



Express Scripts®
Pharmacy Benefit Services

Prescription Drug List

National Preferred
Formulary (NPF)



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

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List of Abbreviations

1: Generic

2: Preferred Brand

3: Non-Preferred Brand

ACA: Affordable Care Act.

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.

PV: Preventative medication

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

SP: Specialty

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		
ANCOBON ORAL CAPSULE	3	
BREXAFEMME ORAL TABLET	3	ST; QL (4 per fill)
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA ORAL CAPSULE	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (2 per fill)
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL (30 per fill)
<i>itraconazole oral solution</i>	1	QL (300 mL per fill)
<i>ketoconazole oral tablet</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
<i>posaconazole oral suspension</i>	1	PA
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL CAPSULE	3	QL (30 per fill)
<i>terbinafine hcl oral tablet</i>	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA
VIVJOA ORAL CAPSULE	3	PA; QL (18 per fill); SP
<i>voriconazole oral suspension for reconstitution</i>	1	PA
<i>voriconazole oral tablet</i>	1	PA
ANTIVIRALS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>abacavir oral solution</i>	1	SP
<i>abacavir oral tablet</i>	1	SP
<i>abacavir-lamivudine oral tablet</i>	1	SP
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	2	SP; PV; ACA
APTIVUS ORAL CAPSULE	2	SP
<i>atazanavir oral capsule</i>	1	SP
BARACLUDE ORAL SOLUTION	2	
BEYFORTUS INTRAMUSCULAR SYRINGE	2	PV; ACA
BIKTARVY ORAL TABLET	2	SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	2	QL (1 kit per 30 days); SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	2	QL (1 kit per 60 days); SP
CIMDUO ORAL TABLET	2	SP
<i>darunavir oral tablet</i>	1	SP
DELSTRIGO ORAL TABLET	2	SP
DESCOVY ORAL TABLET 120-15 MG	2	SP; PV
DESCOVY ORAL TABLET 200-25 MG	2	SP; PV; ACA
DOVATO ORAL TABLET	2	SP
EDURANT ORAL TABLET	2	SP
EDURANT PED ORAL TABLET FOR SUSPENSION	2	SP
<i>efavirenz oral tablet</i>	1	SP
<i>efavirenz-emtricitabin-tenofof oral tablet</i>	1	SP
<i>efavirenz-lamivu-tenofof disop oral tablet</i>	1	SP
<i>emtricitabine oral capsule</i>	1	SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	SP; PV; ACA
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	1	SP
EMTRIVA ORAL CAPSULE	3	SP
EMTRIVA ORAL SOLUTION	2	SP
ENFLONIA INTRAMUSCULAR SYRINGE	2	PV; ACA
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	2	PA; SP; QL (84 per 365 days)
EPCLUSA ORAL TABLET	2	PA; SP; QL (84 per 365 days)
EPIVIR ORAL SOLUTION	3	SP
EPIVIR ORAL TABLET	3	SP
<i>etravirine oral tablet</i>	1	SP
EVOTAZ ORAL TABLET	3	SP
<i>famciclovir oral tablet 125 mg, 500 mg</i>	1	QL (21 per fill)
<i>famciclovir oral tablet 250 mg</i>	1	QL (60 per fill)
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir oral tablet</i>	1	SP
GENVOYA ORAL TABLET	2	SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; SP; QL (56 per 365 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; SP; QL (112 per 365 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; SP; QL (112 per 365 days)
HARVONI ORAL TABLET 90-400 MG	2	PA; SP; QL (56 per 365 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	3	SP
INTELENCE ORAL TABLET 25 MG	2	SP
ISENTRESS HD ORAL TABLET	2	SP
ISENTRESS ORAL POWDER IN PACKET	2	SP
ISENTRESS ORAL TABLET	2	SP
ISENTRESS ORAL TABLET,CHEWABLE	2	SP
JULUCA ORAL TABLET	2	SP
KALETRA ORAL SOLUTION	3	SP
KALETRA ORAL TABLET	3	SP

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Drug Name	Drug Tier	Requirements / Limits
LAGEVRIO (EUA) ORAL CAPSULE	2	QL (40 per 240 days)
<i>lamivudine oral solution</i>	1	SP
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SP
<i>lamivudine-zidovudine oral tablet</i>	1	SP
LIVTENCITY ORAL TABLET	3	PA; SP; QL (112 per 28 days)
<i>lopinavir-ritonavir oral tablet</i>	1	SP
<i>maraviroc oral tablet</i>	1	SP
<i>nevirapine oral suspension</i>	1	SP
<i>nevirapine oral tablet</i>	1	SP
<i>nevirapine oral tablet extended release 24 hr</i>	1	SP
NORVIR ORAL POWDER IN PACKET	2	SP
NORVIR ORAL TABLET	3	SP
ODEFSEY ORAL TABLET	2	SP
<i>oseltamivir oral capsule 30 mg</i>	1	QL (20 per fill)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (10 per fill)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (180 mL (3 bottles) per fill)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 tablets per 240 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 tablets per 240 days)
PIFELTRO ORAL TABLET	2	SP
PREVYMIS ORAL PELLETS IN PACKET	2	PV
PREVYMIS ORAL TABLET	2	PV; QL (112 per 365 days)
PREZISTA ORAL SUSPENSION	2	SP
PREZISTA ORAL TABLET 150 MG, 75 MG	2	SP
PREZISTA ORAL TABLET 600 MG, 800 MG	3	SP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL (20 blisters (1 carton) per fill)
RETROVIR INTRAVENOUS SOLUTION	2	SP
RETROVIR ORAL CAPSULE	3	SP
RETROVIR ORAL SYRUP	3	SP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	SP

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Drug Name	Drug Tier	Requirements / Limits
REYATAZ ORAL POWDER IN PACKET	2	SP
<i>ribavirin inhalation recon soln</i>	1	PA
<i>ribavirin oral capsule</i>	1	SP
<i>ribavirin oral tablet 200 mg</i>	1	SP
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	SP
SELZENTRY ORAL SOLUTION	2	SP
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	SP
SUNLENCA ORAL TABLET	3	SP
SUNLENCA SUBCUTANEOUS SOLUTION	3	SP
SYMFI ORAL TABLET	2	SP
SYMTUZA ORAL TABLET	2	SP
SYNAGIS INTRAMUSCULAR SOLUTION	2	SP; PV
TAMIFLU ORAL CAPSULE 30 MG	3	QL (20 per fill)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (10 per fill)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL (180 mL (3 bottles) per fill)
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
<i>tenofovir disoproxil fumarate oral tablet</i>	1	SP
TIVICAY ORAL TABLET 50 MG	2	SP
TIVICAY PD ORAL TABLET FOR SUSPENSION	2	SP
TRIUMEQ ORAL TABLET	2	SP
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	2	SP
TROGARZO INTRAVENOUS SOLUTION	2	SP
TYBOST ORAL TABLET	3	SP
<i>valacyclovir oral tablet</i>	1	QL (30 per fill)
VALCYTE ORAL RECON SOLN	3	
VALCYTE ORAL TABLET	3	
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VEMLIDY ORAL TABLET	2	
VIRACEPT ORAL TABLET	2	SP

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Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL POWDER	2	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	3	SP
VOSEVI ORAL TABLET	2	PA; SP; QL (84 per 365 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per fill)
YEZTUGO ORAL TABLET	2	SP; PV; ACA
YEZTUGO SUBCUTANEOUS SOLUTION	2	SP; PV; ACA
ZEPATIER ORAL TABLET	2	PA; SP; QL (84 per 365 days)
ZIAGEN ORAL SOLUTION	3	SP
<i>zidovudine oral capsule</i>	1	SP
<i>zidovudine oral syrup</i>	1	SP
<i>zidovudine oral tablet</i>	1	SP

CEPHALOSPORINS

<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	

ERYTHROMYCINS & OTHER MACROLIDES

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Drug Name	Drug Tier	Requirements / Limits
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (1 bottle (136 mL) per fill)
DIFICID ORAL TABLET	3	QL (20 per fill)
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
<i>fidaxomicin oral tablet</i>	1	QL (20 per fill)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL (180 mL per 30 days)
ARAKODA ORAL TABLET	3	PV; QL (32 per 180 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	2	PA; SP
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1	PV; QL (60 per 240 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	PV; QL (180 per 240 days)
BENZNIDAZOLE ORAL TABLET	2	QL (720 per 365 days)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL (56 ampules per fill); SP
BILTRICIDE ORAL TABLET	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	2	QL (84 mL per fill); SP
<i>chloroquine phosphate oral tablet</i>	1	PV
CLEOCIN HCL ORAL CAPSULE	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
COARTEM ORAL TABLET	2	QL (24 per 30 days)
<i>cycloserine oral capsule</i>	1	
<i>dapsone oral tablet</i>	1	
DARAPRIM ORAL TABLET	3	PA; SP
EMVERM ORAL TABLET,CHEWABLE	2	QL (6 per 30 days)
<i>ethambutol oral tablet</i>	1	
HUMATIN ORAL CAPSULE	3	SP
<i>hydroxychloroquine oral tablet</i>	1	
IMPAVIDO ORAL CAPSULE	2	QL (84 per 30 days)
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (14 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	2	PA; QL (280 mL per fill); SP
KRINTAFEL ORAL TABLET	3	QL (2 per 30 days)
<i>linezolid oral suspension for reconstitution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>linezolid oral tablet</i>	1	
MALARONE ORAL TABLET	3	PV; QL (60 per 240 days)
MALARONE PEDIATRIC ORAL TABLET	3	PV; QL (180 per 240 days)
<i>mefloquine oral tablet</i>	1	PV; QL (13 per 240 days)
MEPRON ORAL SUSPENSION	3	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN	3	QL (1 vial per 28 days)
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL (12 per 30 days)
<i>pentamidine inhalation recon soln</i>	1	QL (1 vial per 28 days)
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	PV; QL (120 per 240 days)
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	1	PA
<i>quinine sulfate oral capsule</i>	1	QL (42 per 30 days)
<i>rifabutin oral capsule</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	2	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	2	QL (1 packet per fill)
STROMECTOL ORAL TABLET	3	PA; QL (14 per 30 days)
<i>tinidazole oral tablet 250 mg</i>	1	QL (40 per 30 days)
<i>tinidazole oral tablet 500 mg</i>	1	QL (20 per 30 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; QL (224 capsules for inhalation per fill); SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	1	PA; QL (56 ampules per fill); SP
<i>tobramycin inhalation solution for nebulization</i>	1	PA; QL (56 ampules per fill); SP
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL (280 mL per fill); SP
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET 200 MG	2	QL (9 per fill)

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

Drug Name	Drug Tier	Requirements / Limits
XIFAXAN ORAL TABLET 550 MG	2	QL (60 per fill)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>dicloxacillin oral capsule</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET	2	QL (28 per fill)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
AVIDOXY DK KIT	3	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	ST
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	1	ST
MORGIDOX 1X 50 KIT	3	ST
MORGIDOX 1X100 KIT	3	ST
NUZYRA ORAL TABLET	3	QL (30 per fill)
SEYSARA ORAL TABLET	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
TARGADOX ORAL TABLET	3	ST
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
URINARY TRACT AGENTS		
FURADANTIN ORAL SUSPENSION	3	
MACROBID ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG	3	QL (40 per fill)
VANCOCIN ORAL CAPSULE 250 MG	3	QL (80 per fill)
<i>vancomycin oral capsule 125 mg</i>	1	QL (40 per fill)
<i>vancomycin oral capsule 250 mg</i>	1	QL (80 per fill)
<i>vancomycin oral recon soln 25 mg/ml</i>	1	QL (300 mL per fill)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450 mL per fill)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BILPREVDA SUBCUTANEOUS SOLUTION	2	PA; SP
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	2	SP
<i>leucovorin calcium oral tablet</i>	1	
MESNEX ORAL TABLET	3	
OSENVELT SUBCUTANEOUS SOLUTION	2	PA; QL (1 vial per fill); SP
VISTOGARD ORAL GRANULES IN PACKET	2	PA; QL (20 per fill); SP
XGEVA SUBCUTANEOUS SOLUTION	2	PA; QL (1.7 mL (1 vial) per fill); SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; QL (120 per fill); SP
<i>abiraterone oral tablet 500 mg</i>	1	PA; QL (60 per fill); SP
<i>abirtega oral tablet</i>	1	PA; QL (120 per fill)

