2027 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 9/01/2026. To get updated information about the drugs covered by Network Health, please visit
https://networkhealth.com/__assets/pdf/pharmacy-drug-lists/2027individualdruglist.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 76. 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/2027individualdruglist.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 IV(4).

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. The $0 cost share for this service will need to be obtained by requesting a cost share prior authorization with Express Scripts.

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 all of 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 76.

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: CY2027

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	ACA 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.

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

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 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

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 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

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

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

Prestige Silver Essential This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.		
DRUG TIER	**30-Day Supply**	**90-Day Supply Mail Order Only**
Tier 0	$0.00	$0.00
Tier 1	$25.00	$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

Prestige Gold This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.		
DRUG TIER	**30-Day Supply**	**90-Day Supply 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

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 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

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 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

Prestige Bronze Plus Native American Benefit This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	**Retail 30-Day Supply**	**I/T/U Pharmacy 30-Day Supply**	**90-Day Supply 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

Prestige Bronze 20 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	20% after deductible	$0.00	20% after deductible	N/A
Tier 2	20% after deductible	$0.00	20% after deductible	N/A
Tier 3	50% after deductible	$0.00	50% after deductible	N/A
Tier 4	$0.00	N/A	N/A	N/A
Tier 5	$0.00	N/A	N/A	N/A

Prestige Bronze Essential Native American Benefit This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	**Retail 30-Day Supply**	**I/T/U Pharmacy 30-Day Supply**	**90-Day Supply 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

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% 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

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

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	$25.00	$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

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

Prestige Gold Essential Native American Benefit This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	**30-Day Supply**	**I/T/U Pharmacy 30-Day Supply**	**90-Day Supply 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

Prestige Gold 50 Native American Benefit This table defines the standard copayment and/or coinsurance structure. Depending on your income level, your actual cost-share may be less. For more information, consult your policy.				
DRUG TIER	**30-Day Supply**	**I/T/U Pharmacy 30-Day Supply**	**90-Day Supply 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, Monday through Friday from 8 a.m. to 5 p.m. For additional prescription drug information, log into your portal at login.networkhealth.com or call Express Scripts at 800-340-1305.

HMO and POS plans underwritten by Network Health Plan.

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

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List of Abbreviations

$0: Adherence Generics

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b liposome	1	
clotrimazole mucous membrane	1	
CRESEMBA ORAL	2	
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	
nystatin oral suspension	1	
nystatin oral tablet	1	
posaconazole oral suspension	1	
posaconazole oral tablet,delayed release (dr/ec)	3	
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	
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)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	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
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	
entecavir	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; QL (28 per 30 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; QL (56 per 30 days)
EPCLUSA ORAL TABLET	2	PA; QL (28 per 30 days)
etravirine	1	
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)
IDVYNSO	2	
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	
LEDIPASVIR-SOFOSBUVIR	2	PA; QL (28 per 30 days)
lopinavir-ritonavir oral tablet	1	
maraviroc	1	
nevirapine	1	
NORVIR ORAL POWDER IN PACKET	2	
ODEFSEY	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
oseltamivir oral capsule 30 mg	1	QL (20 per 30 days)
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	3	QL (20 per 30 days)
ribavirin inhalation	1	
ribavirin oral capsule	4	
ribavirin oral tablet 200 mg	4	
rilpivirine hcl	1	
rimantadine	1	
ritonavir	1	
SELZENTRY ORAL SOLUTION	2	
SOFOSBUVIR-VELPATASVIR	2	PA; QL (28 per 30 days)
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 ORAL	4	
YEZTUGO SUBCUTANEOUS	4	PA
zidovudine	1	
CEPHALOSPORINS		
cefaclor oral capsule	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
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	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefazolin in 0.9% sod chloride	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 suspension for reconstitution	1	
azithromycin oral tablet	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 (360 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 ORAL TABLET 100 MG	2	QL (360 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
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	QL (720 per 365 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	
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 oral suspension for reconstitution	1	
linezolid oral tablet	1	PA
mefloquine	1	QL (13 per 180 days)
metronidazole oral capsule	1	
metronidazole oral tablet 250 mg, 500 mg	1	
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	
rifapentine	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	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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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, 75 mg	1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg, 200 mg, 50 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

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

Drug Name	Drug Tier	Requirements / Limits
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	
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
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	ST; QL (120 per 30 days)
abiraterone oral tablet 500 mg	4	
abirtega	4	ST; QL (120 per 30 days)
ALECENSA	4	ST; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	ST; 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
ALUNBRIG ORAL TABLET 30 MG	5	ST; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	ST; QL (30 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 oral	4	
bexarotene topical	4	ST
BIZENGRI	4	ST
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	
bortezomib injection recon soln 3.5 mg	4	
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	4	ST
BOSULIF ORAL CAPSULE	4	
bosutinib	4	PA; QL (1 per 30 days)
CABOMETYX	4	ST; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	4	LA
capecitabine	4	
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)
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)

