) |
| *lubiprostone* | 1 | QL (60 per 30 days) |
| *magnesium citrate oral solution* | 0 | ACA; OTC |
| *meclizine* | 1 | |
| *mesalamine oral capsule (with del rel tablets)* | 1 | |
| *mesalamine oral capsule, extended release 500 mg* | 1 | |
| *mesalamine oral capsule,extended release 24hr* | 1 | |
| *mesalamine oral tablet,delayed release (dr/ec)* | 1 | |
| *mesalamine rectal* | 1 | |
| *mesalamine with cleansing wipe* | 1 | |
| *metoclopramide hcl oral solution* | 1 | |
| *metoclopramide hcl oral tablet* | 1 | |
| *milk of magnesia* | 0 | ACA; OTC |
| *milk of magnesia concentrated* | 0 | ACA; OTC |
| MOVANTIK | 2 | QL (30 per 30 days) |
| *nitroglycerin rectal* | 1 | |
| OMVOH INTRAVENOUS | 4 | PA |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML | 4 | PA; QL (2 per 21 days) |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML) | 4 | PA; QL (3 per 21 days) |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 4 | PA; QL (2 per 21 days) |
| OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML) | 4 | PA; QL (3 per 21 days) |
| *ondansetron hcl oral solution* | 1 | QL (100 per 30 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | QL (9 per 30 days) |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | 1 | QL (9 per 30 days) |
| *onelax magnesium citrate* | 0 | ACA; OTC |
| *oral saline laxative* | 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 | |
| *peg 3350-electrolytes* | 0 | ACA |
| *peg3350-sod sul-nacl-kcl-asb-c* | 0 | ACA |
| *peg-electrolyte soln* | 0 | ACA |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | 2 | |
| *phosphate laxative* | 0 | ACA; OTC |
| *polyethylene glycol 3350 oral powder* | 0 | ACA; OTC |
| *powderlax oral powder* | 0 | ACA; OTC |
| *prochlorperazine* | 1 | |
| *prochlorperazine maleate* | 1 | |
| *procto-med hc* | 1 | |
| *proctosol hc topical* | 1 | |
| *proctozone-hc* | 1 | |
| *prucalopride* | 1 | QL (30 per 30 days) |
| *purelax oral powder* | 0 | ACA; OTC |
| RECTIV | 2 | |
| RELISTOR SUBCUTANEOUS SOLUTION | 2 | ST |
| RELISTOR SUBCUTANEOUS SYRINGE | 2 | ST |
| *scopolamine base* | 1 | |
| *smoothlax oral powder* | 0 | ACA; OTC |
| *sodium,potassium,mag sulfates* | 0 | ACA |
| SUCRAID | 4 | |
| *sulfasalazine* | 1 | |
| *trimethobenzamide oral* | 1 | |
| TRULANCE | 2 | |
| *ursodiol* | 1 | |
| VARUBI | 2 | ST; QL (2 per 30 days) |
| VELSIPITY | 4 | PA; QL (30 per 23 days) |
| VIBERZI | 2 | |
| VIOKACE | 2 | |
| *women's gentle laxative(bisac)* | 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, 60,000-189,600-252,600 UNIT | 2 | |
| **ULCER THERAPY** | | |
| *amoxicil-clarithromy-lansopraz* | 1 | QL (112 per 30 days) |
| *bismuth subcit k-metronidz-tcn* | 1 | |
| *cimetidine* | 1 | |
| *cimetidine hcl oral* | 1 | |
| *dexlansoprazole oral capsule,biphase delayed releas 30 mg* | 1 | ST; QL (30 per 30 days) |
| *dexlansoprazole oral capsule,biphase delayed releas 60 mg* | 1 | ST |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | 1 | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | ST; QL (30 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | 1 | ST |
| *famotidine oral suspension for reconstitution* | 1 | |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | 1 | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | 1 | |
| *lansoprazole oral tablet,disintegrat, delay rel 15 mg* | 1 | ST; QL (30 per 30 days) |
| *lansoprazole oral tablet,disintegrat, delay rel 30 mg* | 1 | ST |
| *misoprostol* | 1 | |
| *nizatidine oral capsule* | 1 | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg* | 1 | $0; QL (30 per 30 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 40 mg* | 1 | $0 |
| *pantoprazole oral granules dr for susp in packet* | 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 |
|---|---|---|
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg* | 1 | $0; QL (30 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 40 mg* | 1 | $0 |
| *rabeprazole oral tablet,delayed release (dr/ec)* | 1 | |
| *ranitidine hcl oral tablet 150 mg* | 1 | $0 |
| *ranitidine hcl oral tablet 300 mg* | 1 | |
| *sucralfate* | 1 | |
| VOQUEZNA DUAL PAK | 2 | |
| VOQUEZNA TRIPLE PAK | 2 | |
| **IMMUNOLOGY, VACCINES & BIOTECHNOLOGY** | | |
| **BIOTECHNOLOGY DRUGS** | | |
| LEUKINE INJECTION RECON SOLN | 4 | ST |
| NEULASTA ONPRO | 4 | ST; QL (2 per 23 days) |
| NEULASTA SUBCUTANEOUS SYRINGE | 4 | ST; QL (2 per 23 days) |
| NIVESTYM | 4 | ST |
| *plerixafor* | 5 | |
| PROCRIT | 4 | PA |
| PROLEUKIN | 4 | ST |