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

Drug Name	Drug Tier	Requirements / Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	SP
ADAKVEO INTRAVENOUS SOLUTION	2	PA; SP
ADCETRIS INTRAVENOUS RECON SOLN	2	PA; SP
ALECENSA ORAL CAPSULE	2	PA; QL (240 per fill); SP
ALIQOPA INTRAVENOUS RECON SOLN	2	SP
ALKERAN ORAL TABLET	3	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; QL (30 per fill); SP
ALUNBRIG ORAL TABLET 30 MG	2	PA; QL (60 per fill); SP
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; QL (30 tablets per fill); SP
<i>anastrozole oral tablet</i>	1	ACA
AROMASIN ORAL TABLET	3	
ARRANON INTRAVENOUS SOLUTION	3	SP
ASPARLAS INTRAVENOUS SOLUTION	3	PA; SP
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; SP
AUGTYRO ORAL CAPSULE	2	PA; SP
AVMAPKI-FAKZYNJA ORAL COMBO PACK	2	PA; SP
AYVAKIT ORAL TABLET	3	PA; QL (30 per fill); SP
<i>azacitidine injection recon soln</i>	1	SP
AZASAN ORAL TABLET	3	SP
<i>azathioprine oral tablet</i>	1	SP
<i>azathioprine sodium injection recon soln</i>	1	SP
BALVERSA ORAL TABLET	2	PA; SP
BAVENCIO INTRAVENOUS SOLUTION	2	PA; SP
BELEODAQ INTRAVENOUS RECON SOLN	3	PA; SP
BELRAPZO INTRAVENOUS SOLUTION	3	PA; SP
<i>bendamustine intravenous recon soln</i>	1	PA; SP
BENDAMUSTINE INTRAVENOUS SOLUTION	3	PA; SP
BENDEKA INTRAVENOUS SOLUTION	2	PA; SP
BESPONSA INTRAVENOUS RECON SOLN	2	PA; SP
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>	1	
<i>bexarotene oral capsule</i>	1	PA; SP
<i>bexarotene topical gel</i>	1	PA; SP
<i>bicalutamide oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
BIZENGRI INTRAVENOUS SOLUTION	2	PA; SP
BLINCYTO INTRAVENOUS KIT	2	PA; SP
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	PA; SP
<i>bortezomib injection recon soln 3.5 mg</i>	1	PA; SP
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	2	PA; SP
BOSULIF ORAL CAPSULE 100 MG	2	PA; QL (90 per fill); SP
BOSULIF ORAL CAPSULE 50 MG	2	PA; QL (30 per fill); SP
BOSULIF ORAL TABLET 100 MG	2	PA; QL (90 per fill); SP
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; QL (30 per fill); SP
BRAFTOVI ORAL CAPSULE	2	PA; QL (180 per fill); SP
BRUKINSA ORAL CAPSULE	2	PA; SP
BRUKINSA ORAL TABLET	2	PA; SP
CABOMETYX ORAL TABLET	2	PA; QL (30 per fill); SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	2	PA; QL (60 per fill); SP
<i>capecitabine oral tablet 150 mg</i>	1	PA; QL (56 per fill); SP
<i>capecitabine oral tablet 500 mg</i>	1	PA; QL (140 per fill); SP
CAPRELSA ORAL TABLET 100 MG	2	PA; QL (60 per fill); SP
CAPRELSA ORAL TABLET 300 MG	2	PA; QL (30 per fill); SP
CASODEX ORAL TABLET	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	SP
CELLCEPT ORAL CAPSULE	3	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	SP
CELLCEPT ORAL TABLET	3	SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; QL (56 capsules per fill); SP
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; QL (112 capsules per fill); SP
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; QL (84 capsules per fill); SP
COPIKTRA ORAL CAPSULE	3	PA; QL (56 per fill); SP
COSELA INTRAVENOUS RECON SOLN	3	PA; SP
COTELLIC ORAL TABLET	2	PA; QL (63 per fill); SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	
<i>cyclosporine intravenous solution</i>	1	SP
<i>cyclosporine modified oral capsule</i>	1	SP
<i>cyclosporine modified oral solution</i>	1	SP
<i>cyclosporine oral capsule</i>	1	SP
CYRAMZA INTRAVENOUS SOLUTION	2	PA; SP
DANYELZA INTRAVENOUS SOLUTION	3	PA; SP
DANZITEN ORAL TABLET	2	PA; SP
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA; SP
DARZALEX INTRAVENOUS SOLUTION	2	PA; SP
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; QL (30 per fill); SP
<i>dasatinib oral tablet 20 mg</i>	1	PA; QL (90 per fill); SP
<i>dasatinib oral tablet 70 mg</i>	1	PA; QL (60 per fill); SP
DATROWAY INTRAVENOUS RECON SOLN	3	PA; SP
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per fill); SP
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per fill); SP
<i>decitabine intravenous recon soln</i>	1	PA; SP
DROXIA ORAL CAPSULE	2	
ELAHERE INTRAVENOUS SOLUTION	3	PA; SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE	2	PA; SP
ELREXFIO SUBCUTANEOUS SOLUTION	3	PA; SP
ELZONRIS INTRAVENOUS SOLUTION	2	PA; SP
EMPLICITI INTRAVENOUS RECON SOLN	3	PA; SP
EMRELIS INTRAVENOUS RECON SOLN	3	PA; SP
ENHERTU INTRAVENOUS RECON SOLN	3	PA; SP
ENSACOVE ORAL CAPSULE	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
ENSPRYNG SUBCUTANEOUS SYRINGE	2	PA; SP
ERBITUX INTRAVENOUS SOLUTION	2	PA; SP
<i>eribulin intravenous solution</i>	1	PA; SP
ERIVEDGE ORAL CAPSULE	2	PA; QL (30 per fill); SP
ERLEADA ORAL TABLET 240 MG	2	PA; QL (30 per fill); SP
ERLEADA ORAL TABLET 60 MG	2	PA; QL (120 per fill); SP
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; QL (30 per fill); SP
<i>erlotinib oral tablet 25 mg</i>	1	PA; QL (60 per fill); SP
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; QL (30 per fill); SP
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA; QL (30 per fill); SP
<i>everolimus (immunosuppressive) oral tablet</i>	1	SP
EVOMELA INTRAVENOUS RECON SOLN	3	SP
<i>exemestane oral tablet</i>	1	ACA
FARESTON ORAL TABLET	3	
FEMARA ORAL TABLET	3	
FENSOLVI SUBCUTANEOUS SYRINGE	2	SP
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	2	PA; SP
FOLOTYN INTRAVENOUS SOLUTION	2	PA; SP
FRUZAQLA ORAL CAPSULE	2	PA; SP
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA; SP
GAMIFANT INTRAVENOUS SOLUTION	2	PA; SP
GAVRETO ORAL CAPSULE	2	PA; QL (120 per fill); SP
GAZYVA INTRAVENOUS SOLUTION	2	PA; SP
<i>gefitinib oral tablet</i>	1	PA; QL (30 per fill); SP
<i>gengraf oral capsule</i>	1	SP
<i>gengraf oral solution</i>	1	SP
GILOTRIF ORAL TABLET	2	PA; QL (30 per fill); SP
GLEOSTINE ORAL CAPSULE	2	
GOMEKLI ORAL CAPSULE	2	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
HALAVEN INTRAVENOUS SOLUTION	3	PA; SP
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN	3	SP
HERCESSI INTRAVENOUS RECON SOLN	2	PA; SP
HYCAMTIN ORAL CAPSULE	2	PA; SP
HYDREA ORAL CAPSULE	3	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	2	PA; QL (21 per fill); SP
IBRANCE ORAL TABLET	2	PA; QL (21 per fill); SP
IBTROZI ORAL CAPSULE	2	PA; SP
ICLUSIG ORAL TABLET	2	PA; QL (30 per fill); SP
IDHIFA ORAL TABLET	2	PA; QL (30 per fill); SP
<i>imatinib oral tablet 100 mg</i>	1	PA; QL (180 per fill); SP
<i>imatinib oral tablet 400 mg</i>	1	PA; QL (60 per fill); SP
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (120 per fill); SP
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per fill); SP
IMBRUVICA ORAL SUSPENSION	2	PA; QL (324 mL (3 bottles) per fill); SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; QL (30 per fill); SP
IMDELLTRA INTRAVENOUS RECON SOLN	3	PA; SP
IMFINZI INTRAVENOUS SOLUTION	2	PA; SP
IMJUDO INTRAVENOUS SOLUTION	3	PA; SP
IMKELDI ORAL SOLUTION	2	PA; SP
IMURAN ORAL TABLET	3	SP
INLYTA ORAL TABLET 1 MG	2	PA; QL (180 per fill); SP
INLYTA ORAL TABLET 5 MG	2	PA; QL (120 per fill); SP
IRESSA ORAL TABLET	3	PA; QL (30 per fill); SP
ISTODAX INTRAVENOUS RECON SOLN	2	PA; SP
IWILFIN ORAL TABLET	2	PA; SP
IXEMPRA INTRAVENOUS RECON SOLN	2	PA; SP
JAKAFI ORAL TABLET	2	PA; QL (60 per fill); SP
JELMYTO INTRA-PYELOCALYCEAL KIT	3	PA; SP
JEMPERLI INTRAVENOUS SOLUTION	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
KADCYLA INTRAVENOUS RECON SOLN	2	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION	2	PA; SP
KIMMTRAK INTRAVENOUS SOLUTION	2	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; QL (21 tablets per fill); SP
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; QL (42 tablets per fill); SP
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; QL (63 tablets per fill); SP
KOSELUGO ORAL CAPSULE	3	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN	2	PA; SP
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; SP; QL (1 per 28 days)
<i>lapatinib oral tablet</i>	1	PA; QL (180 per fill); SP
LAZCLUZE ORAL TABLET	3	PA; SP
<i>lenalidomide oral capsule</i>	1	PA; QL (30 per fill); SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; QL (30 capsules per fill); SP
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	2	PA; QL (90 capsules per fill); SP
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)	2	PA; QL (60 capsules per fill); SP
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
<i>leuprolide subcutaneous kit</i>	1	PA; SP
LIBTAYO INTRAVENOUS SOLUTION	2	PA; SP
LONSURF ORAL TABLET	2	PA; SP
LOQTORZI INTRAVENOUS SOLUTION	2	PA; SP
LORBRENA ORAL TABLET 100 MG	2	PA; QL (30 per fill); SP
LORBRENA ORAL TABLET 25 MG	2	PA; QL (90 per fill); SP
LUMAKRAS ORAL TABLET	3	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION	2	PA; SP
LUPKYNIS ORAL CAPSULE	2	PA; QL (180 per fill); SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	2	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	PA; SP
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; SP
LYNOZYFIC INTRAVENOUS SOLUTION	3	PA; SP
LYNPARZA ORAL TABLET	2	PA; QL (120 per fill); SP
LYSODREN ORAL TABLET	2	SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	2	PA; SP
MATULANE ORAL CAPSULE	2	SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	2	PA; QL (1260 mL per fill); SP
MEKINIST ORAL TABLET 0.5 MG	2	PA; QL (90 per fill); SP
MEKINIST ORAL TABLET 2 MG	2	PA; QL (30 per fill); SP
MEKTOVI ORAL TABLET	2	PA; QL (180 per fill); SP
<i>mercaptopurine oral suspension</i>	1	SP
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitoxantrone intravenous concentrate</i>	1	SP
MODEYSO ORAL CAPSULE	2	SP
MONJUVI INTRAVENOUS RECON SOLN	3	PA; SP
MVASI INTRAVENOUS SOLUTION	3	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; SP; QL (56 per 28 days)
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	SP
<i>mycophenolate mofetil oral capsule</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	SP
<i>mycophenolate mofetil oral tablet</i>	1	SP
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	SP
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	SP
MYHIBBIN ORAL SUSPENSION	2	SP
MYLERAN ORAL TABLET	2	
MYLOTARG INTRAVENOUS RECON SOLN	2	PA; SP
<i>nelarabine intravenous solution</i>	1	SP
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	2	PA; QL (2 pens per 28 days); SP
NEORAL ORAL CAPSULE	3	SP
NEORAL ORAL SOLUTION	3	SP
NERLYNX ORAL TABLET	2	PA; SP
NEXAVAR ORAL TABLET	3	PA; QL (120 per fill); SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	SP
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; QL (120 per fill); SP
<i>nilutamide oral tablet</i>	1	PA
NINLARO ORAL CAPSULE	2	PA; QL (3 per fill); SP
NUBEQA ORAL TABLET	2	PA; QL (120 per fill); SP
NULOJIX INTRAVENOUS RECON SOLN	2	SP
<i>octreotide acetate injection solution</i>	1	PA; SP
<i>octreotide acetate injection syringe</i>	1	PA; SP
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg</i>	1	PA; QL (1 vial per 28 days); SP
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg</i>	1	PA; QL (2 kits per 28 days); SP
<i>octreotide,microspheres intramuscular suspension,extended rel recon 30 mg</i>	1	PA; QL (1 kit per 28 days); SP
ODOMZO ORAL CAPSULE	2	PA; QL (30 per fill); SP

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

Drug Name	Drug Tier	Requirements / Limits
OGIVRI INTRAVENOUS RECON SOLN	2	PA; SP
OGSIVEO ORAL TABLET	3	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; SP
OJEMDA ORAL TABLET	2	PA; SP
ONIVYDE INTRAVENOUS DISPERSION	2	PA; SP
OPDIVO INTRAVENOUS SOLUTION	2	PA; SP
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	2	PA; SP
OPDUALAG INTRAVENOUS SOLUTION	2	PA; SP
ORGOVYX ORAL TABLET	3	PA; QL (30 per fill); SP
ORSERDU ORAL TABLET 345 MG	2	PA; QL (30 per fill); SP
ORSERDU ORAL TABLET 86 MG	2	PA; QL (90 per fill); SP
<i>paclitaxel protein-bound intravenous suspension for reconstitution</i>	1	SP
PADCEV INTRAVENOUS RECON SOLN	3	PA; SP
<i>pazopanib oral tablet 200 mg</i>	1	PA; QL (120 per fill); SP
PEMAZYRE ORAL TABLET	2	PA; QL (28 per fill); SP
PERJETA INTRAVENOUS SOLUTION	2	PA; SP
PHESGO SUBCUTANEOUS SOLUTION	2	PA; SP
PIQRAY ORAL TABLET	2	PA; SP
POLIVY INTRAVENOUS RECON SOLN	3	PA; SP
POMALYST ORAL CAPSULE	2	PA; SP
POTELIGEO INTRAVENOUS SOLUTION	2	PA; SP
PRALATREXATE INTRAVENOUS SOLUTION	2	PA; SP
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	3	SP
PROGRAF ORAL GRANULES IN PACKET	2	SP
PURIXAN ORAL SUSPENSION	2	SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA; QL (60 per fill); SP
RETEVMO ORAL TABLET 40 MG	3	PA; QL (90 per fill); SP
REVUFORJ ORAL TABLET	2	PA; SP
REZUROCK ORAL TABLET	3	PA; QL (30 per fill); SP
<i>romidepsin intravenous recon soln</i>	1	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; SP
ROMVIMZA ORAL CAPSULE	3	PA; QL (8 per fill); SP
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; QL (30 per fill); SP
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; QL (90 per fill); SP
ROZLYTREK ORAL PELLETS IN PACKET	2	PA; QL (42 per fill); SP
RUXIENCE INTRAVENOUS SOLUTION	2	PA; SP
RYBREVANT INTRAVENOUS SOLUTION	3	PA; SP
RYDAPT ORAL CAPSULE	2	PA; QL (224 per fill); SP
RYLAZE INTRAMUSCULAR SOLUTION	3	PA; SP
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	3	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP
SAPHNELO INTRAVENOUS SOLUTION	3	PA; SP
SARCLISA INTRAVENOUS SOLUTION	3	PA; SP
SCEMBLIX ORAL TABLET 100 MG	2	PA; QL (120 per fill); SP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	2	PA; QL (60 per fill); SP
SIGNIFOR SUBCUTANEOUS SOLUTION	2	PA; SP
SIMULECT INTRAVENOUS RECON SOLN	2	SP
<i>sirolimus oral solution</i>	1	SP
<i>sirolimus oral tablet</i>	1	SP
SOLTAMOX ORAL SOLUTION	3	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	2	PA; SP; QL (1 per 28 days)
<i>sorafenib oral tablet</i>	1	PA; QL (120 per fill); SP
STIVARGA ORAL TABLET	2	PA; QL (84 per fill); SP
<i>sunitinib malate oral capsule 12.5 mg</i>	1	PA; QL (90 per fill); SP
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	1	PA; QL (30 per fill); SP
SUPPRELIN LA IMPLANT KIT	2	SP
SUTENT ORAL CAPSULE 12.5 MG	3	PA; QL (90 per fill); SP
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	3	PA; QL (30 per fill); SP
SYLVANT INTRAVENOUS RECON SOLN	2	PA; SP
TABLOID ORAL TABLET	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
TABRECTA ORAL TABLET	2	PA; SP
TACROLIMUS INTRAVENOUS SOLUTION	3	SP
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	2	PA; QL (120 per fill); SP
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; QL (840 tablets per fill); SP
TAGRISSE ORAL TABLET	2	PA; QL (30 per fill); SP
TALVEY SUBCUTANEOUS SOLUTION	3	PA; SP
TALZENNA ORAL CAPSULE	2	PA; QL (30 per fill); SP
<i>tamoxifen oral tablet</i>	1	ACA
TARGRETIN TOPICAL GEL	3	PA; SP
TAZVERIK ORAL TABLET	3	PA; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	2	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION	2	PA; SP
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA; SP
TEMODAR INTRAVENOUS RECON SOLN	2	SP
<i>temozolomide oral capsule</i>	1	PA; SP
<i>temsirolimus intravenous recon soln</i>	1	PA; SP
TEVIMBRA INTRAVENOUS SOLUTION	2	PA; SP
THALOMID ORAL CAPSULE 100 MG	2	PA; QL (112 per fill); SP
THALOMID ORAL CAPSULE 50 MG	2	PA; QL (28 per fill); SP
TIBSOVO ORAL TABLET	2	PA; SP
TIVDAK INTRAVENOUS RECON SOLN	3	PA; SP
<i>topotecan intravenous recon soln</i>	1	PA; SP
<i>topotecan intravenous solution</i>	1	PA; SP
<i>toremifene oral tablet</i>	1	
TORISEL INTRAVENOUS RECON SOLN	3	PA; SP
<i>torpenz oral tablet</i>	1	PA; QL (30 per fill); SP
TREANDA INTRAVENOUS RECON SOLN	3	PA; SP
<i>tretinoin (antineoplastic) oral capsule</i>	1	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	SP
TRODELVY INTRAVENOUS RECON SOLN	3	PA; SP
TRUQAP ORAL TABLET	2	PA; SP
TUKYSA ORAL TABLET 150 MG	3	PA; QL (120 per fill); SP