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Drug Name	Drug Tier	Requirements / Limits
dasatinib oral tablet 70 mg	4	ST; QL (60 per 30 days)
doxorubicin intravenous recon soln 10 mg	1	
DROXIA	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ENSACOVE	4	ST; LA
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	4	
etoposide oral	1	
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 7.5 mg	4	ST; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 5 mg	4	PA; QL (1 per 30 days)
everolimus (antineoplastic) oral tablet for suspension	4	ST; QL (30 per 30 days)
everolimus (immunosuppressive)	1	
exemestane	1	
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
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	
INLYTA	4	
IWILFIN	4	ST; LA
JAKAFI	4	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
JAKAFI XR	4	PA; QL (1 per 30 days)
KEYTRUDA QLEX	4	
KIMMTRAK	4	ST
KISQALI	4	
KOMZIFTI	4	ST
lanreotide subcutaneous syringe 120 mg/0.5 ml	5	PA; QL (30 per 30 days)
lapatinib	4	ST; QL (180 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	4	
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	5	
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	
LYSODREN	4	ST
LYTGOBI	4	ST; LA
MATULANE	4	ST
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet	1	
MEKINIST	4	
mercaptopurine oral suspension	5	
mercaptopurine oral tablet	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
MODEYSO	4	ST
mycophenolate mofetil	1	

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Drug Name	Drug Tier	Requirements / Limits
mycophenolate sodium	1	
MYHIBBIN	2	
MYLERAN	2	ST
NEMLUVIO	4	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 injection solution 1,000 mcg/ml, 200 mcg/ml	4	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA
octreotide acetate injection syringe	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	LA
OGIVRI	5	ST
OJEMDA	4	ST
OPDIVO INTRAVENOUS SOLUTION 120 MG/12 ML	4	
OPDIVO QVANTIG	4	
OPDUALAG	4	
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	
PAZOPANIB ORAL TABLET 400 MG	4	PA; QL (1 per 30 days)
PEMAZYRE	4	ST; LA; QL (14 per 30 days)
PHESGO	4	ST
PIQRAY	4	
pomalidomide	4	ST
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	5	
REVUFORJ	4	ST
romidepsin intravenous recon soln	4	ST
romidepsin intravenous solution	4	PA; QL (1 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; LA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; LA; 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
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; LA; QL (42 per 30 days)
RYDAPT	4	
SAPHNELO PEN	4	LA
SAPHNELO SUBCUTANEOUS	4	LA
SCEMBLIX	4	
SIGNIFOR	4	PA
sirolimus	1	
SOMATULINE DEPOT	5	ST; QL (1 per 21 days)
sorafenib	4	
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	
tacrolimus oral capsule	1	
TAFINLAR	4	
TAGRISSO	4	LA
tamoxifen	0	
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	
tretinoin (antineoplastic)	3	ST
VENCLEXTA	4	LA
VENCLEXTA STARTING PACK	4	
VERZENIO	5	LA
VIJOICE ORAL GRANULES IN PACKET	4	QL (28 per 21 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	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	
XALKORI	4	
XERMELO	5	ST; LA; QL (84 per 30 days)
XOSPATA	5	LA
XTANDI	4	
yulithira	4	PA; QL (1 per 30 days)
ZELBORAF	4	ST; QL (240 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
ZOLINZA	4	
ZYDELIG	4	ST; QL (60 per 30 days)
ZYKADIA	4	
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	
carbamazepine oral tablet,chewable 100 mg	1	
clobazam oral suspension	1	PA
clobazam oral tablet	1	
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	

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

Drug Name	Drug Tier	Requirements / Limits
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	
topiramate oral capsule,extended release 24hr	1	PA
topiramate oral capsule,sprinkle,er 24hr	1	
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 (200 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	

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

Drug Name	Drug Tier	Requirements / Limits
trihexyphenidyl	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	2	PA; QL (3 per 68 days)
AJOVY SYRINGE	2	PA; QL (3 per 68 days)
almotriptan malate oral tablet 12.5 mg	1	QL (12 per 30 days)
almotriptan malate oral tablet 6.25 mg	1	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	QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	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)
zolmitriptan oral	1	QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine	4	PA; QL (60 per 30 days)
dextromethorphan-quinidine	1	
dichlorphenamide	4	PA
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST
donepezil oral tablet,disintegrating	1	
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	