| RETACRIT | 4 | ST |
| UDENYCA | 4 | ST; QL (2 per 23 days) |
| ZIEXTENZO | 4 | ST; QL (2 per 23 days) |
| **GROWTH HORMONES** | | |
| EGRIFTA SV | 4 | PA |
| EGRIFTA WR | 4 | PA |
| OMNITROPE | 5 | PA |
| **INTERFERONS** | | |
| ACTIMMUNE | 4 | ST |
| ALFERON N | 2 | |
| PEGASYS SUBCUTANEOUS SOLUTION | 4 | ST; QL (4 per 21 days) |
| PEGASYS SUBCUTANEOUS SYRINGE | 4 | ST; QL (2 per 21 days) |
| **VACCINES & MISCELLANEOUS IMMUNOLOGICALS** | | |
| ABRYSVO (PF) | 0 | ACA |
| ACAM2000 (NATIONAL STOCKPILE) | 2 | |
| ACTHIB (PF) | 0 | ACA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) | 0 | ACA |
| AREXVY (PF) | 0 | ACA |
| AUDENZ (NATIONAL STOCKPILE) | 2 | |
| AUDENZ(PF)(NATIONAL STOCKPILE) | 2 | |
| BCG VACCINE, LIVE (PF) | 2 | ST |
| BEXSERO | 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 |
|---|---|---|
| BIOTHRAX | 0 | ACA |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE | 0 | ACA |
| CAPVAXIVE | 0 | ACA |
| COMIRNATY 2025-2026(5-11Y)(PF) | 0 | ACA |
| COMIRNATY 2025-26 (12Y UP)(PF) | 0 | ACA |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 0 | ACA |
| DENGVAXIA (PF) | 0 | ACA |
| DYSPORT | 4 | PA |
| ENGERIX-B (PF) | 0 | ACA |
| ENGERIX-B PEDIATRIC (PF) | 0 | ACA |
| ERVEBO(PF)(NATIONAL STOCKPILE) | 2 | |
| GAMMAGARD LIQUID | 4 | PA |
| GAMMAGARD LIQUID ERC | 4 | PA |
| GAMUNEX-C | 4 | PA |
| GARDASIL 9 (PF) | 0 | ACA |
| HAVRIX (PF) | 0 | ACA |
| HEPLISAV-B (PF) | 0 | ACA |
| HIBERIX (PF) | 0 | ACA |
| HIZENTRA SUBCUTANEOUS SOLUTION | 5 | PA |
| IMOVAX RABIES VACCINE (PF) | 0 | ACA |
| INFANRIX (DTAP) (PF) | 0 | ACA |
| IPOL | 0 | ACA |
| IXIARO (PF) | 0 | ACA |
| JYNNEOS (PF) | 0 | ACA |
| KINRIX (PF) | 0 | ACA |
| MENQUADFI (PF) | 0 | ACA |
| MENVEO A-C-Y-W-135-DIP (PF) | 0 | ACA |
| M-M-R II (PF) | 0 | ACA |
| MNEXSPIKE 2025-2026 (PF) | 0 | ACA |
| MRESVIA (PF) | 0 | ACA |
| MYOBLOC | 4 | PA |
| NUVAXOVID 2025-2026 (PF) | 0 | ACA |
| PEDIARIX (PF) | 0 | ACA |
| PEDVAX HIB (PF) | 0 | ACA |
| PENBRAYA (PF) | 0 | ACA |
| PENMENVY MEN A-B-C-W-Y (PF) | 0 | ACA |
| PENTACEL (PF) | 0 | ACA |
| PNEUMOVAX-23 INJECTION SYRINGE | 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 ORAL SUSPENSION | 0 | ACA |
| ROTATEQ VACCINE | 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 |
|---|---|---|
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE | 0 | ACA |
| SPIKEVAX 2025-2026(12Y UP)(PF) | 0 | ACA |
| SPIKEVAX 2025-26 (6M-11Y) (PF) | 0 | ACA |
| STAMARIL (PF) | 0 | ACA |
| TENIVAC (PF) | 0 | ACA |
| TICE BCG | 2 | ST |
| TICOVAC | 0 | ACA |
| TRUMENBA | 0 | ACA |
| TWINRIX (PF) | 0 | ACA |
| TYPHIM VI | 0 | ACA |
| VAQTA (PF) | 0 | ACA |
| VARIVAX (PF) | 0 | ACA |
| VARIZIG | 2 | |
| VAXCHORA VACCINE | 0 | ACA |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE | 0 | ACA |
| VAXNEUVANCE (PF) | 0 | ACA |
| VIMKUNYA | 0 | ACA |
| VIVOTIF | 0 | ACA |
| YF-VAX (PF) | 0 | ACA |
| **MUSCULOSKELETAL & RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | $0 |
| *allopurinol oral tablet 200 mg* | 1 | |
| *colchicine oral capsule* | 1 | ST |
| *colchicine oral tablet* | 1 | |
| *febuxostat* | 1 | ST |
| MITIGARE | 2 | ST |
| *probenecid* | 1 | |
| *probenecid-colchicine* | 1 | |
| **OSTEOPOROSIS THERAPY** | | |
| *alendronate oral solution* | 1 | QL (300 per 21 days) |
| *alendronate oral tablet 10 mg, 5 mg* | 1 | QL (30 per 30 days) |
| *alendronate oral tablet 35 mg, 70 mg* | 1 | $0; QL (4 per 21 days) |
| BILDYOS | 4 | PA; QL (1 per 135 days) |
| ENOBY | 4 | PA; QL (1 per 135 days) |
| *ibandronate oral* | 1 | QL (1 per 23 days) |
| *raloxifene* | 1 | |
| *risedronate oral tablet 150 mg* | 1 | QL (1 per 23 days) |
| *risedronate oral tablet 35 mg* | 1 | QL (4 per 21 days) |
| *risedronate oral tablet 5 mg* | 1 | QL (30 per 30 days) |
| *risedronate oral tablet,delayed release (dr/ec)* | 1 | QL (4 per 21 days) |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | 4 | PA; QL (1 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** | | |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML | 4 | PA; QL (4 per 21 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML | 4 | PA; QL (2 per 21 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML | 4 | PA; QL (2 per 21 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 4 | PA; QL (4 per 21 days) |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT | 4 | PA; QL (4 per 21 days) |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | 4 | PA; QL (2 per 21 days) |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 4 | PA; QL (4 per 21 days) |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 4 | PA; QL (4 per 21 days) |
| ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT | 4 | PA; QL (4 per 21 days) |
| AURANOFIN | 2 | |
| AVTOZMA INTRAVENOUS | 4 | PA |
| BENLYSTA SUBCUTANEOUS | 4 | PA; QL (4 per 21 days) |
| ENBREL MINI | 4 | PA; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | 4 | PA; QL (8 per 21 days) |
| 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 28 days) |
| ENBREL SURECLICK | 4 | PA; QL (4 per 28 days) |
| *leflunomide* | 1 | QL (30 per 30 days) |
| *milnacipran oral tablet* | 1 | QL (60 per 30 days) |
| *milnacipran oral tablets,dose pack* | 1 | QL (55 per 30 days) |
| OTEZLA | 4 | PA; QL (60 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 |
|---|---|---|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 4 | PA; QL (55 per 365 days) |
| OTEZLA XR | 4 | PA |
| OTEZLA XR INITIATION | 4 | PA |
| *penicillamine* | 3 | PA |
| RIDAURA | 2 | |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 4 | PA; QL (4 per 21 days) |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 4 | PA; QL (2 per 21 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 4 | PA; QL (2 per 21 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 4 | PA; QL (4 per 21 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 5 | PA; QL (1 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; QL (1 per 28 days) |
| *tofacitinib oral solution* | 4 | PA; QL (480 per 23 days) |
| *tofacitinib oral tablet* | 4 | PA; QL (60 per 23 days) |
| *tofacitinib oral tablet extended release 24 hr* | 4 | PA; QL (30 per 23 days) |
| TYENNE AUTOINJECTOR | 4 | PA; QL (3.6 per 21 days) |
| TYENNE INTRAVENOUS | 4 | PA |
| TYENNE SUBCUTANEOUS | 4 | PA; QL (3.6 per 21 days) |
| XELJANZ ORAL SOLUTION | 4 | PA; QL (480 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 |
| PARAGARD T 380A | 0 | ACA |
| SKYLA | 0 | ACA |
| TRUSTEX-RIA NON-LUB CONDOMS | 0 | ACA; OTC |
| **ESTROGENS & PROGESTINS** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *abigale* | 1 | |
| *abigale lo* | 1 | |
| *camila* | 0 | ACA |
| *conjugated estrogens* | 1 | |
| *deblitane* | 0 | ACA |
| *dotti* | 1 | QL (8 per 21 days) |
| DUAVEE | 3 | |
| *emzahh* | 0 | ACA |
| *errin* | 0 | ACA |
| *estradiol oral* | 1 | $0 |
| *estradiol transdermal gel in metered-dose pump* | 1 | QL (50 per 30 days) |
| *estradiol transdermal gel in packet* | 1 | QL (30 per 30 days) |
| *estradiol transdermal patch semiweekly* | 1 | QL (8 per 21 days) |
| *estradiol transdermal patch weekly* | 1 | QL (4 per 21 days) |
| *estradiol vaginal* | 1 | |
| *estradiol valerate* | 1 | |
| *estradiol-norethindrone acet* | 1 | |
| *fyavolv* | 1 | |
| *gallifrey* | 1 | |
| *heather* | 0 | ACA |
| *incassia* | 0 | ACA |
| *jencycla* | 0 | ACA |
| *jinteli* | 1 | |
| *lyleq* | 0 | ACA |
| *lyllana* | 1 | QL (8 per 21 days) |
| *lyza* | 0 | ACA |
| *medroxyprogesterone intramuscular* | 0 | ACA; QL (1 per 68 days) |
| *medroxyprogesterone oral* | 1 | |
| *meleya* | 0 | ACA |
| *mimvey* | 1 | |
| *nora-be* | 0 | ACA |
| *norethindrone (contraceptive)* | 0 | ACA |
| *norethindrone acetate* | 1 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 1 | |
| OPILL | 2 | OTC |
| *orquidea* | 0 | ACA |
| *progesterone* | 4 | |
| *progesterone micronized oral* | 1 | |
| *sharobel* | 0 | ACA |
| *tulana* | 0 | ACA |
| *yuvafem* | 1 | |
| **MISCELLANEOUS OB/GYN** | | |
| *clindamycin phosphate vaginal* | 1 | |
| *eluryng* | 0 | ACA |
| *enilloring* | 0 | ACA |
| *etonogestrel-ethinyl estradiol* | 0 | ACA |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 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 |
|---|---|---|
| *miconazole-3 vaginal suppository* | 1 | |
| MYFEMBREE | 2 | |
| NEXPLANON | 0 | ACA |
| *norelgestromin-ethin.estradiol* | 0 | ACA |
| ORIAHNN | 2 | |
| OSPHENA | 3 | |
| *terconazole* | 1 | |
| *tranexamic acid oral* | 1 | |
| *vandazole* | 1 | |
| VCF CONTRACEPTIVE FILM | 0 | ACA; OTC |
| VCF CONTRACEPTIVE GEL | 0 | ACA; OTC |
| *xulane* | 0 | ACA |
| *zafemy* | 0 | ACA |
| **ORAL CONTRACEPTIVES & RELATED AGENTS** | | |
| *afirmelle* | 0 | ACA |
| *after pill* | 0 | ACA; OTC; QL (1 per 30 days) |
| *altavera (28)* | 0 | ACA |
| *alyacen 1/35 (28)* | 0 | ACA |
| *alyacen 7/7/7 (28)* | 0 | ACA |
| *amethia* | 0 | ACA |
| *amethyst (28)* | 0 | ACA |
| *apri* | 0 | ACA |
| *aranelle (28)* | 0 | ACA |
| *ashlyna* | 0 | ACA |
| *aubra* | 0 | ACA |
| *aubra eq* | 0 | ACA |