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

Drug Name	Drug Tier	Requirements / Limits
TUKYSA ORAL TABLET 50 MG	3	PA; QL (300 per fill); SP
TURALIO ORAL CAPSULE 125 MG	3	PA; QL (120 per fill); SP
UNITUXIN INTRAVENOUS SOLUTION	2	PA; SP
<i>valrubicin intravesical solution</i>	1	PA; SP
VECTIBIX INTRAVENOUS SOLUTION	2	PA; SP
VELCADE INJECTION RECON SOLN	3	PA; SP
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (56 per fill); SP
VENCLEXTA ORAL TABLET 100 MG	2	PA; QL (180 per fill); SP
VENCLEXTA ORAL TABLET 50 MG	2	PA; QL (28 per fill); SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	2	PA; QL (1 pack per fill); SP
VERZENIO ORAL TABLET	2	PA; QL (60 per fill); SP
VIDAZA INJECTION RECON SOLN	3	SP
VIJOICE ORAL GRANULES IN PACKET	2	PA; SP; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	2	PA; SP; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	2	PA; SP; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	2	PA; QL (60 per fill); SP
VITRAKVI ORAL CAPSULE 25 MG	2	PA; QL (180 per fill); SP
VITRAKVI ORAL SOLUTION	2	PA; QL (300 mL (3 bottles) per fill); SP
VIZIMPRO ORAL TABLET	2	PA; QL (30 per fill); SP
VONJO ORAL CAPSULE	2	PA; QL (120 per fill); SP
VORANIGO ORAL TABLET	3	PA; SP
VOTRIENT ORAL TABLET	3	PA; QL (120 per fill); SP
VYLOY INTRAVENOUS RECON SOLN	2	PA; SP
VYXEOS INTRAVENOUS RECON SOLN	2	PA; SP
WELIREG ORAL TABLET	3	PA; SP
XALKORI ORAL CAPSULE	2	PA; QL (60 per fill); SP
XALKORI ORAL PELLET	2	PA; QL (120 per fill); SP
XELODA ORAL TABLET 150 MG	3	PA; QL (56 per fill); SP
XELODA ORAL TABLET 500 MG	3	PA; QL (140 per fill); SP
XERMELO ORAL TABLET	2	PA; QL (84 per fill); SP
XOSPATA ORAL TABLET	2	PA; QL (90 per fill); SP
XTANDI ORAL CAPSULE	2	PA; QL (120 per fill); SP

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

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL TABLET 40 MG	2	PA; QL (120 per fill); SP
XTANDI ORAL TABLET 80 MG	2	PA; QL (60 per fill); SP
YERVOY INTRAVENOUS SOLUTION	2	PA; SP
YONDELIS INTRAVENOUS RECON SOLN	2	SP
YONSA ORAL TABLET	2	PA; QL (120 per fill); SP
ZALTRAP INTRAVENOUS SOLUTION	2	PA; SP
ZELBORAF ORAL TABLET	2	PA; QL (224 per fill); SP
ZEPZELCA INTRAVENOUS RECON SOLN	3	PA; SP
ZIRABEV INTRAVENOUS SOLUTION	2	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT	2	SP
ZOLINZA ORAL CAPSULE	2	PA; QL (120 per fill); SP
ZORTRESS ORAL TABLET	3	SP
ZYDELIG ORAL TABLET	2	PA; QL (60 per fill); SP
ZYKADIA ORAL TABLET	2	PA; QL (90 per fill); SP
ZYNLONTA INTRAVENOUS RECON SOLN	3	PA; SP
ZYNYZ INTRAVENOUS SOLUTION	2	PA; SP

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APTOM ORAL TABLET	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	1	
<i>clobazam oral tablet</i>	1	
<i>clonazepam oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clonazepam oral tablet,disintegrating</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	
DIACOMIT ORAL CAPSULE	2	SP
DIACOMIT ORAL POWDER IN PACKET	2	SP
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
EPIDIOLEX ORAL SOLUTION	2	SP
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>eslicarbazepine oral tablet</i>	1	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL TABLET	3	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>lacosamide oral solution</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet,disintegrating</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	
<i>methsuximide oral capsule</i>	1	
MYSOLINE ORAL TABLET	3	
NAYZILAM NASAL SPRAY,NON-AEROSOL	2	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1	
<i>perampanel oral tablet</i>	1	
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
PHENYTEK ORAL CAPSULE	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet,chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral tablet extended release 24 hr</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	
<i>rufinamide oral tablet</i>	1	
SPRITAM ORAL TABLET FOR SUSPENSION	3	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	1	
SYMPAZAN ORAL FILM	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>tiagabine oral tablet</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule,extended release 24hr</i>	1	
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	
<i>topiramate oral solution</i>	1	
<i>topiramate oral tablet</i>	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL	2	
<i>vigabatrin oral powder in packet</i>	1	SP
<i>vigabatrin oral tablet</i>	1	SP
<i>vigadrone oral powder in packet</i>	1	SP
<i>vigadrone oral tablet</i>	1	SP
XCOPRI MAINTENANCE PACK ORAL TABLET	3	
XCOPRI ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	2	SP
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	1	SP
AZILECT ORAL TABLET	3	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	3	SP
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	SP
LODOSYN ORAL TABLET	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
ONGENTYS ORAL CAPSULE	3	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; PV; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; PV; QL (1 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; PV; QL (1 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	QL (12 per fill)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	QL (6 per fill)
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	QL (8 mL (8 vials) per fill)
<i>eletriptan oral tablet</i>	1	QL (6 per fill)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; PV; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; PV; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	QL (9 per fill)
<i>frovatriptan oral tablet</i>	1	QL (9 per fill)
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	QL (8 vials per fill)
<i>naratriptan oral tablet</i>	1	QL (9 per fill)
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL (16 per fill)
QULIPTA ORAL TABLET	2	PA; PV; QL (30 per 30 days)
REYVOW ORAL TABLET	3	PA; QL (8 per fill)
<i>rizatriptan oral tablet</i>	1	QL (18 per fill)

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Drug Name	Drug Tier	Requirements / Limits
<i>rizatriptan oral tablet,disintegrating</i>	1	QL (18 per fill)
<i>sumatriptan nasal spray,non-aerosol</i>	1	QL (6 nasal spray units per fill)
<i>sumatriptan succinate oral tablet</i>	1	QL (9 per fill)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (2 cartridges per fill)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (2 syringes per fill)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (2 vials per fill)
TOSYMRA NASAL SPRAY,NON-AEROSOL	3	QL (6 units (1 carton) per fill)
UBRELVY ORAL TABLET	2	PA; QL (10 per fill)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	QL (2 mL (4 syringes) per fill)
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	QL (6 nasal spray units per fill)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	QL (6 nasal spray units (1 package) per fill)
<i>zolmitriptan oral tablet</i>	1	QL (6 per fill)
<i>zolmitriptan oral tablet,disintegrating</i>	1	QL (6 per fill)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	QL (6 nasal spray units per fill)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	QL (6 nasal spray units (1 package) per fill)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	
AMVUTTRA SUBCUTANEOUS SYRINGE	2	PA; SP
ARICEPT ORAL TABLET	3	
<i>dalfampridine oral tablet extended release 12 hr</i>	1	PA; QL (60 per fill); SP
<i>dichlorphenamide oral tablet</i>	1	PA; SP
<i>donepezil oral tablet</i>	1	
<i>donepezil oral tablet,disintegrating</i>	1	
<i>edaravone intravenous solution 30 mg/100 ml</i>	1	SP
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML	2	SP
EVRYSDI ORAL RECON SOLN	3	PA; QL (240 mL per fill); SP
EVRYSDI ORAL TABLET	3	PA; QL (30 tablets per fill); SP

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

Drug Name	Drug Tier	Requirements / Limits
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 4.6 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET	2	PA; SP
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	2	PA; SP
INGREZZA ORAL CAPSULE	2	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	2	PA; SP
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
<i>memantine-donepezil oral capsule,sprinkle,er 24hr</i>	1	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	
NUEDEXTA ORAL CAPSULE	2	
NULIBRY INTRAVENOUS RECON SOLN	3	PA; SP
<i>ormalvi oral tablet</i>	1	PA; SP
RADICAVA INTRAVENOUS SOLUTION	2	SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	2	SP
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
SKYCLARYS ORAL CAPSULE	3	PA; SP
SPINRAZA (PF) INTRATHECAL SOLUTION	2	PA; QL (1 vial per 120 days); SP
<i>tetrabenazine oral tablet</i>	1	PA; SP
TYRUKO INTRAVENOUS SOLUTION	2	PA; SP
TYSABRI INTRAVENOUS SOLUTION	2	PA; QL (15 mL (1 vial) per fill); SP
ZEPOSIA ORAL CAPSULE	2	PA; QL (30 per fill); SP

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

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	2	PA; QL (1 starter kit per fill); SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	2	PA; QL (1 starter pack per fill); SP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral solution</i>	1	PA
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet</i>	1	
<i>carisoprodol-aspirin oral tablet</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	
<i>chlorzoxazone oral tablet</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral capsule</i>	1	
FEXMID ORAL TABLET	3	PA
LORZONE ORAL TABLET	3	PA
<i>meprobamate oral tablet</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet</i>	1	
NORGESIC FORTE ORAL TABLET	3	
NORGESIC ORAL TABLET	3	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>orphengesic forte oral tablet</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
SOMA ORAL TABLET	3	
<i>tanlor oral tablet</i>	1	
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	3	PA; SP
VYVGART INTRAVENOUS SOLUTION	3	PA; SP
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
<i>ascomp with codeine oral capsule</i>	1	
BELBUCA BUCCAL FILM	2	QL (60 per fill)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	2	SP
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	
<i>butalbital-acetaminophen oral capsule</i>	1	
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral solution</i>	1	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
<i>codeine sulfate oral tablet</i>	1	
<i>codeine-bitalbital-asa-caff oral capsule</i>	1	
DILAUDID ORAL LIQUID	3	
DILAUDID ORAL TABLET	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>diskets oral tablet,soluble</i>	1	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	3	
<i>endocet oral tablet</i>	1	
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 600 MCG, 800 MCG	3	QL (90 per 30 days)
<i>fentanyl transdermal patch 72 hour</i>	1	QL (15 per 30 days)
FIORICET ORAL CAPSULE	3	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	QL (90 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	1	
<i>hydrocodone-acetaminophen oral tablet</i>	1	
<i>hydrocodone-ibuprofen oral tablet</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	QL (60 per 30 days)
<i>hydromorphone rectal suppository</i>	1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>meperidine oral solution</i>	1	
<i>meperidine oral tablet 50 mg</i>	1	
<i>methadone oral concentrate</i>	1	
<i>methadone oral solution</i>	1	
<i>methadone oral tablet</i>	1	
<i>methadone oral tablet,soluble</i>	1	
<i>methadose oral concentrate</i>	1	
<i>methadose oral tablet,soluble</i>	1	
<i>morphine concentrate oral solution</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets</i>	1	QL (90 per 30 days)
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release</i>	1	QL (120 per 30 days)
<i>morphine rectal suppository</i>	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	QL (120 per 30 days)
NALOCET ORAL TABLET	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral tablet</i>	1	
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	QL (90 per 30 days)
<i>prolactin oral tablet</i>	1	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	2	SP
<i>tenoxicam oral tablet</i>	1	
TREZIX ORAL CAPSULE	3	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	1	PV; ACA
ANAPROX DS ORAL TABLET	3	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST
<i>aspirin childrens oral tablet, chewable</i>	1	PV; ACA
<i>aspirin oral tablet 81 mg</i>	1	PV; ACA
<i>aspirin oral tablet, chewable</i>	1	PV; ACA
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	PV; ACA
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	1	PV; ACA
<i>buprenorphine-naloxone sublingual film</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>butorphanol injection solution</i>	1	
<i>butorphanol nasal spray,non-aerosol</i>	1	QL (2 bottles per fill)
CAMBIA ORAL POWDER IN PACKET	3	ST; QL (9 packets per fill)
<i>celecoxib oral capsule</i>	1	
<i>diclofenac potassium oral capsule</i>	1	ST
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL (9 packets per fill)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL (150 mL per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (500 grams per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL (112 grams per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	1	PV; ACA
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL (60 per fill)
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
<i>indomethacin rectal suppository 50 mg</i>	1	
JOURNAVX ORAL TABLET	3	QL (30 per 90 days)
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	1	QL (20 per fill)
KLOXXADO NASAL SPRAY, NON-AEROSOL	2	QL (1 package (2 units) per fill)
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL (30 patches per fill)
LODINE ORAL TABLET	3	ST
<i>lofena oral tablet</i>	1	ST
<i>lofexidine oral tablet</i>	1	QL (224 per fill)
LOTREXONE ORAL CAPSULE	3	
<i>lurbiro oral tablet</i>	1	
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
<i>meloxicam oral tablet</i>	1	QL (30 per fill)
<i>meloxicam submicronized oral capsule</i>	1	ST; QL (30 per fill)
MONOVISC INTRA-ARTICULAR SYRINGE	2	PA; SP
<i>nabumetone oral tablet</i>	1	
NALFON ORAL TABLET	3	ST
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
NALTREX ORAL CAPSULE	3	
<i>naltrexone oral tablet</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	ST
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL	3	QL (1 package (2 units) per fill)
OPVEE NASAL SPRAY, NON-AEROSOL	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE	2	PA; SP
<i>oxaprozin oral tablet</i>	1	
<i>pentazocine-naloxone oral tablet</i>	1	
<i>piroxicam oral capsule</i>	1	
REXTOVY NASAL SPRAY, NON-AEROSOL	2	QL (1 package (2 units) per fill)
<i>salsalate oral tablet</i>	1	
<i>st joseph aspirin oral tablet, chewable</i>	1	PV; ACA
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	1	PV; ACA
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	3	ST
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 600 mg</i>	1	ST
<i>tramadol oral tablet 100 mg</i>	1	QL (120 per fill)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per fill)
<i>tramadol oral tablet extended release 24 hr</i>	1	QL (30 per fill)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	QL (30 per fill)
<i>tramadol-acetaminophen oral tablet</i>	1	QL (240 per fill)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	SP
ZUBSOLV SUBLINGUAL TABLET	2	
PSYCHOTHERAPEUTIC DRUGS		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H	3	
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet, disintegrating</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	
<i>aripiprazole oral tablet,disintegrating</i>	1	
<i>armodafinil oral tablet</i>	1	PA; QL (30 per fill)
<i>asenapine maleate sublingual tablet</i>	1	
ATIVAN ORAL TABLET	3	
<i>atomoxetine oral capsule</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	
AZSTARYS ORAL CAPSULE	2	
BELSOMRA ORAL TABLET	3	ST; QL (30 per fill)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	PV
<i>citalopram oral tablet</i>	1	PV
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	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
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	
DAYVIGO ORAL TABLET	3	ST; QL (30 per fill)
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>dextroamphetamine sulfate oral tablet</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL (30 per fill)
<i>duloxetine oral capsule,delayed release(dr/ec)</i>	1	
EDLUAR SUBLINGUAL TABLET	3	ST; QL (30 per fill)
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	PV
<i>escitalopram oxalate oral tablet</i>	1	PV
<i>estazolam oral tablet</i>	1	QL (15 per fill)
<i>eszopiclone oral tablet</i>	1	QL (30 per fill)