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

Drug Name	Drug Tier	Requirements / Limits
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)
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	1	
carisoprodol	3	
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	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	3	
pyridostigmine bromide oral syrup	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
sugammadex intravenous solution	1	
sugammadex intravenous syringe 100 mg/ml	1	
tanlor	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet	1	
vanadom	3	

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

Drug Name	Drug Tier	Requirements / Limits
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	ST
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	ST
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	1	
acetaminophen-codeine oral tablet	1	
ascomp with codeine	1	ST
buprenorphine	1	ST
buprenorphine hcl sublingual	1	
butalbital-acetaminop-caf-cod	1	ST
butalbital-acetaminophen oral capsule	3	
butalbital-acetaminophen oral tablet	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
codeine sulfate oral tablet 15 mg, 60 mg	1	
codeine sulfate oral tablet 30 mg	1	ST
codeine-butalbital-asa-caff	1	ST
diskets	1	
endocet	1	ST
fentanyl	1	
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

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

Drug Name	Drug Tier	Requirements / Limits
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	ST
hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg	1	ST
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
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
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1	ST
hydromorphone oral liquid	1	
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg	1	ST
hydromorphone oral tablet extended release 24 hr 8 mg	1	ST; QL (60 per 23 days)
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	PA
levorphanol tartrate oral tablet 2 mg	3	
methadone intravenous	1	ST
methadone oral concentrate	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
methadone oral solution	1	
methadone oral tablet	1	
methadone oral tablet,soluble	1	
methadose oral concentrate	1	
methadose oral tablet,soluble	1	
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	
morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir	1	ST
morphine oral capsule, er multiphase 24 hr	1	
morphine oral solution	1	
morphine oral tablet	1	
morphine oral tablet extended release	1	ST; QL (120 per 23 days)
morphine rectal	1	ST
oxycodone oral capsule	1	ST
oxycodone oral concentrate	1	ST
oxycodone oral solution	1	
oxycodone oral tablet 10 mg, 20 mg	1	ST
oxycodone oral tablet 15 mg, 30 mg, 5 mg	1	
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	1	ST
oxycodone-acetaminophen oral tablet	1	ST
oxymorphone oral tablet	1	
oxymorphone oral tablet extended release 12 hr	1	ST; QL (90 per 23 days)
prolate oral tablet	1	ST
tencon	1	
XTAMPZA ER	3	ST
xyvona oral tablet 2 mg	3	ST
NON-NARCOTIC ANALGESICS		
aspirin childrens	0	ACA; OTC
aspirin oral tablet,chewable	0	OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	0	OTC
bayer low dose aspirin	0	OTC
buprenorphine-naloxone	1	
butorphanol	1	
celecoxib	1	
diclofenac potassium oral capsule	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
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	
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	
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	
indomethacin oral suspension	1	ST
indomethacin rectal suppository 50 mg	1	
ketoprofen oral capsule	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
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	
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	
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

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

Drug Name	Drug Tier	Requirements / Limits
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg	1	ST
naproxen sodium oral tablet, er multiphase 24 hr 500 mg, 750 mg	1	
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	1	ST
tramadol oral tablet 50 mg	1	
tramadol oral tablet extended release 24 hr	1	ST; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	ST; QL (30 per 30 days)
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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
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 100 mg, 150 mg	1	QL (60 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	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 oral tablet extended release 24 hr 100 mg, 50 mg	1	QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	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)
estazolam	1	QL (15 per 30 days)
eszopiclone	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	QL (28 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	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	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	
lisdexamfetamine	1	
lithium carbonate	1	
lithium citrate	1	
lorazepam injection syringe	1	
lorazepam intensol	1	
lorazepam oral	1	
loxapine succinate	1	
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	
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	

You can find information 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 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	3	
nortriptyline	1	
olanzapine oral	1	QL (30 per 30 days)
olanzapine-fluoxetine	1	
oxazepam	3	
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	
protriptyline	3	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
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	

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

Drug Name	Drug Tier	Requirements / Limits
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	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	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)
vilazodone	1	QL (30 per 30 days)
VYLEESI	4	QL (8 per 30 days)
zaleplon	1	QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	
ziprasidone hcl	1	QL (60 per 30 days)
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)

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

Drug Name	Drug Tier	Requirements / Limits
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	QL (1 per 23 days)
glatiramer subcutaneous syringe 40 mg/ml	4	QL (12 per 23 days)
glatopa subcutaneous syringe 20 mg/ml	4	QL (1 per 23 days)
glatopa subcutaneous syringe 40 mg/ml	4	QL (12 per 23 days)
KESIMPTA PEN	4	QL (1 per 21 days)
MAYZENT	4	QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	4	QL (7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	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)
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)
teriflunomide	4	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	