| *aurovela 1.5/30 (21)* | 0 | ACA |
| *aurovela 1/20 (21)* | 0 | ACA |
| *aurovela 24 fe* | 0 | ACA |
| *aurovela fe 1.5/30 (28)* | 0 | ACA |
| *aurovela fe 1-20 (28)* | 0 | ACA |
| *aviane* | 0 | ACA |
| *ayuna* | 0 | ACA |
| *azurette (28)* | 0 | ACA |
| *balziva (28)* | 0 | ACA |
| *blisovi 24 fe* | 0 | ACA |
| *blisovi fe 1.5/30 (28)* | 0 | ACA |
| *blisovi fe 1/20 (28)* | 0 | ACA |
| *briellyn* | 0 | ACA |
| *camrese* | 0 | ACA |
| *camrese lo* | 0 | ACA |
| *caziant (28)* | 0 | ACA |
| *charlotte 24 fe* | 0 | ACA |
| *chateal eq (28)* | 0 | ACA |
| *cryselle (28)* | 0 | ACA |
| *cyred* | 0 | ACA |
| *cyred eq* | 0 | ACA |
| *dasetta 1/35 (28)* | 0 | ACA |
| *dasetta 7/7/7 (28)* | 0 | ACA |
| *daysee* | 0 | ACA |
| *desog-e.estradiol/e.estradiol* | 0 | ACA |
| *dolishale* | 0 | ACA |
| *drospirenone-e.estradiol-lm.fa* | 0 | ACA |
| *drospirenone-ethinyl estradiol* | 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 |
|---|---|---|
| *econtra ez* | 0 | ACA; OTC; QL (1 per 30 days) |
| *econtra one-step* | 0 | ACA; OTC; QL (1 per 30 days) |
| *elinest* | 0 | ACA |
| ELLA | 0 | ACA; QL (1 per 30 days) |
| *enpresse* | 0 | ACA |
| *enskyce* | 0 | ACA |
| *estarylla* | 0 | ACA |
| *falmina (28)* | 0 | ACA |
| *feirza* | 0 | ACA |
| *finzala* | 0 | ACA |
| *galbriela* | 0 | ACA |
| *gemmily* | 0 | ACA |
| *hailey* | 0 | ACA |
| *hailey 24 fe* | 0 | ACA |
| *hailey fe 1.5/30 (28)* | 0 | ACA |
| *hailey fe 1/20 (28)* | 0 | ACA |
| *iclevia* | 0 | ACA |
| *introvale* | 0 | ACA |
| *isibloom* | 0 | ACA |
| *jaimiess* | 0 | ACA |
| *jasmiel (28)* | 0 | ACA |
| *jolessa* | 0 | ACA |
| *joyeaux* | 0 | ACA |
| *juleber* | 0 | ACA |
| *junel 1.5/30 (21)* | 0 | ACA |
| *junel 1/20 (21)* | 0 | ACA |
| *junel fe 1.5/30 (28)* | 0 | ACA |
| *junel fe 1/20 (28)* | 0 | ACA |
| *junel fe 24* | 0 | ACA |
| *kaitlib fe* | 0 | ACA |
| *kalliga* | 0 | ACA |
| *kariva (28)* | 0 | ACA |
| *kelnor 1/35 (28)* | 0 | ACA |
| *kurvelo (28)* | 0 | ACA |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 0 | ACA |
| *larin 1.5/30 (21)* | 0 | ACA |
| *larin 1/20 (21)* | 0 | ACA |
| *larin 24 fe* | 0 | ACA |
| *larin fe 1.5/30 (28)* | 0 | ACA |
| *larin fe 1/20 (28)* | 0 | ACA |
| *lessina* | 0 | ACA |
| *levonest (28)* | 0 | ACA |
| *levonorgest-eth.estradiol-iron* | 0 | ACA |
| *levonorgestrel* | 0 | ACA; OTC; QL (1 per 30 days) |
| *levonorgestrel-ethinyl estrad* | 0 | ACA |
| *levonorg-eth estrad triphasic* | 0 | ACA |
| *lojaimiess* | 0 | ACA |
| *loryna (28)* | 0 | ACA |
| *low-ogestrel (28)* | 0 | ACA |
| *lo-zumandimine (28)* | 0 | ACA |
| *luizza* | 0 | ACA |
| *lutera (28)* | 0 | ACA |
| *marlissa (28)* | 0 | ACA |
| *mibelas 24 fe* | 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 |
|---|---|---|
| *microgestin 1.5/30 (21)* | 0 | ACA |
| *microgestin 1/20 (21)* | 0 | ACA |
| *microgestin fe 1.5/30 (28)* | 0 | ACA |
| *microgestin fe 1/20 (28)* | 0 | ACA |
| *mili* | 0 | ACA |
| *minzoya* | 0 | ACA |
| *mono-linyah* | 0 | ACA |
| *my choice* | 0 | ACA; OTC; QL (1 per 30 days) |
| *my way* | 0 | ACA; OTC; QL (1 per 30 days) |
| *necon 0.5/35 (28)* | 0 | ACA |
| *new day* | 0 | ACA; OTC; QL (1 per 30 days) |
| *nikki (28)* | 0 | ACA |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 0 | ACA |
| *norethindrone-e.estradiol-iron oral capsule* | 0 | ACA |
| *norethindrone-e.estradiol-iron oral tablet,chewable* | 0 | ACA |
| *norgestimate-ethinyl estradiol* | 0 | ACA |
| *nortrel 0.5/35 (28)* | 0 | ACA |
| *nortrel 1/35 (21)* | 0 | ACA |
| *nortrel 1/35 (28)* | 0 | ACA |
| *nortrel 7/7/7 (28)* | 0 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *nylia 1/35 (28)* | 0 | ACA |
| *nylia 7/7/7 (28)* | 0 | ACA |
| *ocella* | 0 | ACA |
| *opcicon one-step* | 0 | ACA; OTC; QL (1 per 30 days) |
| *option-2* | 0 | ACA; OTC; QL (1 per 30 days) |
| *philith* | 0 | ACA |
| *pimtrea (28)* | 0 | ACA |
| PLAN B ONE-STEP | 0 | ACA; OTC; QL (1 per 30 days) |
| *portia 28* | 0 | ACA |
| *reclipsen (28)* | 0 | ACA |
| *rivelsa* | 0 | ACA |
| *rosyrah* | 0 | ACA |
| *setlakin* | 0 | ACA |
| *shewise* | 0 | ACA; OTC; QL (1 per 30 days) |
| *simliya (28)* | 0 | ACA |
| *simpesse* | 0 | ACA |
| *sprintec (28)* | 0 | ACA |
| *syeda* | 0 | ACA |
| *tarina 24 fe* | 0 | ACA |
| *tarina fe 1/20 (28)* | 0 | ACA |
| *tilia fe* | 0 | ACA |
| *tri-estarylla* | 0 | ACA |
| *tri-legest fe* | 0 | ACA |
| *tri-linyah* | 0 | ACA |
| *tri-lo-estarylla* | 0 | ACA |
| *tri-lo-marzia* | 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 |