You can find information 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)	2	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	
<i>fluoxetine oral capsule</i>	1	PV
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	PV
<i>fluoxetine oral solution</i>	1	PV
<i>fluoxetine oral tablet</i>	1	PV
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>flurazepam oral capsule</i>	1	QL (15 per fill)
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	PV
<i>fluvoxamine oral tablet</i>	1	PV
GEODON ORAL CAPSULE	3	
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	QL (15 per fill)
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	3	PA; QL (158 mL per fill); SP
HETLIOZ ORAL CAPSULE	3	PA; QL (30 per fill); SP
IGALMI SUBLINGUAL FILM	3	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	
<i>lisdexamfetamine oral capsule</i>	1	
<i>lisdexamfetamine oral tablet,chewable</i>	1	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	2	SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	2	SP
<i>lurasidone oral tablet</i>	1	
LYBALVI ORAL TABLET	3	
MARPLAN ORAL TABLET	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>methylphenidate transdermal patch 24 hour</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet,disintegrating</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	3	
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per fill)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per fill)
<i>molindone oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	
NARDIL ORAL TABLET	3	
<i>nefazodone oral tablet</i>	1	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	3	SP
NUPLAZID ORAL TABLET	3	SP
<i>olanzapine oral tablet</i>	1	
<i>olanzapine oral tablet,disintegrating</i>	1	
<i>olanzapine-fluoxetine oral capsule</i>	1	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
<i>paroxetine hcl oral suspension</i>	1	PV
<i>paroxetine hcl oral tablet</i>	1	PV
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PV
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	PV
PAXIL ORAL SUSPENSION	3	PV
PAXIL ORAL TABLET	3	PV
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr</i>	1	
QUVIVIQ ORAL TABLET	3	ST; QL (30 per fill)
<i>ramelteon oral tablet</i>	1	QL (30 per fill)

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

Drug Name	Drug Tier	Requirements / Limits
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	
RESTORIL ORAL CAPSULE	3	QL (15 per fill)
REXULTI ORAL TABLET	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet,disintegrating</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	
<i>sertraline oral capsule</i>	1	PV
<i>sertraline oral concentrate</i>	1	PV
<i>sertraline oral tablet</i>	1	PV
SILENOR ORAL TABLET	3	ST; QL (30 per fill)
SODIUM OXYBATE ORAL SOLUTION	2	SP
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	SP
SUNOSI ORAL TABLET	2	PA; QL (30 per fill)
<i>tasimelteon oral capsule</i>	1	PA; QL (30 per fill); SP
<i>temazepam oral capsule</i>	1	QL (15 per fill)
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranlycypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	QL (15 per fill)
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	
<i>venlafaxine oral capsule,extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
<i>venlafaxine oral tablet extended release 24hr</i>	1	
VERSACLOZ ORAL SUSPENSION	3	
<i>vilazodone oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE	3	
WAKIX ORAL TABLET 17.8 MG	3	PA; QL (60 per fill); SP
WAKIX ORAL TABLET 4.45 MG	3	PA; QL (30 per fill); SP
XYWAV ORAL SOLUTION	2	SP
<i>zaleplon oral capsule</i>	1	QL (30 per fill)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	
<i>zolpidem oral tablet</i>	1	QL (30 per fill)
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL (30 tablets per fill)
<i>zolpidem sublingual tablet</i>	1	QL (30 per fill)
ZURZUVAE ORAL CAPSULE	2	SP
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	3	

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; SP; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; SP; QL (1 per 28 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	PA; QL (120 per fill); SP
BETASERON SUBCUTANEOUS KIT	2	PA; QL (14 kits per 30 days); SP
<i>dimethyl fumarate oral capsule,delayed release(dr/ec)</i>	1	PA; QL (60 per fill); SP
<i>fingolimod oral capsule</i>	1	PA; QL (30 capsules per fill); SP
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; SP; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; SP; QL (12 per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; SP; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; SP; QL (12 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL (1 pen per 28 days); SP
LEMTRADA INTRAVENOUS SOLUTION	3	PA; QL (3 vials per 365 days); SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET	3	PA; SP; QL (40 per 720 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
MAVENCLAD (4 TABLET PACK) ORAL TABLET	3	PA; SP; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET	3	PA; SP; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET	3	PA; SP; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET	3	PA; SP; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET	3	PA; SP; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET	3	PA; SP; QL (36 per 720 days)
MAYZENT ORAL TABLET	2	PA; QL (30 per fill); SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	2	PA; QL (1 pack per fill); SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	2	PA; QL (1 pack (12 tablets) per fill); SP
OCREVUS INTRAVENOUS SOLUTION	2	PA; QL (2 vials per 180 days); SP
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	2	PA; QL (1 vial per 180 days); SP
PLEGRIDY INTRAMUSCULAR SYRINGE	2	PA; QL (2 syringes per 28 days); SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; QL (2 pens per 28 days); SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; QL (1 starter pack per 365 days); SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; QL (2 syringes per 28 days); SP
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; QL (1 starter pack per 365 days); SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	2	PA; QL (12 syringes per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; QL (12 injectors per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; QL (1 pack per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	2	PA; QL (1 pack per 28 days); SP
<i>teriflunomide oral tablet</i>	1	PA; QL (30 per fill); SP

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

Drug Name	Drug Tier	Requirements / Limits
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	PA; QL (120 per fill); SP

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET	3	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	2	
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule</i>	1	PV
ALDACTONE ORAL TABLET	3	
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	3	PV
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	PV
<i>amlodipine-benazepril oral capsule</i>	1	PV
<i>amlodipine-olmesartan oral tablet</i>	1	PV
<i>amlodipine-valsartan oral tablet</i>	1	PV
<i>amlodipine-valsartan-hcthiiazid oral tablet</i>	1	PV
<i>atenolol oral tablet</i>	1	PV

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

Drug Name	Drug Tier	Requirements / Limits
<i>atenolol-chlorthalidone oral tablet</i>	1	PV
<i>benazepril oral tablet</i>	1	PV
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	PV
<i>betaxolol oral tablet</i>	1	PV
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	PV
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	PV
<i>bumetanide oral tablet</i>	1	
<i>candesartan oral tablet</i>	1	PV
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	PV
<i>captopril oral tablet</i>	1	PV
<i>captopril-hydrochlorothiazide oral tablet</i>	1	PV
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PV
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	PV
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per fill)
CARDURA ORAL TABLET 8 MG	3	QL (60 per fill)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	QL (30 per fill)
<i>cartia xt oral capsule,extended release 24hr</i>	1	PV
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL (4 per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL (4 per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL (4 per 28 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	PV
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	QL (4 per 28 days)
CONSENSI ORAL TABLET	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	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
DEMSER ORAL CAPSULE	3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	PV
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	PV
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	PV
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	PV
<i>diltiazem hcl oral tablet</i>	1	PV
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	PV
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	PV
DIURIL ORAL SUSPENSION	3	PV
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 per fill)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 per fill)
EDECRIN ORAL TABLET	3	ST
<i>enalapril maleate oral solution</i>	1	PV
<i>enalapril maleate oral tablet</i>	1	PV
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	PV
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol intravenous recon soln</i>	1	PA; SP
<i>eprosartan oral tablet</i>	1	PV
<i>ethacrynic acid oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	PV
FLOLAN INTRAVENOUS RECON SOLN	2	PA; SP
<i>fosinopril oral tablet</i>	1	PV
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	PV
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL ORAL SOLUTION	2	PA; SP
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	PV
<i>hydrochlorothiazide oral tablet</i>	1	PV
<i>indapamide oral tablet</i>	1	PV
INSPRA ORAL TABLET	3	
<i>irbesartan oral tablet</i>	1	PV

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Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	PV
<i>isosorbide-hydralazine oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	PV
KERENDIA ORAL TABLET 10 MG, 20 MG	2	QL (30 per fill)
KERENDIA ORAL TABLET 40 MG	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET	3	ST
<i>lisinopril oral tablet</i>	1	PV
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	PV
LOPRESSOR ORAL TABLET	3	PV
<i>losartan oral tablet</i>	1	PV
<i>losartan-hydrochlorothiazide oral tablet</i>	1	PV
LOTENSIN HCT ORAL TABLET	3	PV
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV
<i>matzim la oral tablet extended release 24 hr</i>	1	PV
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>metolazone oral tablet</i>	1	PV
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	PV
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	PV
<i>metoprolol tartrate oral tablet</i>	1	PV
<i>metyrosine oral capsule</i>	1	
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	PV
<i>nadolol oral tablet</i>	1	PV
<i>nebivolol oral tablet</i>	1	PV
<i>nicardipine oral capsule</i>	1	PV
<i>nifedipine oral capsule</i>	1	PV
<i>nifedipine oral tablet extended release</i>	1	PV
<i>nifedipine oral tablet extended release 24hr</i>	1	PV
<i>nimodipine oral capsule</i>	1	
<i>nimodipine oral solution</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	PV

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Drug Name	Drug Tier	Requirements / Limits
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan oral tablet</i>	1	PV
<i>olmesartan-amlodipin-hctiazid oral tablet</i>	1	PV
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	PV
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; QL (1 kit per fill); SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; QL (336 tablets (1 kit) per fill); SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; QL (252 per fill); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; QL (90 per fill); SP
<i>perindopril erbumine oral tablet</i>	1	PV
<i>phenoxybenzamine oral capsule</i>	1	
<i>pindolol oral tablet</i>	1	PV
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	PV
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	PV
<i>propranolol oral capsule,extended release 24 hr</i>	1	PV
<i>propranolol oral solution</i>	1	PV
<i>propranolol oral tablet</i>	1	PV
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	PV
<i>quinapril oral tablet</i>	1	PV
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	PV
<i>ramipril oral capsule</i>	1	PV
REMODULIN INJECTION SOLUTION	3	PA; SP
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	PV
<i>telmisartan oral tablet</i>	1	PV
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	PV
TENORETIC 100 ORAL TABLET	3	PV

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Drug Name	Drug Tier	Requirements / Limits
TENORETIC 50 ORAL TABLET	3	PV
TENORMIN ORAL TABLET	3	PV
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 per fill)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 per fill)
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	PV
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PV
<i>timolol maleate oral tablet</i>	1	PV
<i>torse mide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	PV
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	PV
<i>treprostinil sodium injection solution</i>	1	PA; SP
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN	3	SP
UPTRAVI ORAL TABLET	2	PA; QL (60 per fill); SP
UPTRAVI ORAL TABLETS,DOSE PACK	2	PA; QL (1 titration pack per 365 days); SP
<i>valsartan oral solution</i>	1	PV
<i>valsartan oral tablet</i>	1	PV
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	PV
VASERETIC ORAL TABLET	3	PV
VASOTEC ORAL TABLET	3	PV
<i>veletri intravenous recon soln</i>	1	PA; SP
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	PV
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	PV
<i>verapamil oral tablet</i>	1	PV
<i>verapamil oral tablet extended release</i>	1	PV
ZESTORETIC ORAL TABLET	3	PV
ZESTRIL ORAL TABLET	3	PV
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN	2	PA; SP
ADYNOVATE INTRAVENOUS SOLUTION	2	PA; SP
ADZYNMA INTRAVENOUS KIT	3	PA; SP
AFSTYLA INTRAVENOUS RECON SOLN	2	PA; SP
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR	2	PA; SP
ALPHANATE INTRAVENOUS RECON SOLN	2	PA; SP
ALPHANINE SD INTRAVENOUS RECON SOLN	2	PA; SP
ALPROLIX INTRAVENOUS RECON SOLN	2	PA; SP
ALTUVIIIIO INTRAVENOUS RECON SOLN	2	PA; SP
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE	3	SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	PV
BENEFIX INTRAVENOUS RECON SOLN	2	PA; SP
CABLIVI INJECTION KIT	2	PA; SP
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	2	SP
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	PV
COAGADEX INTRAVENOUS RECON SOLN	2	PA; SP
CORIFACT INTRAVENOUS RECON SOLN	2	PA; SP
<i>dabigatran etexilate oral capsule</i>	1	PV
<i>dipyridamole oral tablet</i>	1	PV
DOPTELET (15 TAB PACK) ORAL TABLET	2	PA; QL (60 per fill); SP
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE	2	PA; QL (60 capsules per fill); SP
EFFIENT ORAL TABLET	3	PV

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Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	PV
ELIQUIS ORAL TABLET	2	PV
ELIQUIS ORAL TABLET FOR SUSPENSION	2	PV
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE	2	PV
ELOCTATE INTRAVENOUS RECON SOLN	2	PA; SP
<i>eltrombopag olamine oral powder in packet</i>	1	PA; SP
<i>eltrombopag olamine oral tablet</i>	1	PA; SP
<i>enoxaparin subcutaneous solution</i>	1	SP
<i>enoxaparin subcutaneous syringe</i>	1	SP
ESPEROCT INTRAVENOUS RECON SOLN	2	PA; SP
FEIBA NF INTRAVENOUS RECON SOLN	2	PA; SP
FIBRYGA INTRAVENOUS RECON SOLN	3	SP
<i>fondaparinux subcutaneous syringe</i>	1	SP
FRAGMIN SUBCUTANEOUS SOLUTION	2	SP
FRAGMIN SUBCUTANEOUS SYRINGE	2	SP
HEMLIBRA SUBCUTANEOUS SOLUTION	2	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	2	PA; SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN	2	PA; SP
HEMOFIL M MID INTRAVENOUS RECON SOLN	2	PA; SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	2	PA; SP
<i>hep flush-10 (pf) intravenous solution</i>	1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	3	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HUMATE-P INTRAVENOUS RECON SOLN	2	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR	2	PA; SP
IDELVION INTRAVENOUS RECON SOLN	2	PA; SP
<i>jantoven oral tablet</i>	1	PV
JIVI INTRAVENOUS RECON SOLN	2	PA; SP
KOATE INTRAVENOUS RECON SOLN	3	PA; SP
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP
KOVALTRY INTRAVENOUS RECON SOLN	2	PA; SP
NOVOEIGHT INTRAVENOUS RECON SOLN	2	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN	2	PA; SP
OBIZUR INTRAVENOUS RECON SOLN	2	SP
<i>pentoxifylline oral tablet extended release</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
<i>phytonadione (vitamin k1) injection syringe</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL (10 per fill)
<i>prasugrel hcl oral tablet</i>	1	PV
PROFILNINE INTRAVENOUS RECON SOLN	2	PA; SP
RIASTAP INTRAVENOUS RECON SOLN	2	SP
<i>rivaroxaban oral suspension for reconstitution</i>	1	PV
<i>rivaroxaban oral tablet</i>	1	PV
SEVENFACT INTRAVENOUS RECON SOLN	2	PA; SP
TAVALLISSE ORAL TABLET	2	PA; QL (60 per fill); SP
<i>ticagrelor oral tablet</i>	1	PV
TRETEN INTRAVENOUS RECON SOLN	2	PA; SP
<i>vitamin k injection solution</i>	1	
<i>vitamin k1 injection solution</i>	1	
VONVENDI INTRAVENOUS RECON SOLN	2	PA; SP
<i>warfarin oral tablet</i>	1	PV
WILATE INTRAVENOUS RECON SOLN	2	PA; SP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	PV
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	PV
XARELTO ORAL TABLET	2	PV
XYNTHA INTRAVENOUS SOLUTION	2	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	2	PA; SP
ZONTIVITY ORAL TABLET	3	PV
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	QL (30 per fill); PV
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	QL (30 per fill); PV; ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 per fill); PV
CADUET ORAL TABLET	3	ST; QL (30 per fill); PV
<i>cholestyramine (with sugar) oral powder</i>	1	PV
<i>cholestyramine (with sugar) oral powder in packet</i>	1	PV
<i>cholestyramine light oral powder</i>	1	PV
<i>cholestyramine light oral powder in packet</i>	1	PV
<i>colesevelam oral powder in packet</i>	1	PV
<i>colesevelam oral tablet</i>	1	PV