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

Drug Name	Drug Tier	Requirements / Limits
flecainide	1	
lidocaine (pf) intravenous solution	1	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)	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 oral tablet 10 mg, 5 mg	1	$0
amlodipine oral tablet 2.5 mg	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiazid	1	
atenolol	1	
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	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	$0
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan	1	
candesartan-hydrochlorothiazid	1	
captopril	1	
captopril-hydrochlorothiazide	1	
cartia xt	1	$0
carvedilol	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 80 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine	1	QL (4 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	1	$0
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 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
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	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
fosinopril-hydrochlorothiazide	1	
furosemide oral	1	
guanfacine oral tablet	1	
hydralazine oral tablet 10 mg, 100 mg	1	
hydralazine oral tablet 25 mg, 50 mg	1	$0
hydrochlorothiazide oral capsule	1	$0
hydrochlorothiazide oral tablet 12.5 mg	1	$0
hydrochlorothiazide oral tablet 25 mg, 50 mg	1	
indapamide	1	
irbesartan oral tablet 150 mg, 300 mg	1	$0
irbesartan oral tablet 75 mg	1	
irbesartan-hydrochlorothiazide	1	
isosorbide-hydralazine	1	
isradipine	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
KERENDIA ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days)
KERENDIA ORAL TABLET 40 MG	2	
labetalol oral	1	
lisinopril oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	$0
lisinopril oral tablet 2.5 mg	1	
lisinopril-hydrochlorothiazide	1	$0
losartan	1	$0
losartan-hydrochlorothiazide	1	
methyldopa	1	
metolazone	1	
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, 50 mg	1	$0
metoprolol tartrate oral tablet 25 mg, 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
nifedipine oral tablet extended release 60 mg, 90 mg	1	
nimodipine	1	
olmesartan	1	
olmesartan-amlodipin-hcthiazid	1	
olmesartan-hydrochlorothiazide	1	
perindopril erbumine	1	
phenoxybenzamine	1	PA
pindolol	1	
prazosin	1	
propranolol oral	1	
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	

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

Drug Name	Drug Tier	Requirements / Limits
spironolactone oral tablet	1	
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, 20 mg, 5 mg	1	
torsemide oral tablet 100 mg	1	$0
trandolapril	1	
trandolapril-verapamil	1	
triamterene	1	
triamterene-hydrochlorothiazid	1	
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 TABLET 100 MCG, 150 MCG	4	LA
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
valsartan oral tablet 320 mg	1	
valsartan-hydrochlorothiazide	1	
verapamil oral capsule,ext rel. pellets 24 hr	1	
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
cilostazol	1	
clopidogrel	1	
dabigatran etexilate	1	
dipyridamole 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
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	
fondaparinux	4	
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	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 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 oral tablet 1 mg, 7.5 mg	1	$0

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Drug Name	Drug Tier	Requirements / Limits
warfarin oral tablet 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg	0	QL (30 per 30 days)
atorvastatin oral tablet 40 mg, 80 mg	1	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 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 160 mg, 40 mg, 54 mg	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
gemfibrozil	1	$0
icosapent ethyl	1	
lovastatin oral tablet 10 mg	0	QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	0	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	QL (30 per 30 days)
pravastatin	0	ACA; QL (30 per 30 days)
prevalite	1	
REPATHA SURECLICK	2	PA; QL (2 per 21 days)
REPATHA SYRINGE	2	PA; QL (2 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		
ENTRESTO SPRINKLE	2	QL (240 per 30 days)
isoproterenol hcl	1	

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Drug Name	Drug Tier	Requirements / Limits
ivabradine	1	PA
ranolazine	1	
sacubitril-valsartan	1	QL (60 per 30 days)
VERQUVO	2	QL (30 per 30 days)
NITRATES		
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate	1	
nitro-bid	1	
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	
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
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)
pellix	1	QL (120 per 23 days)
selenium sulfide topical lotion	1	
SOTYKTU	4	QL (30 per 23 days)
SPEVIGO INTRAVENOUS	4	PA
TALTZ AUTOINJECTOR	4	QL (1 per 21 days)
TALTZ AUTOINJECTOR (2 PACK)	4	QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK)	4	QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	4	QL (0.25 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	4	QL (0.5 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	QL (1 per 21 days)
TREMFYA INTRAVENOUS	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
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	4	PA; QL (2 per 21 days)
ammonium lactate	1	
CIBINQO	4	QL (30 per 23 days)
diclofenac sodium topical gel 3 %	1	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	QL (400 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	QL (600 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	QL (400 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
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	QL (600 per 21 days)
EBGLYSS PEN	4	QL (4 per 21 days)
EBGLYSS SYRINGE	4	QL (4 per 21 days)
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	
tacrolimus topical	1	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)
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	