|---|---|---|
| *tri-lo-mili* | 0 | ACA |
| *tri-lo-sprintec* | 0 | ACA |
| *tri-mili* | 0 | ACA |
| *tri-sprintec (28)* | 0 | ACA |
| *tri-vylibra* | 0 | ACA |
| *tri-vylibra lo* | 0 | ACA |
| *turqoz (28)* | 0 | ACA |
| *tydemy* | 0 | ACA |
| *valtya* | 0 | ACA |
| *velivet triphasic regimen (28)* | 0 | ACA |
| *vestura (28)* | 0 | ACA |
| *vienva* | 0 | ACA |
| *viorele (28)* | 0 | ACA |
| *volnea (28)* | 0 | ACA |
| *vyfemla (28)* | 0 | ACA |
| *vylibra* | 0 | ACA |
| *wera (28)* | 0 | ACA |
| *wymzya fe* | 0 | ACA |
| *xarah fe* | 0 | ACA |
| *xelria fe* | 0 | ACA |
| *zarah* | 0 | ACA |
| *zovia 1-35 (28)* | 0 | ACA |
| *zumandimine (28)* | 0 | ACA |
| **OXYTOCICS** | | |
| *methylergonovine oral* | 1 | QL (240 per 30 days) |
| **OPHTHALMOLOGY** | | |
| **ANTIBIOTICS** | | |
| *bacitracin ophthalmic (eye)* | 1 | |
| *bacitracin-polymyxin b* | 1 | |
| *ciprofloxacin hcl ophthalmic (eye)* | 1 | |
| *erythromycin ophthalmic (eye)* | 1 | |
| *gatifloxacin* | 1 | |
| *gentamicin ophthalmic (eye) drops* | 1 | |
| *levofloxacin ophthalmic (eye)* | 1 | |
| *moxifloxacin ophthalmic (eye)* | 1 | |
| NATACYN | 2 | |
| *neomycin-bacitracin-polymyxin* | 1 | |
| *neomycin-polymyxin-gramicidin* | 1 | |
| *neo-polycin* | 1 | |
| *ofloxacin ophthalmic (eye)* | 1 | |
| *polymyxin b sulf-trimethoprim* | 1 | |
| *povidone-iodine ophthalmic (eye)* | 1 | |
| *tobramycin ophthalmic (eye)* | 1 | |
| **ANTIVIRALS** | | |
| *trifluridine* | 1 | |
| **BETA-BLOCKERS** | | |
| *betaxolol ophthalmic (eye)* | 1 | |
| *carteolol* | 1 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 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 |
|---|---|---|
| *timolol* | 1 | |
| *timolol maleate (pf)* | 1 | |
| *timolol maleate ophthalmic (eye)* | 1 | |
| **CHOLINESTERASE INHIBITOR MIOTICS** | | |
| PHOSPHOLINE IODIDE | 4 | |
| **CYCLOPLEGIC MYDRIATICS** | | |
| *atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %* | 1 | |
| *cyclopentolate* | 1 | |
| *cyclopen-tropic-phenyleph-watr* | 1 | |
| *phenyleph-tropicamide in water* | 1 | |
| *tropicamide* | 1 | |
| **DIRECT ACTING MIOTICS** | | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | 1 | |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | |
| *altacaine* | 1 | |
| *azelastine ophthalmic (eye)* | 1 | |
| *bepotastine besilate* | 1 | ST |
| BYOOVIZ | 4 | PA |
| CIMERLI | 4 | PA |
| *cromolyn ophthalmic (eye)* | 1 | |
| *cyclosporine ophthalmic (eye)* | 1 | PA; QL (60 per 30 days) |
| CYSTARAN | 4 | |
| *epinastine* | 1 | |
| MIEBO (PF) | 2 | QL (3 per 30 days) |
| PAVBLU | 4 | PA |
| *prednisoln sp-moxiflox-bromfen* | 1 | |
| *prednisolone sod ph-bromfenac* | 1 | |
| *proparacaine* | 1 | |
| RESTASIS MULTIDOSE | 2 | PA; QL (6 per 30 days) |
| *tetracaine hcl* | 1 | |
| XDEMVY | 4 | QL (10 per 30 days) |
| XIIDRA | 2 | PA; QL (60 per 30 days) |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| *bromfenac* | 1 | |
| *diclofenac sodium ophthalmic (eye)* | 1 | |
| *flurbiprofen sodium* | 1 | |
| *ketorolac ophthalmic (eye)* | 1 | |
| **ORAL DRUGS FOR GLAUCOMA** | | |
| *acetazolamide* | 1 | |
| *methazolamide* | 1 | |
| **OTHER GLAUCOMA DRUGS** | | |
| *bimatoprost ophthalmic (eye) drops 0.01 %* | 1 | ST |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | 1 | |
| *brimonidine-timolol* | 1 | |
| *brinzolamide* | 1 | |
| *dorzolamide* | 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 |
|---|---|---|
| *dorzolamide-timolol* | 1 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette* | 1 | |
| *latanoprost* | 1 | $0 |
| *miostat* | 1 | |
| *tafluprost (pf)* | 3 | ST |
| *travoprost* | 3 | ST |
| **STEROID-ANTIBIOTIC COMBINATIONS** | | |
| *neomycin-bacitracin-poly-hc* | 1 | |
| *neomycin-polymyxin b-dexameth* | 1 | |
| *neomycin-polymyxin-hc ophthalmic (eye)* | 1 | |
| *neo-polycin hc* | 1 | |
| *tobramycin-dexamethasone* | 1 | |
| **STEROIDS** | | |
| *dexamethasone sodium phosphate ophthalmic (eye)* | 1 | |
| *difluprednate* | 1 | |
| *fluorometholone* | 1 | |
| *loteprednol etabonate ophthalmic (eye) drops,gel* | 1 | |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %* | 1 | ST |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | 1 | |
| OZURDEX | 5 | |
| *prednisolone acetate* | 1 | |
| *prednisolone sodium phosphate ophthalmic (eye)* | 1 | |
| **STEROID-SULFONAMIDE COMBINATIONS** | | |
| *sulfacetamide-prednisolone* | 1 | |
| **SULFONAMIDES** | | |
| *sulfacetamide sodium ophthalmic (eye) drops* | 3 | |
| **SYMPATHOMIMETICS** | | |