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

Drug Name	Drug Tier	Requirements / Limits
COLESTID ORAL GRANULES	3	PV
COLESTID ORAL TABLET	3	PV
<i>colestipol oral granules</i>	1	PV
<i>colestipol oral packet</i>	1	PV
<i>colestipol oral tablet</i>	1	PV
EVKEEZA INTRAVENOUS SOLUTION	3	PA; SP
<i>ezetimibe oral tablet</i>	1	PV
<i>ezetimibe-simvastatin oral tablet</i>	1	QL (30 per fill); PV
<i>fenofibrate micronized oral capsule 130 mg</i>	1	ST; PV
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	PV
<i>fenofibrate nanocrystallized oral tablet</i>	1	PV
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST; PV
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	PV
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	PV
<i>fenofibric acid oral tablet</i>	1	PV
FIBRICOR ORAL TABLET 105 MG	3	ST; PV
FLOLIPID ORAL SUSPENSION	3	ST; QL (150 mL per fill); PV
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 per fill); PV; ACA
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 per fill); PV; ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30 per fill); PV; ACA
<i>gemfibrozil oral tablet</i>	1	PV
<i>icosapent ethyl oral capsule</i>	1	PA; PV
JUXTAPID ORAL CAPSULE	2	SP
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL (30 per fill); PV
LOPID ORAL TABLET	3	PV
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 per fill); PV; ACA
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 per fill); PV; ACA
NEXLETOL ORAL TABLET	2	PA; PV
NEXLIZET ORAL TABLET	2	PA; PV
<i>niacin oral tablet 500 mg</i>	1	PV
<i>niacin oral tablet extended release 24 hr</i>	1	PV
NIACOR ORAL TABLET	3	PV

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

Drug Name	Drug Tier	Requirements / Limits
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
<i>pitavastatin calcium oral tablet</i>	1	QL (30 per fill); PV; ACA
<i>pravastatin oral tablet</i>	1	QL (30 per fill); PV; ACA
<i>prevalite oral powder</i>	1	PV
<i>prevalite oral powder in packet</i>	1	PV
QUESTRAN LIGHT ORAL POWDER	3	PV
QUESTRAN ORAL POWDER	3	PV
QUESTRAN ORAL POWDER IN PACKET	3	PV
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PV
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PV
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	PV
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	QL (30 per fill); PV; ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per fill); PV
ROSZET ORAL TABLET	3	ST; QL (30 per fill); PV
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 per fill); PV; ACA
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 per fill); PV
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR	3	PA; SP
VASCEPA ORAL CAPSULE	2	PA; PV
ZYPITAMAG ORAL TABLET	3	ST; QL (30 per fill); PV
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET	2	SP
CAMZYOS ORAL CAPSULE	2	SP
ENTRESTO ORAL TABLET	3	
ENTRESTO SPRINKLE ORAL PELLETT	2	
FILSPARI ORAL TABLET	2	PA; SP; QL (30 per 30 days)
<i>ivabradine oral tablet</i>	1	
<i>ranolazine oral tablet extended release 12 hr</i>	1	
<i>sacubitril-valsartan oral tablet</i>	1	
VANRAFIA ORAL TABLET	2	PA; SP
VECAMYL ORAL TABLET	3	
VERQUVO ORAL TABLET	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
VYNDAMAX ORAL CAPSULE	2	PA; SP
VYNDAQEL ORAL CAPSULE	2	PA; SP
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	3	
NITROSTAT SUBLINGUAL TABLET	3	
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	
ANALPRAM-HC TOPICAL LOTION	3	ST
<i>calcipotriene scalp solution</i>	1	QL (120 mL per 30 days)
<i>calcipotriene topical cream</i>	1	QL (120 grams per 30 days)
<i>calcipotriene topical ointment</i>	1	QL (120 grams per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL (60 grams per 30 days)
<i>calcipotriene-betamethasone topical suspension</i>	1	QL (60 mL per 30 days)
<i>calcitriol topical ointment</i>	1	
ENSTILAR TOPICAL FOAM	2	ST; QL (60 grams per 30 days)
EPIFOAM TOPICAL FOAM	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
IMULDOSA INTRAVENOUS SOLUTION	2	PA; SP
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (1 syringe per 84 days); SP
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; QL (1 syringe per 56 days); SP
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PRAMOSONE TOPICAL OINTMENT	3	ST
SELARSDI INTRAVENOUS SOLUTION	2	PA; SP
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (1 syringe per 84 days); SP
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; QL (1 syringe per 56 days); SP
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; SP; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE	2	PA; SP; QL (2 per 28 days)
SOTYKTU ORAL TABLET	2	PA; SP; QL (30 per 30 days)
SPEVIGO INTRAVENOUS SOLUTION	2	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE	3	PA; SP
<i>sulfacetamide sodium topical cleanser</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	
<i>sulfacetamide sodium topical shampoo</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 80 MG/ML	2	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	2	PA; QL (1 syringe per 28 days); SP
TREMFYA INTRAVENOUS SOLUTION	2	PA; SP
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL (1 per 56 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR	2	PA; QL (6 pens per 365 days); SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL (1 per 56 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; SP; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	2	PA; SP; QL (1 per 28 days)
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION	2	PA; SP
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (1 syringe per 84 days); SP
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; QL (1 syringe per 56 days); SP
VECTICAL TOPICAL OINTMENT	3	
VTAMA TOPICAL CREAM	2	PA; ST; QL (60 grams per 28 days)
WYNZORA TOPICAL CREAM	3	ST; QL (60 grams per 30 days)
YESINTEK INTRAVENOUS SOLUTION	2	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION	2	PA; QL (1 vial per 84 days); SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (1 syringe per 84 days); SP
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; QL (1 syringe per 56 days); SP
ZORYVE TOPICAL CREAM 0.15 %	2	ST; QL (60 grams per 30 days)
ZORYVE TOPICAL CREAM 0.3 %	3	PA; ST; QL (60 grams per 30 days)
ZORYVE TOPICAL FOAM	3	ST; QL (60 grams per 30 days)
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	
<i>silver sulfadiazine topical cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL (2 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE	2	PA; SP; QL (4 per 28 days)
AMELUZ TOPICAL GEL	3	
<i>ammonium lactate topical cream</i>	1	
<i>ammonium lactate topical lotion</i>	1	
ANZUPGO TOPICAL CREAM	2	QL (60 grams per 30 days); SP
CIBINQO ORAL TABLET	2	PA; SP; QL (30 per 30 days)
CORTANE-B TOPICAL LOTION	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 grams per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL (2 pens per 28 days); SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; QL (2 syringes per 28 days); SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL (2 pens per 28 days); SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE	2	PA; SP
EFUDEX TOPICAL CREAM	3	
EUCRISA TOPICAL OINTMENT	2	ST; QL (120 grams per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	3	PA; SP
<i>imiquimod topical cream in metered-dose pump</i>	1	
<i>imiquimod topical cream in packet</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
NORMLGEL AG TOPICAL GEL	3	
OPZELURA TOPICAL CREAM	3	PA; QL (240 grams (4 tubes) per 28 days)
PANRETIN TOPICAL GEL	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>pimecrolimus topical cream</i>	1	ST; QL (120 grams per 30 days)
<i>podofilox topical gel</i>	1	ST; QL (7 grams per fill)
<i>podofilox topical solution</i>	1	
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; SP
<i>tacrolimus topical ointment</i>	1	ST; QL (120 grams per 30 days)
VALCHLOR TOPICAL GEL	2	PA; SP
<i>wintergreen oil oil</i>	1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR	3	SP
ZONALON TOPICAL CREAM	3	ST; QL (90 grams per 30 days)

THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	3	
<i>accutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	ST
ACZONE TOPICAL GEL WITH PUMP	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	
<i>amnestem oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	ST
AVAR-E TOPICAL CREAM	3	ST
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>bp 10-1 topical cleanser</i>	1	ST
<i>brimonidine topical gel with pump</i>	1	PA
<i>claravis oral capsule</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL (120 mL per 30 days)
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	ST
<i>clindacin topical foam</i>	1	ST; QL (100 grams per 30 days)
<i>clindamycin phosphate topical foam</i>	1	ST; QL (100 grams per 30 days)
<i>clindamycin phosphate topical gel</i>	1	QL (120 grams per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL (150 mL per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (120 mL per 30 days)
<i>clindamycin phosphate topical solution</i>	1	QL (120 mL per 30 days)
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump</i>	1	
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	ST
<i>ery pads topical swab</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	ST; QL (100 grams per 30 days)
FINACEA TOPICAL FOAM	2	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL (45 grams per 30 days)
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	2	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
ONEXTON TOPICAL GEL WITH PUMP	3	ST
PACNEX TOPICAL CLEANSER	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	3	ST
PLEXION TOPICAL CLEANSER	3	ST
PLEXION TOPICAL CREAM	3	ST
PLEXION TOPICAL LOTION	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
RETIN-A TOPICAL CREAM	3	
RETIN-A TOPICAL GEL	3	
RHOFADE TOPICAL CREAM	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSDAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
<i>rosula cleansing cloths topical pads, medicated</i>	1	
ROSULA TOPICAL CLEANSER	3	ST
SOOLANTRA TOPICAL CREAM	3	ST; QL (45 grams per 30 days)
<i>sss 10-5 topical cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sss 10-5 topical foam</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	ST
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	ST
<i>sulfacleanse 8-4 topical suspension</i>	1	ST
SUMADAN TOPICAL CLEANSER	3	ST
SUMADAN TOPICAL KIT	3	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	ST
SUMAXIN CP TOPICAL KIT	3	ST
SUMAXIN TOPICAL CLEANSER	3	ST
SUMAXIN TOPICAL PADS, MEDICATED	3	ST
SUMAXIN TS TOPICAL SUSPENSION	3	ST
<i>tazarotene topical cream</i>	1	PA
<i>tazarotene topical gel</i>	1	PA
TAZORAC TOPICAL CREAM	3	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin microspheres topical gel</i>	1	
<i>tretinoin microspheres topical gel with pump</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel</i>	1	
VANOXIDE-HC TOPICAL SUSPENSION	3	ST
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	1	PA
GOPRELTO NASAL SOLUTION	3	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL (50 grams per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (30 grams per 30 days)
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii topical adhesive patch,medicated</i>	1	PA
<i>lidocan iv topical adhesive patch,medicated</i>	1	PA
<i>lidocan v topical adhesive patch,medicated</i>	1	PA
<i>lidocort topical cream</i>	1	
NUMBRINO NASAL SOLUTION	3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL (30 grams per fill)
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL (1 kit per fill)
CENTANY TOPICAL OINTMENT	3	ST; QL (30 grams per fill)
<i>gentamicin topical cream</i>	1	QL (60 grams per fill)
<i>gentamicin topical ointment</i>	1	QL (60 grams per fill)
KLARON TOPICAL SUSPENSION	3	ST
<i>lugols topical solution</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL (30 grams per fill)
<i>mupirocin topical ointment</i>	1	QL (44 grams per fill)
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI TOPICAL CREAM	3	ST; QL (30 grams per fill)

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

Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL (90 grams per 28 days)
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (90 grams per 28 days)
<i>ciclopirox topical gel</i>	1	QL (100 grams per 28 days)
<i>ciclopirox topical shampoo</i>	1	QL (120 mL per 28 days)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (60 mL per 28 days)
<i>clotrimazole topical cream</i>	1	QL (45 grams per 28 days)
<i>clotrimazole topical solution</i>	1	QL (60 mL per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	QL (90 grams per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	QL (60 mL per 28 days)
<i>econazole nitrate topical cream</i>	1	QL (85 grams per 28 days)
EXELDERM TOPICAL CREAM	3	QL (60 grams per 28 days)
EXELDERM TOPICAL SOLUTION	3	QL (60 mL per 28 days)
EXTINA TOPICAL FOAM	3	ST; QL (100 grams per 28 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	ST
<i>ketconazole topical cream</i>	1	QL (60 grams per 28 days)
<i>ketconazole topical foam</i>	1	ST; QL (100 grams per 28 days)
<i>ketconazole topical shampoo</i>	1	QL (120 mL per 28 days)
<i>ketodan kit topical combo pack</i>	1	ST
<i>ketodan topical foam</i>	1	ST; QL (100 grams per 28 days)
<i>klayesta topical powder</i>	1	QL (180 grams per fill)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	QL (90 grams per 28 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL (60 mL per 28 days)
LOPROX KIT TOPICAL COMBO PACK	3	QL (1 pack per 30 days)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	QL (1 kit per 30 days)
<i>nyamyc topical powder</i>	1	QL (180 grams per fill)
<i>nystatin topical cream</i>	1	QL (60 grams per 28 days)
<i>nystatin topical ointment</i>	1	QL (60 grams per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical powder</i>	1	QL (180 grams per fill)
<i>nystatin-triamcinolone topical cream</i>	1	QL (60 grams per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	1	QL (60 grams per 28 days)
<i>nystop topical powder</i>	1	QL (180 grams per fill)
<i>tavaborole topical solution with applicator</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL (5 grams per fill)
<i>acyclovir topical ointment</i>	1	PA; QL (30 grams per fill)
ZOVIRAX TOPICAL CREAM	3	PA; QL (5 grams per fill)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical ointment</i>	1	ST
<i>beser topical lotion</i>	1	ST
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
BRYHALI TOPICAL LOTION	3	ST
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL (100 mL per 30 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 grams per 30 days)
<i>clobetasol topical foam</i>	1	ST; QL (100 grams per 30 days)
<i>clobetasol topical gel</i>	1	QL (120 grams per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical lotion</i>	1	ST; QL (118 mL per 30 days)
<i>clobetasol topical ointment</i>	1	QL (120 grams per 30 days)
<i>clobetasol topical shampoo</i>	1	ST; QL (236 mL per 30 days)
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL (125 mL per 30 days)
<i>clobetasol-emollient topical cream</i>	1	QL (120 grams per 30 days)
<i>clobetasol-emollient topical foam</i>	1	ST; QL (100 grams per 30 days)
CLOBEX TOPICAL SHAMPOO	3	ST; QL (236 mL per 30 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; QL (125 mL per 30 days)
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	3	ST; QL (2 per 28 days)
<i>clodan topical shampoo</i>	1	ST; QL (236 mL per 30 days)
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	ST
<i>desoximetasone topical gel</i>	1	ST
<i>desoximetasone topical ointment</i>	1	ST
<i>desoximetasone topical spray,non-aerosol</i>	1	ST
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII TOPICAL LOTION	3	ST; QL (200 grams per 30 days)
<i>fluocinolone and shower cap scalp oil</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 grams per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL (120 grams per 30 days)
<i>fluocinonide topical gel</i>	1	QL (120 grams per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical ointment</i>	1	QL (120 grams per 30 days)
<i>fluocinonide topical solution</i>	1	QL (120 grams per 30 days)
<i>fluocinonide-e topical cream</i>	1	QL (120 grams per 30 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL (120 grams per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL (118 mL per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL (120 grams per 28 days)
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL (120 mL per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
KENALOG TOPICAL AEROSOL	3	ST; QL (100 grams per 30 days)
<i>lexette topical foam</i>	1	ST
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
NUCORT TOPICAL LOTION	3	ST
OLUX TOPICAL FOAM	3	ST; QL (100 grams per 30 days)
PANDEL TOPICAL CREAM	3	ST
<i>prednicarbate topical cream</i>	1	
PROCTOCORT TOPICAL CREAM	3	ST
SCALACORT DK TOPICAL COMBO PACK	3	ST
<i>scalacort topical lotion</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST
SYNALAR TOPICAL OINTMENT	3	ST
SYNALAR TOPICAL SOLUTION	3	ST
SYNALAR TS TOPICAL KIT	3	ST
TEXACORT TOPICAL SOLUTION	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
<i>tovet emollient topical foam</i>	1	ST; QL (100 grams per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL (126 grams per 30 days)
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	3	
SANTYL TOPICAL OINTMENT	2	QL (180 grams per fill)
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE TOPICAL CREAM	3	
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>malathion topical lotion</i>	1	
OVIDE TOPICAL LOTION	3	
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	
<i>anagrelide oral capsule</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN	2	PA; SP
BUPHENYL ORAL POWDER	3	PA; SP
BUPHENYL ORAL TABLET	3	PA; SP
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	2	SP
<i>carglumic acid oral tablet, dispersible</i>	1	SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	
<i>deferasirox oral granules in packet</i>	1	PA; SP
<i>deferasirox oral tablet</i>	1	PA; SP
<i>deferasirox oral tablet, dispersible</i>	1	PA; SP
<i>deferiprone oral tablet</i>	1	PA; SP
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	1	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION	2	PA; SP
ENJAYMO INTRAVENOUS SOLUTION	2	PA; SP
EPYSQLI INTRAVENOUS SOLUTION	2	PA; SP
EVOXAC ORAL CAPSULE	3	
FABHALTA ORAL CAPSULE	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	2	PA; SP
FERRIPROX ORAL SOLUTION	2	PA; SP
FERRIPROX ORAL TABLET	3	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA; SP
GLASSIA INTRAVENOUS SOLUTION	2	PA; SP
<i>glutamine (sickle cell) oral powder in packet</i>	1	PA; SP
<i>glycerol phenylbutyrate oral liquid</i>	1	PA; SP
INCRELEX SUBCUTANEOUS SOLUTION	2	PA; SP
JOENJA ORAL TABLET	3	PA; QL (60 per fill); SP
KORSUVA INTRAVENOUS SOLUTION	3	SP
LAMZEDE INTRAVENOUS RECON SOLN	2	PA; SP
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITFULO ORAL CAPSULE	3	PA; SP; QL (28 per 28 days)
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule</i>	1	PA; SP
NITYR ORAL TABLET	2	PA; SP
OLPRUVA ORAL PELLETS IN PACKET	3	PA; SP
ORFADIN ORAL CAPSULE	3	PA; SP
ORFADIN ORAL SUSPENSION	3	PA; SP
PHEBURANE ORAL GRANULES	2	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA; SP
PYRUKYND ORAL TABLET	3	PA; SP; QL (56 per 28 days)
PYRUKYND ORAL TABLETS,DOSE PACK	3	PA; SP; QL (14 per 365 days)
RADIOGARDASE ORAL CAPSULE	3	
RECLAST INTRAVENOUS PIGGYBACK	3	SP; PV
REVCovi INTRAMUSCULAR SOLUTION	2	SP
REZDIFFRA ORAL TABLET	2	PA; SP; QL (30 per 30 days)
<i>riluzole oral tablet</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per fill); PV