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

Drug Name	Drug Tier	Requirements / Limits
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	
tretinoin	1	
tretinoin microspheres	1	
trilitas	1	PA
zenatane	1	
TOPICAL ANESTHETICS		
dermacinrx lidocan	1	ST
lidocaine hcl laryngotracheal	1	
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	
TOPICAL ANTIBACTERIALS		
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)

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

Drug Name	Drug Tier	Requirements / Limits
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)
ERTACZO	3	QL (60 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)
XERESE	3	
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	1	
alclometasone	1	
amcinonide topical cream	1	ST
amcinonide topical ointment	1	ST
beser	1	ST
betamethasone dipropionate	1	
betamethasone valerate topical cream	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
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	QL (118 per 23 days)
clobetasol topical ointment	1	QL (120 per 23 days)
clobetasol topical shampoo	1	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)
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
evesse	1	PA; QL (118 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)
fluocinonide topical solution	1	QL (120 per 23 days)
fluocinonide-e	1	QL (120 per 23 days)
flurandrenolide	3	ST; QL (120 per 23 days)
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	1	ST
fluticasone propionate topical ointment	1	
halobetasol propionate topical cream	1	
halobetasol propionate topical foam	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
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	
TOPICAL ENZYMES		
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	

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

Drug Name	Drug Tier	Requirements / Limits
anagrelide	1	
caffeine citrate oral	1	
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 oral tablet 1,000 mg	4	
deferiprone oral tablet 500 mg	4	PA
disulfiram	1	
EMPAVELI	4	PA; LA
ENJAYMO	4	PA
FABHALTA	4	
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
glutamine (sickle cell)	4	PA
glycerol phenylbutyrate	4	PA
levocarnitine (with sugar)	1	
levocarnitine intravenous	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
midodrine	1	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	LA
nitisinone oral capsule 20 mg	4	PA; LA
PEDMARK	2	
PHEBURANE	4	PA
riluzole	1	PA
risedronate oral tablet 30 mg	1	QL (30 per 30 days)
sodium chloride irrigation	1	
sodium phenylbutyrate	1	PA
tiopronin oral tablet	4	
tiopronin oral tablet,delayed release (dr/ec)	4	PA
trientine oral capsule 250 mg	1	PA
venxxiva	4	PA
water for irrigation, sterile	1	
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	4	PA; LA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	0	QL (180 per 365 days)
NICODERM CQ	0	OTC; QL (180 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL GUM 2 MG	0	OTC; QL (180 per 365 days)
nicorette buccal gum 4 mg	0	OTC; QL (180 per 365 days)
NICORETTE BUCCAL LOZENGE	0	OTC; QL (180 per 365 days)
NICORETTE BUCCAL MINI LOZENGE	0	OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal gum 2 mg	0	OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal gum 4 mg	0	ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal lozenge	0	OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal mini lozenge	0	ACA; OTC; QL (180 per 365 days)
nicotine transdermal patch 24 hour 14 mg/24 hr, 7 mg/24 hr	0	ACA; OTC; QL (180 per 365 days)
nicotine transdermal patch 24 hour 21 mg/24 hr	0	OTC; QL (180 per 365 days)
nicotine transdermal patch, td daily, sequential	0	ACA; OTC; QL (180 per 365 days)
NICOTROL NS	0	QL (180 per 365 days)
quit 2	0	OTC; QL (180 per 365 days)
quit 4	0	OTC; 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)
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	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	

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

Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin hcl otic (ear)	1	
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	
ciprofloxacin-hydrocortisone	1	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc otic (ear)	1	
OTOVEL	3	
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	
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, 20 mg, 50 mg	1	$0
prednisone oral tablet 10 mg, 2.5 mg, 5 mg	1	
prednisone oral tablet,delayed release (dr/ec)	1	
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		

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

Drug Name	Drug Tier	Requirements / Limits
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
TRUE METRIX GLUCOSE METER	2	OTC
TRUE METRIX GO GLUCOSE METER	2	OTC
TRUE METRIX LEVEL 1	2	OTC
TRUENESS BLOOD GLUCOSE MONITOR	2	OTC
TRUENESS GLUCOSE TEST STRIP	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
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 (LIBRE 2/3 PLUS)	3	PA; QL (15 per 23 days)
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 DEVICE 2 UNIT (200 UNIT)	2	QL (8 per 23 days)
ILET STARTER KIT-INSET	2	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
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 23 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	PA; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	PA; QL (15 per 23 days)
PIVOT INSULIN PUMP STARTER KIT	2	
TWIIST REFILL KT(CSST-NDL-SYR)	2	QL (1 per 23 days)
TWIIST RFL(INFUS-CSST-NDL-SYR)	2	QL (1 per 23 days)
TWIIST STARTER KIT	2	QL (1 per 720 days)
V-GO 20	2	QL (30 per 23 days)
V-GO 30	2	QL (30 per 23 days)
V-GO 40	2	QL (30 per 23 days)
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 U-300 CONC	2	
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMIN-LISPRO	2	
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
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	
calcitriol oral	1	
cinacalcet	3	ST