| *apraclonidine* | 1 | |
| *brimonidine ophthalmic (eye)* | 1 | |
| **VASOCONSTRICTOR DECONGESTANTS** | | |
| *phenylephrine hcl ophthalmic (eye)* | 1 | |
| **RESPIRATORY, ALLERGY, COUGH & COLD** | | |
| **ANTIHISTAMINE & ANTIALLERGENIC AGENTS** | | |
| *carbinoxamine maleate oral liquid* | 1 | |
| *carbinoxamine maleate oral tablet 4 mg* | 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 |
|---|---|---|
| *carbinoxamine maleate oral tablet 6 mg* | 1 | ST |
| *carbzah* | 1 | ST |
| *cetirizine oral solution 1 mg/ml* | 1 | |
| *clemastine* | 1 | |
| *corphena* | 1 | |
| *cyproheptadine oral syrup* | 1 | |
| *cyproheptadine oral tablet* | 1 | |
| *desloratadine oral tablet* | 1 | QL (30 per 30 days) |
| *desloratadine oral tablet,disintegrating* | 1 | QL (30 per 30 days) |
| *dexchlorpheniramine maleate oral solution* | 1 | |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml* | 1 | QL (2 per 30 days) |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | 1 | |
| *hydroxyzine hcl oral tablet* | 1 | |
| *hydroxyzine pamoate* | 1 | |
| *levocetirizine oral solution* | 1 | |
| *levocetirizine oral tablet* | 1 | QL (30 per 30 days) |
| *promethazine oral* | 1 | |
| *promethazine rectal* | 1 | |
| *promethegan* | 1 | |
| **COUGH & COLD THERAPY** | | |
| *benzonatate* | 1 | |
| *brompheniramine-pseudoeph-dm* | 1 | |
| *codeine-guaifenesin* | 1 | |
| *g tussin ac* | 1 | |
| *hydrocodone-chlorpheniramine* | 1 | |
| *hydrocodone-homatropine oral solution 5-1.5 mg/5 ml* | 1 | |
| *hydrocodone-homatropine oral tablet* | 1 | |
| *maxi-tuss ac* | 1 | |
| *promethazine-codeine* | 1 | |
| *promethazine-dm* | 1 | |
| *promethazine-phenylephrine* | 1 | |
| **PULMONARY AGENTS** | | |
| *acetylcysteine* | 1 | |
| ADEMPAS | 4 | PA; LA; QL (90 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler* | 1 | QL (17 per 30 days) |
| *albuterol sulfate inhalation solution for nebulization* | 1 | |
| *albuterol sulfate oral syrup* | 1 | |
| *albuterol sulfate oral tablet* | 1 | |
| ALYFTREK ORAL TABLET 10-50-125 MG | 4 | PA; QL (56 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 |
|---|---|---|
| ALYFTREK ORAL TABLET 4-20-50 MG | 4 | PA; QL (84 per 30 days) |
| *alyq* | 4 | PA; QL (60 per 30 days) |
| *ambrisentan* | 4 | PA; LA; QL (30 per 30 days) |
| ANORO ELLIPTA | 2 | QL (60 per 30 days) |
| *arformoterol* | 1 | QL (120 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION | 3 | QL (1 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION | 3 | QL (30 per 30 days) |
| *beclomethasone dipropionate* | 1 | |
| *bosentan oral tablet* | 4 | PA; LA; QL (60 per 30 days) |
| *bosentan oral tablet for suspension* | 4 | PA; LA; QL (120 per 30 days) |
| BREO ELLIPTA | 3 | ST; QL (60 per 30 days) |
| *breyna* | 1 | ST; QL (10.3 per 30 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION | 2 | |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 2 | QL (5.9 per 30 days) |
| BRINSUPRI | 4 | PA |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml* | 1 | QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 1 mg/2 ml* | 1 | QL (60 per 30 days) |
| *budesonide-formoterol* | 1 | ST; QL (10.2 per 30 days) |
| COMBIVENT RESPIMAT | 2 | QL (8 per 30 days) |
| *cromolyn inhalation* | 1 | |
| DULERA | 2 | ST; QL (1 per 30 days) |
| FASENRA PEN | 5 | PA; QL (1 per 42 days) |
| *flunisolide* | 1 | ST; QL (50 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | 1 | 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 |
|---|---|---|
| *fluticasone propionate nasal* | 1 | QL (16 per 30 days) |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED | 2 | QL (1 per 30 days) |
| *fluticasone propion-salmeterol inhalation blister with device* | 1 | QL (1 per 30 days) |
| *formoterol fumarate* | 1 | QL (120 per 30 days) |
| *icatibant* | 4 | PA; QL (12 per 21 days) |
| INCRUSE ELLIPTA | 2 | QL (1 per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler* | 1 | QL (26 per 30 days) |
| *ipratropium bromide inhalation solution* | 1 | |
| *ipratropium-albuterol* | 1 | QL (540 per 30 days) |
| KALYDECO ORAL GRANULES IN PACKET | 4 | PA; QL (56 per 30 days) |
| KALYDECO ORAL TABLET | 4 | PA; QL (60 per 30 days) |
| *levalbuterol hcl solution for nebulization* | 1 | |
| *macitentan* | 4 | PA; QL (30 per 30 days) |
| *mometasone nasal* | 1 | ST; QL (17 per 30 days) |
| *montelukast oral granules in packet* | 1 | |
| *montelukast oral tablet* | 1 | $0 |
| *montelukast oral tablet,chewable* | 1 | $0 |