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe</i>	1	
<i>sodium chloride irrigation solution</i>	1	
<i>sodium phenylbutyrate oral powder</i>	1	PA
<i>sodium phenylbutyrate oral tablet</i>	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	3	PA; QL (112 per fill); SP
SOHONOS ORAL CAPSULE 10 MG	3	PA; QL (56 per fill); SP
SOHONOS ORAL CAPSULE 2.5 MG	3	PA; QL (140 per fill); SP
SOHONOS ORAL CAPSULE 5 MG	3	PA; QL (84 per fill); SP
SYPRINE ORAL CAPSULE	3	
TAVNEOS ORAL CAPSULE	3	PA; SP; QL (180 per 30 days)
TEGLUTIK ORAL SUSPENSION	3	PA; SP
TIGLUTIK ORAL SUSPENSION	3	PA; SP
<i>tiopronin oral tablet</i>	1	PA; SP
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	1	PA; SP
<i>trientine oral capsule 250 mg</i>	1	
<i>venxxiva oral tablet, delayed release (dr/ec)</i>	1	PA; SP
VEOPOZ INJECTION SOLUTION	3	PA; SP
VOYDEYA ORAL TABLET	2	PA; SP
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; SP
<i>water for irrigation, sterile irrigation solution</i>	1	
XENPOZYME INTRAVENOUS RECON SOLN	2	PA; SP
XURIDEN ORAL GRANULES IN PACKET	2	SP
ZEMAIRA INTRAVENOUS RECON SOLN	2	PA; SP
ZOKINVY ORAL CAPSULE	3	PA; QL (120 per fill); SP
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	SP; PV
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	PV; ACA
CHANTIX ORAL TABLET	3	PV

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	PV
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	PV
NICORETTE BUCCAL GUM 2 MG	2	PV
<i>nicorette buccal gum 4 mg</i>	1	PV; ACA
NICORETTE BUCCAL LOZENGE	2	PV
NICORETTE BUCCAL MINI LOZENGE	2	PV
<i>nicotine (polacrilex) buccal gum</i>	1	PV; ACA
<i>nicotine (polacrilex) buccal lozenge</i>	1	PV; ACA
<i>nicotine (polacrilex) buccal mini lozenge</i>	1	PV; ACA
<i>nicotine transdermal patch 24 hour</i>	1	PV; ACA
<i>nicotine transdermal patch, td daily, sequential</i>	1	PV; ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL	3	PV; ACA
<i>quit 2 buccal gum</i>	1	PV; ACA
<i>quit 2 buccal lozenge</i>	1	PV; ACA
<i>quit 4 buccal gum</i>	1	PV; ACA
<i>quit 4 buccal lozenge</i>	1	PV; ACA
<i>stop smoking aid buccal lozenge</i>	1	PV; ACA
<i>varenicline tartrate oral tablet</i>	1	PV; ACA
<i>varenicline tartrate oral tablets,dose pack</i>	1	PV; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN DENTAL CARTRIDGE	3	SP
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (2 bottles per fill)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	3	PV
<i>denta 5000 plus dental cream</i>	1	PV
<i>denta 5000 plus sensitive dental paste</i>	1	PV
<i>dentagel dental gel</i>	1	PV
<i>fluoride (sodium) dental cream</i>	1	PV

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental gel</i>	1	PV
<i>fluoride (sodium) dental paste</i>	1	PV
<i>fluoride (sodium) dental solution</i>	1	PV
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	PV
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	PV
FLUORIMAX 5000 DENTAL PASTE	3	PV
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	PV
<i>fraiche 5000 dental gel</i>	1	PV
FRAICHE 5000 PREVI DENTAL GEL	3	PV
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	QL (1 bottle per fill)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (2 bottles per fill)
JUST RIGHT 5000 DENTAL PASTE	3	PV
<i>kourzeq dental paste</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	3	SP
<i>olopatadine nasal spray,non-aerosol</i>	1	QL (1 bottle per fill)
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
<i>periogard mucous membrane mouthwash</i>	1	
<i>pilocarpine hcl oral tablet</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	PV
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	PV
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	PV
PREVIDENT 5000 PLUS DENTAL CREAM	3	PV

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Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	PV
PREVIDENT DENTAL GEL	3	PV
PREVIDENT DENTAL SOLUTION	3	PV
PREVIDENT KIDS DENTAL PASTE	3	PV
PROTHELIAL MUCOUS MEMBRANE PASTE	3	SP
SALAGEN (PILOCARPINE) ORAL TABLET	3	
<i>sf 5000 plus dental cream</i>	1	PV
<i>sf dental gel</i>	1	PV
<i>sodium fluoride 5000 plus dental cream</i>	1	PV
<i>sodium fluoride-pot nitrate dental paste</i>	1	PV
<i>triamcinolone acetone dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetone oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	3	SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	3	SP
CORTEF ORAL TABLET	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cortisone oral tablet</i>	1	
<i>deflazacort oral suspension</i>	1	PA; SP
<i>deflazacort oral tablet</i>	1	PA; SP
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	1	PA
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
<i>jaythari oral tablet</i>	1	PA; SP
<i>kymbee oral tablet</i>	1	PA
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
<i>pyquvi oral suspension</i>	1	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX ORAL TABLETS,DOSE PACK	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; SP; QL (120 per 30 days)
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	3	SP
ZCORT ORAL TABLETS,DOSE PACK	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	3	PV
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	PV
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	PV
ACCUTREND GLUCOSE CONTROL SOLUTION	3	PV
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	3	PV
AGAMATRIX CONTROL SOLN-HIGH SOLUTION	3	PV
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION	3	PV
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	PV
ASSURE DOSE NORMAL CONTROL SOLUTION	3	PV
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	PV
AT HOME A1C DEVICE	3	PV
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	PV

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

Drug Name	Drug Tier	Requirements / Limits
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	PV
CARESENS CONTROL A AND B SOLUTION	3	PV
CARESENS S CONTROL A AND B SOLUTION	3	PV
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	PV
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	PV
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	PV
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	3	PV
DEXCOM G6 RECEIVER	2	PV; QL (1 per 365 days)
DEXCOM G6 SENSOR DEVICE	2	PV; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	2	PV; QL (1 per 90 days)
DEXCOM G7 RECEIVER	2	PV; QL (1 per 365 days)
DEXCOM G7 SENSOR DEVICE	2	PV; QL (3 per 30 days)
DIATRUE CONTROL SOLN NORMAL SOLUTION	3	PV
EASY PLUS II HIGH CONTROL SOLUTION	3	PV
EASY STEP HIGH CONTROL SOLN SOLUTION	3	PV
EASY TALK HIGH CONTROL SOLUTION	3	PV
EASY TALK PLUS II LOW CONTROL SOLUTION	3	PV
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	3	PV
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	3	PV
EASY TRAK LOW CONTROL SOLUTION	3	PV
EASYMAX 15 LEVEL 2 SOLUTION	3	PV
EASYMAX NORMAL CONTROL SOLUTION	3	PV
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	PV
ELEMENT NORMAL CONTROL SOLUTION	3	PV
EMBRACE EVO LEVEL 1 SOLUTION	3	PV
EMBRACE GLUCOSE CONTROL LOW SOLUTION	3	PV

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

Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	PV
EVOLUTION NORMAL CONTROL SOLUTION	3	PV
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	PV
FORA KETONE CONTROL SOLN-L1 SOLUTION	3	PV
FORA NORMAL CONTROL SOLUTION	3	PV
FORA TN'G ADV MOBILE MULTI MTR DEVICE	3	PV
FORA TN'G ADVANCE MULTI-FN MTR DEVICE	3	PV
FORA TN'G ADVANCE PRO MONITOR DEVICE	3	PV
FORACARE GDH LOW CONTROL SOLUTION	3	PV
FREESTYLE CONTROL SOLUTION	2	PV
FREESTYLE FREEDOM KIT	2	PV
FREESTYLE FREEDOM LITE KIT	2	PV
FREESTYLE INSULINX	2	PV
FREESTYLE INSULINX STRIP	2	PV
FREESTYLE INSULINX TEST STRIPS STRIP	2	PV
FREESTYLE LIBRE 14 DAY READER	2	PV
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PV; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	PV; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	2	PV; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	2	PV; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	PV; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	2	PV; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PV; QL (2 per 28 days)
FREESTYLE LITE METER KIT	2	PV
FREESTYLE LITE STRIPS STRIP	2	PV
FREESTYLE PRECISION NEO STRIPS STRIP	2	PV
FREESTYLE TEST STRIP	2	PV
GE100 CONTROL SOLUTION NORMAL SOLUTION	3	PV

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

Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	PV
GLUCOCOM CONTROL NORMAL SOLUTION	3	PV
GLUCOSE CONTROL SOLUTION	3	PV
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	3	PV
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	PV
GOJJI MULTI-FUNCTIONAL METER KIT	3	PV
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	PV; QL (5 per 30 days)
GUARDIAN 4 TRANSMITTER DEVICE	3	PV; QL (1 per 365 days)
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	PV; QL (1 per 365 days)
GUARDIAN SENSOR 3 DEVICE	3	PV; QL (5 per 30 days)
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	PV
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	3	PV
INFINITY CONTROL SOLUTION NORM SOLUTION	3	PV
MEDISENSE COMBO PACK	2	PV
MEDISENSE GLUCOSE KETONE COMBO PACK	2	PV
MINIMED INSTINCT SENSOR DEVICE	3	PV
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	3	PV
NOVA MAX PLUS GLUC-KETON METER DEVICE	3	PV
NOVA MAX PLUS GLUC-KETON METER KIT	3	PV
NOVAMAX PLUS GLU-KET SOLUTION	3	PV
ON CALL EXPRESS CONTROL SOLUTION	3	PV
ONETOUCH ULTRA CONTROL SOLUTION	3	PV
ONETOUCH VERIO MID CONTROL SOLUTION	3	PV
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	PV
PRECISION XTRA KETONE-GLUCOSE KIT	2	PV
PRECISION XTRA MONITOR	2	PV

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

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA TEST STRIP	2	PV
PRODIGY CONTROL SOLUTION, LOW SOLUTION	3	PV
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	3	PV
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	PV
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	3	PV
SIMPLERA SENSOR DEVICE	3	PV; QL (5 per 30 days)
SIMPLERA SYNC SENSOR DEVICE	3	PV; QL (5 per 30 days)
SMARTEST CONTROL SOLUTION	3	PV
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	PV
TELCARE CONTROL SOLUTION	3	PV
TRUE METRIX AIR GLUCOSE METER	2	PV
TRUE METRIX GLUCOSE METER	2	PV
TRUE METRIX GO GLUCOSE METER	2	PV
TRUE METRIX LEVEL 1 SOLUTION	2	PV
UNISTRIIP LOW CONTROL SOLUTION	3	PV
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	PV
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	PV
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL (2 units per fill)
<i>diazoxide oral suspension</i>	1	
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL (2 units per fill)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL (2 pens per fill)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (2 syringes per fill)
GVOKE SUBCUTANEOUS SOLUTION	2	QL (2 vials per fill)

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

Drug Name	Drug Tier	Requirements / Limits
PROGLYCEM ORAL SUSPENSION	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	PV
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	PV
AUTOSOFT 30 INFUSION SET	2	PV
AUTOSOFT 90 INFUSION SET	2	PV
AUTOSOFT XC INFUSION SET 32" INFUSION SET	2	PV
BD INTEGRA NEEDLE NEEDLE	2	PV
BD MICROTAINER LANCET 30 GAUGE	2	PV
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	PV
CEQR SIMPLICITY DEVICE	2	PV
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	PV
ILET INFUSION KIT-INSET 23" COMBO PACK	2	PV
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	2	PV
ILET STARTER KIT-INSET KIT	2	PV
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PV
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	PV
LANCETS 33 GAUGE	2	PV
LANCING DEVICE	2	PV
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	2	PV
MINIMED MIO ADVANCE INF SET23" INFUSION SET	2	PV
MINIMED QUICK SET 43" INFUSION SET	2	PV
MINIMED SILHOUETTE 23" INFUSION SET	2	PV
MINIMED SURE T 32" INFUSION SET	2	PV
MODD1 PATIENT WELCOME KIT KIT	3	PV
MODD1 SUPPLY KIT COMBO PACK	3	PV