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Drug Name	Drug Tier	Requirements / Limits
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
METHITEST	2	
methyltestosterone oral capsule	1	
mifepristone oral tablet 300 mg	4	
miglustat	4	PA; LA; QL (90 per 30 days)
ORILISSA ORAL TABLET 150 MG	2	QL (180 per 365 days)
ORILISSA ORAL TABLET 200 MG	2	QL (360 per 365 days)
paricalcitol intravenous	1	
paricalcitol oral	1	ST
sapropterin	4	PA
testosterone cypionate	1	
testosterone enanthate	1	PA
testosterone transdermal gel	1	QL (60 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	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)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	QL (75 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	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	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)

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

Drug Name	Drug Tier	Requirements / Limits
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	PA; QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	1	PA; QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	1	PA; 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	
glipizide oral tablet extended release 24hr	1	$0
glipizide-metformin	1	
glyburide	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	1	
glyburide-metformin oral tablet 5-500 mg	1	$0
liraglutide	1	PA; QL (6 per 23 days)
metformin oral solution	1	
metformin oral tablet 1,000 mg, 500 mg, 850 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	QL (2 per 21 days)
nateglinide	1	
OZEMPIC ORAL	2	QL (30 per 23 days)
OZEMPIC SUBCUTANEOUS	2	QL (3 per 21 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	QL (30 per 23 days)
saxagliptin	1	QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	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
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet	1	ST; QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	ST; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	ST; QL (60 per 30 days)
sitagliptin phosphate	1	ST; QL (30 per 30 days)
TRULICITY	2	QL (2 per 21 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 per 30 days)
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
amerithroid	1	
ARMOUR THYROID	2	
evexithroid	1	
levo-t	1	$0
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 175 mcg, 200 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine oral tablet 150 mcg, 25 mcg	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	

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

Drug Name	Drug Tier	Requirements / Limits
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	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
loperamide oral capsule	1	
methscopolamine	3	
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	
bisacodyl oral	0	ACA; OTC
budesonide oral	1	
budesonide rectal	1	
citroma	0	OTC
clearlax oral powder	0	ACA; OTC
compro	1	
constulose	1	
cromolyn oral	1	
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	OTC
gentle laxative (mag hydrox)	0	ACA; OTC
gentlelax	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
granisetron hcl oral	1	QL (6 per 30 days)
hydrocortisone acetate topical cream with perineal applicator	1	
hydrocortisone rectal	1	
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	OTC
LINZESS	2	QL (30 per 30 days)
lubiprostone	1	QL (60 per 30 days)
magnesium citrate oral solution	0	OTC
meclizine	1	
mesalamine	1	
mesalamine with cleansing wipe	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
milk of magnesia	0	OTC
milk of magnesia concentrated	0	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	QL (2 per 21 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	QL (3 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	QL (2 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	QL (3 per 21 days)
ondansetron hcl oral solution	1	QL (100 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL (9 per 30 days)
onelax magnesium citrate	0	ACA; OTC
oral saline laxative	0	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	
peg-electrolyte soln	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
phosphate laxative	0	ACA; OTC
polyethylene glycol 3350 oral powder	0	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	OTC
sodium,potassium,mag sulfates	0	ACA
SUCRAID	4	
sulfasalazine	1	
trimethobenzamide intramuscular solution	1	
trimethobenzamide oral	1	
TRULANCE	2	
ursodiol	1	
VARUBI	2	ST; QL (2 per 30 days)
VELSIPITY	4	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	QL (30 per 30 days)
dexlansoprazole oral capsule,biphase delayed releas 60 mg	1	
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	QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	
misoprostol	1	
nizatidine oral capsule	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg	1	QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 20 mg	1	$0; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 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
pantoprazole oral granules dr for susp in packet	1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
rabeprazole oral tablet,delayed release (dr/ec)	1	
ranitidine hcl oral tablet 150 mg	1	$0
ranitidine hcl oral tablet 300 mg	1	
sucralfate oral tablet	1	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
LEUKINE INJECTION RECON SOLN	4	ST
NIVESTYM	4	
plerixafor	5	
PROCRIT	4	PA
PROLEUKIN	4	ST
RETACRIT	4	
ZIEXTENZO	4	ST; QL (1.2 per 23 days)
GROWTH HORMONES		
EGRIFTA SV	4	PA
EGRIFTA WR	4	PA
OMNITROPE	5	
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	
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	
BEXSERO	0	ACA
BIOTHRAX	0	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
CAPVAXIVE (PF)	0	