| *nebusal inhalation solution for nebulization 3 %* | 1 | |
| *nintedanib* | 4 | PA; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | 4 | PA; LA; QL (1 per 21 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; LA; QL (1 per 21 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 4 | PA; LA; QL (0.4 per 21 days) |
| OPSUMIT | 4 | PA; LA; QL (30 per 30 days) |
| OPSYNVI | 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) |
| *pirfenidone oral capsule* | 4 | PA; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* | 4 | PA; QL (270 per 30 days) |
| *pirfenidone oral tablet 801 mg* | 4 | PA; QL (90 per 30 days) |
| *pulmosal* | 1 | |
| PULMOZYME | 4 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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) |
| *roflumilast oral tablet 250 mcg* | 1 | QL (30 per 30 days) |
| *roflumilast oral tablet 500 mcg* | 1 | |
| RUCONEST | 5 | PA; QL (16 per 21 days) |
| *sajazir* | 4 | PA; QL (12 per 21 days) |
| *sildenafil (pulm.hypertension) oral suspension for reconstitution* | 4 | PA; QL (112 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet* | 4 | PA; QL (90 per 30 days) |
| *sodium chloride inhalation* | 1 | |
| SPIRIVA RESPIMAT | 2 | QL (4 per 30 days) |
| STIOLTO RESPIMAT | 2 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT | 2 | QL (4 per 30 days) |
| SYMDEKO | 4 | PA; QL (56 per 30 days) |
| *tadalafil (pulm. hypertension)* | 4 | PA; QL (60 per 30 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE | 4 | PA; LA; QL (2 per 21 days) |
| *terbutaline oral* | 1 | |
| TEZSPIRE | 4 | PA; QL (1.91 per 21 days) |
| *theophylline oral elixir* | 1 | |
| *theophylline oral solution* | 1 | |
| *theophylline oral tablet extended release 12 hr* | 1 | |
| *theophylline oral tablet extended release 24 hr* | 1 | |
| *tiotropium bromide* | 1 | |
| 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) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | 4 | PA; QL (84 per 30 days) |
| TYVASO | 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 |
|---|---|---|
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG | 4 | PA |
| TYVASO REFILL KIT | 4 | PA |
| TYVASO STARTER KIT | 4 | PA |
| *wixela inhub* | 1 | QL (1 per 30 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR | 4 | PA; LA; QL (2 per 21 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN | 4 | PA; LA; QL (6 per 21 days) |
| XOLAIR SUBCUTANEOUS SYRINGE | 4 | PA; LA; QL (2 per 21 days) |
| YUTREPIA | 4 | PA |
| *zafirlukast* | 1 | |
| *zileuton* | 3 | |
| **PULMONARY DEVICES** | | |
| ACE AEROSOL CLOUD ENHANCER | 2 | |
| AEROCHAMBER MECHANICAL VENT | 2 | |
| AEROCHAMBER MINI | 2 | |
| AEROCHAMBER PLUS FLOW-VU | 2 | |
| AEROCHAMBER PLUS Z STAT | 2 | |
| AEROCHAMBER2 GO | 2 | |
| AEROTRACH PLUS | 2 | |
| AEROVENT PLUS | 2 | |
| BREATHERITE MDI SPACER | 2 | |
| COMPACT SPACE CHAMBER | 2 | |
| EASIVENT HOLDING CHAMBER | 2 | |
| FLEXICHAMBER | 2 | |
| LITEAIRE MDI CHAMBER | 2 | |
| MICROCHAMBER | 2 | |
| MICROSPACER | 2 | |
| OPTICHAMBER DIAMOND VHC | 2 | |
| POCKET CHAMBER | 2 | |
| PRIMEAIRE | 2 | |
| PROCHAMBER | 2 | |
| RITEFLO AEROCHAMBER | 2 | |
| SPACE CHAMBER | 2 | |
| VORTEX HOLDING CHAMBER | 2 | |
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS & ANTISPASMODICS** | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *darifenacin* | 1 | |
| *fesoterodine* | 1 | |
| *flavoxate* | 1 | |
| *mirabegron* | 1 | |
| *oxybutynin chloride* | 1 | |
| *solifenacin* | 1 | |
| *tolterodine* | 1 | |
| *trospium* | 1 | |
| **BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY** | | |
| *alfuzosin* | 1 | |
| *dutasteride* | 1 | ST |
| *dutasteride-tamsulosin* | 1 | ST |
| *finasteride oral tablet 5 mg* | 1 | |
| *silodosin* | 1 | |
| *tadalafil oral tablet 2.5 mg* | 1 | PA; QL (30 per 30 days) |
| *tadalafil oral tablet 5 mg* | 1 | PA; QL (8 per 30 days) |
| *tamsulosin* | 1 | |
| **CHOLINERGIC STIMULANTS** | | |
| *bethanechol chloride* | 1 | |
| **MISCELLANEOUS UROLOGICALS** | | |
| CYSTAGON | 5 | LA |
| ELMIRON | 2 | |
| K-PHOS ORIGINAL | 2 | |
| *potassium citrate oral tablet extended release* | 1 | |
| RENACIDIN | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **VITAMINS, HEMATINICS & ELECTROLYTES** | | |
| **ELECTROLYTES** | | |
| *calcium acetate(phosphat bind)* | 1 | QL (360 per 30 days) |
| *calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml* | 1 | |
| *effer-k oral tablet, effervescent 25 meq* | 1 | |
| *ferric citrate* | 1 | |
| *kionex oral suspension* | 1 | |