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

Drug Name	Drug Tier	Requirements / Limits
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	PV
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	PV; QL (15 per 30 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	PV; QL (15 per 30 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PV; QL (15 per 30 days)
T:FLEX SUBCUTANEOUS CARTRIDGE	2	PV
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	PV
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	2	PV
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	2	PV
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	2	PV
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	2	PV
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	2	PV
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	2	PV
TRUSTEEL INFUSION SET 32" INFUSION SET	2	PV
TWIST REFILL KT(CSST-NDL-SYR) KIT	2	PV
TWIST RFL(INFUS-CSST-NDL-SYR) KIT	2	PV
TWIST STARTER KIT KIT	2	PV
VARISOFT INFUSION SET 43" INFUSION SET	2	PV
V-GO 20 DEVICE	2	PV
V-GO 30 DEVICE	2	PV
V-GO 40 DEVICE	2	PV
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	PV
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	PV
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	PV

You can find information 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 MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	PV
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	PV
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	PV
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	PV
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	PV
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	PV
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	PV
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	PV
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	PV
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	2	PV
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	2	PV
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	2	PV
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	PV
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	PV
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	PV
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	PV
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	PV
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	PV
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	PV
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	PV

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

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	2	PV
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	2	PV
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL (5 pens per fill); PV
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	PV
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	PV
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	PV
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	PV
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	PV
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	2	SP
BRINEURA INTRAVENTRICULAR KIT	2	SP
<i>cabergoline oral tablet</i>	1	QL (8 per 28 days)
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	2	PA; QL (56 per fill); SP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
<i>cinacalcet oral tablet</i>	1	
CRENESSITY ORAL CAPSULE	3	PA; SP
CRENESSITY ORAL SOLUTION	3	PA; SP
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; QL (14 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML	2	PA; QL (8 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	2	PA; QL (12 vials per 28 days); SP
<i>danazol oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DDAVP ORAL TABLET	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	
<i>desmopressin injection solution</i>	1	SP
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol oral capsule</i>	1	
ELAPRASE INTRAVENOUS SOLUTION	2	SP
ELFABRIO INTRAVENOUS SOLUTION	2	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN	2	SP
GALAFOLD ORAL CAPSULE	3	PA; QL (14 per fill); SP
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	QL (120 per fill)
JATENZO ORAL CAPSULE 237 MG	3	QL (60 per fill)
<i>javygtor oral powder in packet</i>	1	PA; SP
<i>javygtor oral tablet, soluble</i>	1	PA; SP
JYNARQUE ORAL TABLET	3	QL (120 per fill); SP
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	QL (56 per fill); SP
KANUMA INTRAVENOUS SOLUTION	2	SP
LUMIZYME INTRAVENOUS RECON SOLN	2	SP
MEPSEVII INTRAVENOUS SOLUTION	2	SP
METHITEST ORAL TABLET	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION SOLUTION	3	
<i>mifepristone oral tablet 300 mg</i>	1	PA; SP
<i>miglustat oral capsule</i>	1	PA; QL (90 per fill); SP
MYALEPT SUBCUTANEOUS RECON SOLN	2	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION	2	SP
NEXVIAZYME INTRAVENOUS RECON SOLN	3	SP
OPFOLDA ORAL CAPSULE	3	PA; QL (8 per fill); SP
ORILISSA ORAL TABLET 150 MG	2	QL (180 per 365 days)
ORILISSA ORAL TABLET 200 MG	2	QL (360 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; QL (30 syringes per fill); SP
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; QL (8 syringes per fill); SP
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; QL (60 syringes per fill); SP
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	
POMBILITI INTRAVENOUS RECON SOLN	3	SP
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
ROCALTROL ORAL SOLUTION	3	
<i>sapropterin oral powder in packet</i>	1	PA; SP
<i>sapropterin oral tablet,soluble</i>	1	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN	2	SP
STRENSIQ SUBCUTANEOUS SOLUTION	2	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL	2	
TEPEZZA INTRAVENOUS RECON SOLN	3	PA; SP
TERLIVAZ INTRAVENOUS RECON SOLN	3	SP
TESTOPEL IMPLANT PELLETT	3	SP
<i>testosterone cypionate intramuscular oil</i>	1	
<i>testosterone enanthate intramuscular oil</i>	1	
<i>testosterone transdermal gel</i>	1	QL (60 tubes per fill)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (2 pumps per fill)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	QL (4 pumps per fill)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	QL (1 pump per fill)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	QL (4 pumps per fill)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (30 packets per fill)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (60 packets per fill)
<i>testosterone transdermal solution in metered pump w/app</i>	1	QL (180 mL (2 pumps) per fill)

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

Drug Name	Drug Tier	Requirements / Limits
<i>tolvaptan (polycys kidney dis) oral tablet</i>	1	QL (120 per fill); SP
<i>tolvaptan (polycys kidney dis) oral tablets, sequential</i>	1	SP
<i>tolvaptan oral tablet 15 mg</i>	1	PA; QL (30 per fill); SP
<i>tolvaptan oral tablet 30 mg</i>	1	PA; QL (60 per fill); SP
VIMIZIM INTRAVENOUS SOLUTION	2	SP
VOGELXO TRANSDERMAL GEL	3	QL (60 tubes per fill)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL (4 pumps per fill)
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL (60 per fill)
VOXZOGO SUBCUTANEOUS RECON SOLN	3	PA; SP
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	2	QL (4 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR	3	PA; SP
<i>zelvysia oral powder in packet</i>	1	PA; SP
ZEMPLAR INTRAVENOUS SOLUTION	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
<i>zoledronic acid intravenous recon soln</i>	1	SP
<i>zoledronic acid intravenous solution</i>	1	SP
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	SP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK	3	SP
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	PV
ACTOPLUS MET ORAL TABLET	3	QL (90 per fill); PV
ACTOS ORAL TABLET	3	QL (30 per fill); PV
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL (4 pens per 28 days)
CYCLOSET ORAL TABLET	3	PV
DUETACT ORAL TABLET	3	QL (30 per fill); PV
<i>exenatide subcutaneous pen injector</i>	1	PA; QL (1 pen per 30 days)
FARXIGA ORAL TABLET	2	ST; QL (30 per fill); PV
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	PV
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	PV

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

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide oral tablet extended release 24hr</i>	1	PV
<i>glipizide-metformin oral tablet</i>	1	PV
<i>glyburide micronized oral tablet</i>	1	PV
<i>glyburide oral tablet</i>	1	PV
<i>glyburide-metformin oral tablet</i>	1	PV
GLYXAMBI ORAL TABLET	2	ST; QL (30 per fill); PV
JANUMET ORAL TABLET	2	QL (60 per fill); PV
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 per fill); PV
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 per fill); PV
JANUVIA ORAL TABLET	2	QL (30 per fill); PV
JARDIANCE ORAL TABLET	2	ST; QL (30 per fill); PV
<i>liraglutide subcutaneous pen injector</i>	1	PA; QL (3 pens per 30 days)
<i>metformin oral solution</i>	1	ST; PV
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	PV
<i>metformin oral tablet 750 mg</i>	1	ST; PV
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per fill); PV
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per fill); PV
<i>metformin oral tablet osmotic extended release 24hr 1,000 mg</i>	1	ST; QL (60 tablets per fill); PV
<i>metformin oral tablet osmotic extended release 24hr 500 mg</i>	1	ST; QL (30 tablets per fill); PV
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60 per fill); PV
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120 per fill); PV
<i>miglitol oral tablet</i>	1	PV
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL (4 pens per 28 days)
<i>nateglinide oral tablet</i>	1	PV
OSENI ORAL TABLET 25-45 MG	3	QL (30 per fill); PV
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (1 pen per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone oral tablet</i>	1	QL (30 per fill); PV
<i>pioglitazone-glimepiride oral tablet</i>	1	QL (30 per fill); PV
<i>pioglitazone-metformin oral tablet</i>	1	QL (90 per fill); PV
PRECOSE ORAL TABLET	3	PV
<i>repaglinide oral tablet</i>	1	PV
RIOMET ORAL SOLUTION	3	ST; PV
RYBELSUS ORAL TABLET	2	PA; QL (30 per 30 days)
<i>saxagliptin oral tablet</i>	1	QL (30 per fill); PV
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	QL (60 per fill); PV
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	QL (30 per fill); PV
SYNJARDY ORAL TABLET	2	ST; QL (60 per fill); PV
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (30 per fill); PV
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 per fill); PV
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; PV
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL (4 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (30 per fill); PV
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 per fill); PV
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ARMOUR THYROID ORAL TABLET	2	
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liomny oral tablet</i>	1	
<i>liothyronine oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
<i>renthyroid oral tablet</i>	1	
<i>thyroid (pork) oral tablet</i>	1	
<i>unithroid oral tablet</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet,disintegrating</i>	1	
<i>belladonna alkaloids-opium rectal suppository</i>	1	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz oral tablet,disintegrating</i>	1	
GLYCATE ORAL TABLET	3	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet</i>	1	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	
LEVSIN ORAL TABLET	3	
LEVSIN/SL SUBLINGUAL TABLET	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
LOMOTIL ORAL TABLET	3	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
NULEV ORAL TABLET,DISINTEGRATING	3	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	3	
ROBINUL ORAL TABLET	3	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	1	
<i>alvimopan oral capsule</i>	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
<i>anucort-hc rectal suppository</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 per fill)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 per fill)
<i>aprepitant oral capsule,dose pack</i>	1	QL (1 pack per fill)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
AVSOLA INTRAVENOUS RECON SOLN	2	PA; SP
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
AZULFIDINE ORAL TABLET	3	
<i>balsalazide oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>betaine oral powder</i>	1	PA; SP
<i>bisacodyl oral tablet, delayed release (dr/ec)</i>	1	ACA
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>budesonide oral tablet, delayed and ext. release</i>	1	
<i>budesonide rectal foam</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG	3	PA; QL (60 per fill); SP
BYLVAY ORAL CAPSULE 400 MCG	3	PA; QL (150 per fill); SP
BYLVAY ORAL PELLETT 200 MCG	3	PA; QL (120 per fill); SP
BYLVAY ORAL PELLETT 600 MCG	3	PA; QL (30 per fill); SP
CHOLBAM ORAL CAPSULE 250 MG	2	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	2	PA; QL (120 capsules per fill); SP
<i>citroma oral solution</i>	1	ACA
<i>clearlax oral powder</i>	1	ACA
COLAZAL ORAL CAPSULE	3	
COMPAZINE ORAL TABLET	3	
COMPAZINE RECTAL SUPPOSITORY	3	
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
CTEXLI ORAL TABLET	2	PA; SP
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC)	3	QL (720 per 365 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	1	QL (720 per 365 days)
<i>dronabinol oral capsule</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	1	ACA
ENTYVIO INTRAVENOUS RECON SOLN	2	PA; SP
<i>enulose oral solution</i>	1	
GASTROCROM ORAL CONCENTRATE	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	SP
<i>gavilax oral powder</i>	1	ACA
<i>gavilyte-c oral recon soln</i>	1	PV; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-g oral recon soln</i>	1	PV; ACA
<i>gavilyte-n oral recon soln</i>	1	PV; ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA
<i>gentle laxative (mag hydrox) oral suspension</i>	1	ACA
<i>gentlelax oral powder</i>	1	ACA
GOLYTELY ORAL RECON SOLN	3	PV
<i>granisetron hcl oral tablet</i>	1	QL (6 per fill)
<i>hemmorex-hc rectal suppository</i>	1	
<i>hydrocortisone acetate rectal suppository</i>	1	
<i>hydrocortisone acetate topical cream with perineal applicator</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLIXIMAB INTRAVENOUS RECON SOLN	2	PA; SP
IQIRVO ORAL TABLET	2	PA; SP
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA
<i>laxative peg 3350 oral powder</i>	1	ACA
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
LINZESS ORAL CAPSULE	2	QL (30 per fill)
LIVDELZI ORAL CAPSULE	2	PA; SP
LIVMARLI ORAL SOLUTION	3	PA; SP
LIVMARLI ORAL TABLET	3	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>lubiprostone oral capsule</i>	1	QL (60 per fill)
<i>magnesium citrate oral solution</i>	1	ACA
MARINOL ORAL CAPSULE	3	
<i>meclizine oral tablet</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	1	ACA
<i>milk of magnesia oral suspension</i>	1	ACA
MOVANTIK ORAL TABLET	2	QL (30 per fill)
<i>natura-lax oral powder</i>	1	ACA
<i>nitroglycerin rectal ointment</i>	1	
OMVOH INTRAVENOUS SOLUTION	2	PA; SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	2	PA; QL (2 pens per 28 days); SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; QL (3 pens per 28 days); SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	2	PA; QL (2 syringes per 28 days); SP
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; QL (3 syringes per 28 days); SP
<i>ondansetron hcl oral solution</i>	1	QL (100 mL (2 bottles) per fill)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per fill)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (9 per fill)
<i>onelax magnesium citrate oral solution</i>	1	ACA
<i>oral saline laxative oral liquid</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln</i>	1	PV; ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	1	PV; ACA
<i>peg-electrolyte soln oral recon soln</i>	1	PV; ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative oral liquid</i>	1	ACA
<i>polyethylene glycol 3350 oral powder</i>	1	ACA
<i>powderlax oral powder</i>	1	ACA
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	ST
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>prucalopride oral tablet</i>	1	QL (30 per fill)
<i>purelax oral powder</i>	1	ACA
REBYOTA RECTAL ENEMA	3	SP
RECTIV RECTAL OINTMENT	2	
REGLAN ORAL TABLET	3	
RELISTOR SUBCUTANEOUS SOLUTION	2	
RELISTOR SUBCUTANEOUS SYRINGE	2	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL (1 patch per fill)
<i>scopolamine base transdermal patch 3 day</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SFROWASA RECTAL ENEMA	3	
SKYRIZI INTRAVENOUS SOLUTION	2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; QL (1 syringe per 56 days); SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; QL (1 cartridge per 56 days); SP
<i>smoothlax oral powder</i>	1	ACA
<i>sodium,potassium,mag sulfates oral recon soln</i>	1	PV; ACA
SUCRAID ORAL SOLUTION	2	SP
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	
SYMPROIC ORAL TABLET	2	
SYNDROS ORAL SOLUTION	3	
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	3	
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	2	QL (2 per fill)
VELSIPITY ORAL TABLET	2	PA; SP; QL (30 per 30 days)
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	2	
VOWST ORAL CAPSULE	3	SP
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</i>	1	ACA
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	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	2	PA; SP; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	2	PA; SP; QL (2 per 28 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	QL (1 pack per fill)
<i>bismuth subcit k-metronidz-ten oral capsule</i>	1	
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL (30 per fill)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL (30 per fill)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; QL (30 per fill)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet</i>	1	
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL (1 pack per fill)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (30 per fill)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	PA; QL (30 per fill)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QL (30 per fill)

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

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (30 per fill)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	3	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	2	QL (168 per fill)
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	
VOQUEZNA ORAL TABLET	3	ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARCALYST SUBCUTANEOUS RECON SOLN	3	PA; QL (4 vials per 28 days); SP
FULPHILA SUBCUTANEOUS SYRINGE	2	PA; QL (2 syringes per 28 days); SP
ILARIS (PF) SUBCUTANEOUS SOLUTION	2	PA; QL (2 vials per 28 days); SP
LEUKINE INJECTION RECON SOLN	2	SP
MOZOBIL SUBCUTANEOUS SOLUTION	3	SP
NIVESTYM INJECTION SOLUTION	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE	2	PA; SP
<i>plerixafor subcutaneous solution</i>	1	SP
PROCRIT INJECTION SOLUTION	2	PA; SP
PROLEUKIN INTRAVENOUS RECON SOLN	2	PA; SP
REBLOZYL SUBCUTANEOUS RECON SOLN	3	PA; SP
RETACRIT INJECTION SOLUTION	2	PA; SP
XOLREMDI ORAL CAPSULE	3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE	2	PA; QL (2 syringes per 30 days); SP