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Drug Name	Drug Tier	Requirements / Limits
COMIRNATY 2025-2026(5-11Y)(PF)	0	
COMIRNATY 2025-26 (12Y UP)(PF)	0	
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	
FLUAD 2026-2027 (65 YR UP)(PF)	0	
FLUARIX 2026-2027 (PF)	0	
FLUBLOK 2026-2027 (PF)	0	
FLUCELVAX 2026-2027 (PF)	0	
FLULAVAL 2026-2027 (PF)	0	
FLUMIST 2026-2027	0	
FLUMIST HOME 2026-2027	0	
FLUZONE 2026-2027	0	
FLUZONE 2026-2027 (PF)	0	
FLUZONE HIGH-DOSE 2026-27 (PF)	0	
GAMMAGARD LIQUID	4	PA
GAMMAGARD LIQUID ERC	4	PA
GAMUNEX-C	4	PA
GARDASIL 9 (PF)	0	
HAVRIX (PF)	0	ACA
HEPLISAV-B (PF)	0	ACA
HIBERIX (PF)	0	ACA
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
MFLUSIVA 2026-2027 (PF)	0	
M-M-R II (PF)	0	
MRESVIA (PF)	0	ACA
MYOBLOC	4	PA
PEDIARIX (PF)	0	ACA
PEDVAX HIB (PF)	0	
PENBRAYA (PF)	0	
PENMENVY MEN A-B-C-W-Y (PF)	0	ACA
PENTACEL (PF)	0	ACA
PNEUMOVAX-23 INJECTION SYRINGE	0	
PREVNAR 20 (PF)	0	
PRIORIX (PF)	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF)	0	
QUADRACEL (PF)	0	ACA
RABAVERT (PF)	0	ACA
RECOMBIVAX HB (PF)	0	
ROTARIX	0	ACA
ROTATEQ VACCINE	0	
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
STAMARIL (PF)	0	ACA
TENIVAC (PF)	0	ACA
TICE BCG	2	
TICOVAC	0	
TRUMENBA	0	
TWINRIX (PF)	0	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE	0	ACA
VAQTA (PF)	0	
VARIVAX (PF)	0	
VARIZIG	2	
VAXCHORA VACCINE	0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	0	ACA
VAXNEUVANCE (PF)	0	
VIMKUNYA (PF)	0	ACA
VIVOTIF	0	ACA
YF-VAX (PF)	0	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	
colchicine	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)
TYMLOS	5	PA; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-ADAZ	4	PA; QL (2 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	4	QL (4 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	QL (2 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	QL (4 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (2 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	4	ST; QL (2 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 21 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 21 days)
ENBREL SURECLICK	4	PA; QL (4 per 21 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)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	4	PA; QL (55 per 365 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 per 274 days)
OTEZLA XR	4	PA
OTEZLA XR INITIATION	4	PA
penicillamine	3	
RIDAURA	2	
SIMLANDI(CF) AUTOINJECTOR	4	PA; QL (2 per 21 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL (2 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
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (1 per 23 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (1 per 23 days)
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)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	0	ACA
FC2 FEMALE CONDOM	0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	0	
KYLEENA	0	ACA
MIRENA	0	ACA
PARAGARD T 380A	0	ACA
SKYLA	0	ACA
TRUSTEX-RIA NON-LUB CONDOMS	0	OTC
ESTROGENS & PROGESTINS		
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	
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

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Drug Name	Drug Tier	Requirements / Limits
jencycla	0	ACA
jinteli	1	
lyleq	0	ACA
lyllana	1	QL (8 per 21 days)
lyza	0	ACA
medroxyprogesterone intramuscular suspension	0	QL (1 per 68 days)
medroxyprogesterone intramuscular syringe	0	ACA; QL (1 per 68 days)
medroxyprogesterone oral	1	
meleya	0	ACA
mimvey	1	
nora-be	0	
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	
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	
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

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Drug Name	Drug Tier	Requirements / Limits
amethyst (28)	0	
apri	0	
aranelle (28)	0	
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	
ayuna	0	ACA
azurette (28)	0	ACA
balziva (28)	0	
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	
camrese lo	0	
caziant (28)	0	ACA
charlotte 24 fe	0	ACA
chateal eq (28)	0	ACA
cryselle (28)	0	
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	
dolishale	0	ACA
drospirenone-e.estradiol-lm.fa	0	
drospirenone-ethinyl estradiol	0	ACA
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	
enskyce	0	ACA
estarylla	0	ACA
falmina (28)	0	ACA
feirza	0	ACA
finzala	0	
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	
jasmiel (28)	0	ACA
jolessa	0	