| *klor-con* | 1 | |
| *klor-con 10* | 1 | |
| *klor-con 8* | 1 | |
| *klor-con m10* | 1 | |
| *klor-con m15* | 1 | |
| *klor-con m20* | 1 | |
| *lanthanum* | 1 | QL (90 per 30 days) |
| LOKELMA | 2 | QL (30 per 30 days) |
| *magnesium sulfate in water intravenous parenteral solution* | 1 | |
| *magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)* | 1 | |
| *potassium chloride oral capsule, extended release* | 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 |
|---|---|---|
| *potassium chloride oral liquid* | 1 | |
| *potassium chloride oral packet 20 meq* | 1 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | 1 | |
| *potassium chloride oral tablet,er particles/crystals* | 1 | |
| *sevelamer carbonate oral powder in packet 0.8 gram* | 1 | QL (180 per 30 days) |
| *sevelamer carbonate oral powder in packet 2.4 gram* | 1 | QL (90 per 30 days) |
| *sevelamer carbonate oral tablet* | 1 | QL (270 per 30 days) |
| *sevelamer hcl oral tablet 400 mg* | 1 | QL (450 per 30 days) |
| *sevelamer hcl oral tablet 800 mg* | 1 | QL (270 per 30 days) |
| *sodium polystyrene sulfonate* | 1 | |
| *sps (with sorbitol)* | 1 | |
| VELPHORO | 3 | QL (120 per 30 days) |
| **MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES** | | |
| AQNEURSA | 4 | PA; LA |
| *electrolyte-148* | 1 | |
| **VITAMINS & HEMATINICS** | | |
| *ascorbic acid (vitamin c) intravenous* | 1 | |
| *b complex 1 (with folic acid)* | 0 | ACA; OTC |
| *b complex-vitamin c-folic acid oral tablet* | 0 | ACA; OTC |
| *bal-care dha* | 1 | |
| *b-complex with vitamin c oral tablet 400-500 mcg-mg* | 0 | ACA; OTC |
| *classic prenatal* | 0 | ACA; OTC |
| *complete natal dha* | 1 | |
| *cyanocobalamin (vitamin b-12) injection* | 1 | |
| *cyanocobalamin (vitamin b-12) nasal* | 1 | QL (4 per 30 days) |
| *dialyvite 800 oral tablet* | 0 | ACA; OTC |
| *elite-ob* | 1 | |
| *ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)* | 1 | |
| *ferumoxytol* | 1 | PA |
| *flotrex* | 0 | ACA; OTC |
| *fluoride (sodium) oral drops* | 0 | ACA; OTC |
| *fluoride (sodium) oral tablet,chewable* | 0 | ACA; OTC |
| *folic acid oral tablet 1 mg* | 1 | |
| *folic acid oral tablet 400 mcg, 800 mcg* | 0 | ACA; OTC |
| *folitab* | 0 | ACA; OTC |
| *folivane-ob* | 1 | |
| *foltabs 800* | 0 | ACA; OTC |
| *full spectrum b-vitamin c* | 0 | ACA; OTC |
| *hydroxocobalamin* | 1 | |
| *kobee* | 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 |
|---|---|---|
| *ludent fluoride* | 0 | ACA; OTC |
| *m-natal plus* | 1 | |
| *multi-vitamin with fluoride* | 0 | ACA; OTC |
| *multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride* | 0 | ACA; OTC |
| *mvc-fluoride* | 0 | ACA; OTC |
| *mvi, pedi no.1 with vit k* | 1 | |
| *mynatal* | 1 | |
| *mynatal plus* | 1 | |
| *mynatal-z* | 1 | |
| *neo-vital rx* | 1 | |
| *nephro vitamins* | 0 | ACA; OTC |
| *newgen* | 1 | |
| *one natal rx* | 1 | |
| *pnv-dha* | 1 | |
| *pnv-omega* | 1 | |
| *pnv-select* | 1 | |
| *pr natal 400* | 1 | |
| *pr natal 400 ec* | 1 | |
| *pr natal 430* | 1 | |
| *pr natal 430 ec* | 1 | |
| *prenatabs fa* | 1 | |
| *prenatabs rx* | 1 | |
| *prenatal complete* | 0 | ACA; OTC |
| *prenatal multi-dha (algal oil)* | 0 | ACA; OTC |
| *prenatal multivitamins* | 0 | ACA; OTC |
| *prenatal one daily* | 0 | ACA; OTC |
| *prenatal oral tablet 28 mg iron- 800 mcg* | 0 | ACA; OTC |
| *prenatal plus* | 1 | |
| *prenatal plus (calcium carb)* | 1 | |
| *prenatal vit no.179-iron-folic* | 0 | ACA; OTC |
| *prenatal vitamin oral tablet 27 mg iron- 0.8 mg* | 0 | ACA; OTC |
| *prenatal vitamin with minerals* | 0 | ACA; OTC |
| *prenatal-u* | 1 | |
| *purevita folic acid oral tablet* | 0 | ACA; OTC |
| *renal vitamin* | 0 | ACA; OTC |
| *renal-vite* | 0 | ACA; OTC |
| *rena-vite* | 0 | ACA; OTC |
| *soluvita a,c,d with fluoride* | 0 | ACA; OTC |
| *stress formula with iron(sulf)* | 0 | ACA; OTC |
| *super b-50 complex* | 0 | ACA; OTC |
| *super quints* | 0 | ACA; OTC |
| *taron-c dha* | 1 | |
| *tricon* | 0 | ACA; OTC |
| *trinatal rx 1* | 1 | |
| *trinate* | 1 | |
| *tri-vitamin with fluoride* | 0 | ACA; OTC |
| *wescap-pn dha* | 1 | |
| *wesnate dha* | 1 | |
| *westab plus* | 1 | |
| *westgel dha* | 1 | |
| *zatean-pn dha* | 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 |
|---|---|---|
| *zatean-pn plus* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *zingiber* | 1 | |

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

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