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Drug Name	Drug Tier	Requirements / Limits
joyeaux	0	ACA
juleber	0	ACA
junel 1.5/30 (21)	0	
junel 1/20 (21)	0	
junel fe 1.5/30 (28)	0	
junel fe 1/20 (28)	0	
junel fe 24	0	
kaitlib fe	0	ACA
kalliga	0	ACA
kariva (28)	0	
kelnor 1/35 (28)	0	
kurvelo (28)	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	
levonest (28)	0	ACA
levonorgest-eth.estradiol-iron	0	ACA
levonorgestrel	0	ACA; OTC; QL (1 per 30 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	0	ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	0	
levonorg-eth estrad triphasic	0	ACA
lojaimiess	0	
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
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
nortrel 1/35 (21)	0	
nortrel 1/35 (28)	0	
nortrel 7/7/7 (28)	0	
nylia 1/35 (28)	0	ACA
nylia 7/7/7 (28)	0	ACA
ocella	0	
opcicon one-step	0	ACA; OTC; QL (1 per 30 days)
option-2	0	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	
reclipsen (28)	0	
rivelsa	0	
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	
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	
tri-linyah	0	ACA
tri-lo-estarylla	0	ACA
tri-lo-marzia	0	ACA
tri-lo-mili	0	ACA
tri-lo-sprintec	0	
tri-mili	0	ACA
tri-sprintec (28)	0	
tri-vylibra	0	ACA
tri-vylibra lo	0	ACA
turqoz (28)	0	ACA
tydemy	0	ACA
valtya	0	ACA
velivet triphasic regimen (28)	0	
vestura (28)	0	
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
your choice	0	OTC; QL (1 per 30 days)
zarah	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
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	
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
azelastine ophthalmic (eye)	1	
bepotastine besilate	1	
CIMERLI	4	PA
cromolyn ophthalmic (eye)	1	
cyclosporine ophthalmic (eye)	1	QL (60 per 30 days)
CYSTARAN	4	
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	QL (6 per 30 days)
tetracaine hcl	1	
XDEMVY	4	QL (10 per 30 days)
XIIDRA	2	PA; QL (60 per 30 days)
ZERVIATE	3	ST
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	PA
bimatoprost ophthalmic (eye) drops 0.03 %	1	
brinzolamide	1	
dorzolamide	1	
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	
tobramycin-dexamethasone	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	
difluprednate	1	
fluorometholone	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
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	
carbinoxamine maleate oral tablet 6 mg	1	ST
carbzah	1	ST
cetirizine oral solution 1 mg/ml	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	
diphenhydramine hcl oral elixir	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 30 days)
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	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
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)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; QL (84 per 30 days)
alyq	4	QL (60 per 30 days)
ambrisentan	4	PA; LA; QL (30 per 30 days)
ANORO ELLIPTA 62.5-25 MCG INH	2	QL (14 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	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)

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

Drug Name	Drug Tier	Requirements / Limits
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 100-25 MCG INHALR	3	QL (60 per 30 days)
BREO ELLIPTA 200-25 MCG INHALR	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (28 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
breyna	1	QL (11 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG	2	QL (10.7 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	QL (11 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	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)
fluticasone propionate nasal	1	QL (16 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 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	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	LA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	LA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	LA; QL (0.4 per 21 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	QL (270 per 30 days)
pirfenidone oral tablet 267 mg	4	QL (270 per 30 days)
pirfenidone oral tablet 801 mg	4	QL (90 per 30 days)
pulmosal	1	
PULMOZYME	4	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	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
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 100-62.5-25	2	QL (60 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 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 150 MG/ML	4	PA; LA; QL (4 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML, 75 MG/0.5 ML	4	PA; LA; QL (2 per 21 days)
YUTREPIA	4	PA
zafirlukast	1	
zileuton	3	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER	2	

Drug Name	Drug Tier	Requirements / Limits
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	

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

Drug Name	Drug Tier	Requirements / Limits
VORTEX HOLDING CHAMBER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
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	
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		
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	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	
ferric carboxymaltose	1	PA
ferumoxytol	1	
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	

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

Drug Name	Drug Tier	Requirements / Limits
folic acid oral tablet 400 mcg	0	OTC
folic acid oral tablet 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
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	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	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	OTC
prenatal vitamin with minerals	0	ACA; OTC
prenatal-u	1	
purevita folic acid oral tablet	0	ACA; OTC
renal vitamin	0	OTC
renal-vite	0	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	OTC
super quints	0	ACA; OTC
taron-c 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
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	
zatean-pn plus	1	
zingiber	1	

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