GROWTH HORMONES

EGRIFTA SV SUBCUTANEOUS RECON SOLN	2	PA; SP
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EGRIFTA WR SUBCUTANEOUS KIT	2	PA; SP
GENOTROPIN MINIQUEL SUBCUTANEOUS SYRINGE	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	2	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR	2	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE	2	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN	2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	2	SP
ALFERON N INJECTION SOLUTION	2	
PEGASYS SUBCUTANEOUS SOLUTION	2	QL (4 vials per 28 days); SP
PEGASYS SUBCUTANEOUS SYRINGE	2	QL (4 syringes per 28 days); SP
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	2	PV; ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	2	PV
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	PV; ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION	2	PV
ALYGLO INTRAVENOUS SOLUTION	3	SP
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PV; ACA
ASCENIV INTRAVENOUS SOLUTION	3	SP
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	2	PV

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

Drug Name	Drug Tier	Requirements / Limits
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	2	PV
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	PV
BEXSERO INTRAMUSCULAR SYRINGE	2	PV; ACA
BIVIGAM INTRAVENOUS SOLUTION	3	SP
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	PV; ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE	2	PV; ACA
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
CUVITRU SUBCUTANEOUS SOLUTION	3	SP
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	2	SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	ACA
DYSPORT INTRAMUSCULAR RECON SOLN	2	PA; SP
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	2	PV
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	SP
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION	2	PV
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE	2	PV; ACA
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE	2	PV; ACA
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION	2	PV
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
GAMASTAN INTRAMUSCULAR SOLUTION	2	SP
GAMMAGARD LIQUID INJECTION SOLUTION	2	SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	2	SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	3	SP
GAMMAPLEX INTRAVENOUS SOLUTION	3	SP
GAMUNEX-C INJECTION SOLUTION	2	SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	PV; ACA
HIZENTRA SUBCUTANEOUS SOLUTION	3	SP
HIZENTRA SUBCUTANEOUS SYRINGE	3	SP
HYQVIA SUBCUTANEOUS SOLUTION	3	SP
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
IPOL INJECTION SUSPENSION	2	PV; 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
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	2	PV; ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	2	PV; ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	PV; ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	2	PV; ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	2	PV; ACA
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
MYOBLOC INTRAMUSCULAR SOLUTION	2	PA; SP
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
OCTAGAM INTRAVENOUS SOLUTION	3	SP
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA; SP
PANZYGA INTRAVENOUS SOLUTION	3	SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	PV; ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	2	PV; ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT	2	PV; ACA
PENTACEL (PF) INTRAMUSCULAR KIT	2	PV; ACA
PNEUMOVAX-23 INJECTION SYRINGE	2	PV; ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	PV; ACA
PRIVIGEN INTRAVENOUS SOLUTION	3	SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	PV; 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
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
ROTARIX ORAL SUSPENSION	2	PV; ACA
ROTATEQ VACCINE ORAL SOLUTION	2	PV; ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PV; ACA
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	2	SP
TRUMENBA INTRAMUSCULAR SYRINGE	2	PV; ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	PV; ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	2	PV; ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	2	PV; ACA
XEMBIFY SUBCUTANEOUS SOLUTION	2	SP

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>febuxostat oral tablet</i>	1	
GLOPERBA ORAL SOLUTION	3	
KRYSTEXXA INTRAVENOUS SOLUTION	2	PA; SP
MITIGARE ORAL CAPSULE	2	ST
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; PV; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; PV; QL (4 per 28 days)
<i>alendronate oral solution</i>	1	QL (300 mL (4 bottles) per 28 days); PV
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per fill); PV
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	PV; QL (4 per 28 days)
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; PV; QL (4 per 28 days)
BILDYOS SUBCUTANEOUS SYRINGE	2	SP; QL (1 per 180 days)
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; PV; QL (4 per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR	3	PA; SP; QL (1 per 28 days)
EVISTA ORAL TABLET	3	PV
FOSAMAX ORAL TABLET 70 MG	3	ST; PV; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; PV; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	SP
<i>ibandronate intravenous syringe</i>	1	SP
<i>ibandronate oral tablet</i>	1	PV; QL (1 per 30 days)
<i>raloxifene oral tablet</i>	1	PV; ACA
<i>risedronate oral tablet 150 mg</i>	1	PV; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg</i>	1	PV; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 per fill); PV
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	PV; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	1	PA; SP; QL (1 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	2	PA; QL (1 pen per fill); SP
OTHER RHEUMATOLOGICALS		

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

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	2	PA; QL (2 syringes per 28 days); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	2	PA; QL (2 syringes per 28 days); SP
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	2	PA; QL (2 syringes per 28 days); SP
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT	2	PA; QL (2 syringes per 28 days); SP
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; QL (2 syringes per 28 days); SP
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	2	PA; QL (2 syringes per 28 days); SP
ARAVA ORAL TABLET	3	QL (30 per fill)
AURANOFIN ORAL CAPSULE	2	
AVTOZMA INTRAVENOUS SOLUTION	2	PA; SP
BENLYSTA INTRAVENOUS RECON SOLN	2	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE	2	PA; SP; QL (4 per 28 days)
DEPEN TITRATABS ORAL TABLET	3	
ENBREL MINI SUBCUTANEOUS CARTRIDGE	2	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; QL (8 vials per 28 days); SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	2	PA; SP; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	2	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; SP; QL (4 per 28 days)
<i>leflunomide oral tablet</i>	1	QL (30 per fill)
LEQSELVI ORAL TABLET	3	PA; SP
OTEZLA ORAL TABLET	2	PA; SP; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QL (55 per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK	2	PA; SP
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>penicillamine oral capsule</i>	1	
<i>penicillamine oral tablet</i>	1	
RIDAURA ORAL CAPSULE	2	
RINVOQ LQ ORAL SOLUTION	2	PA; QL (360 mL per 30 days); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; SP; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; SP; QL (56 per 365 days)
SAVELLA ORAL TABLET	2	
SAVELLA ORAL TABLETS,DOSE PACK	2	
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	2	PA; QL (2 syringes per 28 days); SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; QL (2 syringes per 28 days); SP
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL (1 per 28 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	2	PA; QL (4 pen injectors per 28 days); SP
TYENNE INTRAVENOUS SOLUTION	2	PA; SP
TYENNE SUBCUTANEOUS SYRINGE	2	PA; QL (4 pen injectors per 28 days); SP
XELJANZ ORAL SOLUTION	2	PA; QL (480 mL per fill); SP
XELJANZ ORAL TABLET	2	PA; SP; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	2	PA; SP; QL (30 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	2	PA; QL (30 per fill); SP

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	2	ACA
DUREX AVANTI BARE REAL FEEL	3	ACA
DUREX TROPICAL CONDOM DEVICE	3	ACA
FC2 FEMALE CONDOM	2	ACA
FEMCAP VAGINAL DEVICE 22 MM	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	2	SP
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	3	SP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	2	SP; ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE	3	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	2	SP; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	2	SP
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	2	ACA
WIDE-SEAL DIAPHRAGM	3	ACA
ESTROGENS & PROGESTINS		
<i>abigale lo oral tablet</i>	1	
<i>abigale oral tablet</i>	1	
ACTIVELLA ORAL TABLET	3	
ANGELIQ ORAL TABLET	3	
<i>camila oral tablet</i>	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>conjugated estrogens oral tablet</i>	1	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
<i>deblitane oral tablet</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL (1 vial per 90 days); ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	ACA; QL (1 per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	QL (1 per 90 days)
<i>dotti transdermal patch semiweekly</i>	1	QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
DUAVEE ORAL TABLET	2	PV
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
<i>emzahh oral tablet</i>	1	ACA
<i>errin oral tablet</i>	1	ACA
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	QL (1 pump per fill)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 1 mg/gram (0.1 %)</i>	1	QL (30 per fill)
<i>estradiol transdermal gel in packet 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %)</i>	1	QL (30 packets per fill)
<i>estradiol transdermal patch semiweekly</i>	1	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 per 28 days)
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRATEST H.S. ORAL TABLET	3	
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	QL (2 bottles per fill)
<i>fyavolv oral tablet</i>	1	
<i>gallifrey oral tablet</i>	1	
<i>heather oral tablet</i>	1	ACA
<i>incassia oral tablet</i>	1	ACA
<i>jencycla oral tablet</i>	1	ACA
<i>jinteli oral tablet</i>	1	
<i>lyleq oral tablet</i>	1	ACA
<i>lyllana transdermal patch semiweekly</i>	1	QL (8 per 28 days)
<i>lyza oral tablet</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension</i>	1	QL (1 vial per 90 days); ACA
<i>medroxyprogesterone intramuscular syringe</i>	1	ACA; QL (1 per 90 days)
<i>medroxyprogesterone oral tablet</i>	1	
<i>meleya oral tablet</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL (4 per 28 days)
<i>mimvey oral tablet</i>	1	
<i>nora-be oral tablet</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet</i>	1	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET	2	ACA
<i>orquidea oral tablet</i>	1	ACA
PREMARIN VAGINAL CREAM	2	
<i>progesterone intramuscular oil</i>	1	SP
<i>progesterone micronized oral capsule</i>	1	
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	
<i>sharobel oral tablet</i>	1	ACA
<i>tulana oral tablet</i>	1	ACA
<i>yuvafem vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	3	ST; ACA; QL (1 per 365 days)
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	1	ACA
<i>enilloring vaginal ring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	1	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
MYFEMBREE ORAL TABLET	2	
NEXPLANON SUBDERMAL IMPLANT	2	SP; ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	1	ACA
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	
PREPIDIL VAGINAL GEL	3	
RELAGARD VAGINAL GEL	3	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral tablet</i>	1	
TRIMO-SAN JELLY VAGINAL GEL	2	
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	2	
VCF CONTRACEPTIVE GEL VAGINAL GEL	2	ACA
VEOZAH ORAL TABLET	3	
XACIATO VAGINAL GEL	2	
<i>xulane transdermal patch weekly</i>	1	ACA
<i>zafemy transdermal patch weekly</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	1	ACA
<i>after pill oral tablet</i>	1	QL (1 per fill); ACA
AFTERA ORAL TABLET	3	QL (1 per fill); ACA
<i>altavera (28) oral tablet</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month</i>	1	ACA
<i>amethyst (28) oral tablet</i>	1	ACA
<i>apri oral tablet</i>	1	ACA
<i>aranelle (28) oral tablet</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	1	ACA
<i>aubra eq oral tablet</i>	1	ACA
<i>aubra oral tablet</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 1/20 (21) oral tablet</i>	1	ACA
<i>aurovela 24 fe oral tablet</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	1	ACA
<i>aviane oral tablet</i>	1	ACA
<i>ayuna oral tablet</i>	1	ACA
<i>azurette (28) oral tablet</i>	1	ACA
<i>balziva (28) oral tablet</i>	1	ACA
BEYAZ ORAL TABLET	3	ST; ACA
<i>blisovi 24 fe oral tablet</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	1	ACA
<i>briellyn oral tablet</i>	1	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month</i>	1	ACA
<i>caziant (28) oral tablet</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	1	ACA
<i>chateal eq (28) oral tablet</i>	1	ACA
<i>cryselle (28) oral tablet</i>	1	ACA
<i>cyred eq oral tablet</i>	1	ACA
<i>cyred oral tablet</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	ACA
<i>dolishale oral tablet</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	ACA
<i>econtra ez oral tablet</i>	1	QL (1 per fill); ACA
<i>econtra one-step oral tablet</i>	1	QL (1 per fill); ACA
<i>elinest oral tablet</i>	1	ACA
ELLA ORAL TABLET	2	QL (1 per fill); ACA
<i>enpresse oral tablet</i>	1	ACA
<i>enskyce oral tablet</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>estarylla oral tablet</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	ACA
<i>falmina (28) oral tablet</i>	1	ACA
<i>feirza oral tablet</i>	1	ACA
<i>finzala oral tablet,chewable</i>	1	ACA
<i>galbriela oral tablet,chewable</i>	1	ACA
<i>gemmily oral capsule</i>	1	ACA
<i>hailey 24 fe oral tablet</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	1	ACA
<i>hailey oral tablet</i>	1	ACA
<i>iclevia oral tablets,dose pack,3 month</i>	1	ACA
<i>introvale oral tablets,dose pack,3 month</i>	1	ACA
<i>isibloom oral tablet</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	1	ACA
<i>jasmiel (28) oral tablet</i>	1	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	1	ACA
<i>joyeaux oral tablet</i>	1	ACA
<i>juleber oral tablet</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet</i>	1	ACA
<i>junel 1/20 (21) oral tablet</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet</i>	1	ACA
<i>junel fe 24 oral tablet</i>	1	ACA
<i>kaitlib fe oral tablet,chewable</i>	1	ACA
<i>kalliga oral tablet</i>	1	ACA
<i>kariva (28) oral tablet</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet</i>	1	ACA
<i>kurvelo (28) oral tablet</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet</i>	1	ACA
<i>larin 1/20 (21) oral tablet</i>	1	ACA
<i>larin 24 fe oral tablet</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>larin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet</i>	1	ACA
<i>lessina oral tablet</i>	1	ACA
<i>levonest (28) oral tablet</i>	1	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	1	ACA
<i>levonorgestrel oral tablet</i>	1	QL (1 per fill); ACA
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	1	ACA
<i>levora-28 oral tablet</i>	1	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	1	ACA
<i>loryna (28) oral tablet</i>	1	ACA
<i>low-ogestrel (28) oral tablet</i>	1	ACA
<i>lo-zumandimine (28) oral tablet</i>	1	ACA
<i>luizza oral tablet</i>	1	ACA
<i>lutra (28) oral tablet</i>	1	ACA
<i>marlissa (28) oral tablet</i>	1	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	1	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	1	ACA
<i>mili oral tablet</i>	1	ACA
<i>minzoya oral tablet</i>	1	ACA
<i>mono-linyah oral tablet</i>	1	ACA
<i>my choice oral tablet</i>	1	QL (1 per fill); ACA
<i>my way oral tablet</i>	1	QL (1 per fill); ACA
<i>necon 0.5/35 (28) oral tablet</i>	1	ACA
<i>new day oral tablet</i>	1	QL (1 per fill); ACA
<i>nikki (28) oral tablet</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral capsule</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	1	ACA
<i>nylia 1/35 (28) oral tablet</i>	1	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	1	ACA
<i>ocella oral tablet</i>	1	ACA
<i>opcicon one-step oral tablet</i>	1	QL (1 per fill); ACA
<i>option-2 oral tablet</i>	1	QL (1 per fill); ACA
<i>philith oral tablet</i>	1	ACA
<i>pimtreea (28) oral tablet</i>	1	ACA
PLAN B ONE-STEP ORAL TABLET	2	QL (1 per fill); ACA
<i>portia 28 oral tablet</i>	1	ACA
<i>reclipsen (28) oral tablet</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	1	ACA
<i>rosyrah oral tablets,dose pack,3 month</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	1	ACA
<i>simliya (28) oral tablet</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	1	ACA
<i>sprintec (28) oral tablet</i>	1	ACA
<i>sronyx oral tablet</i>	1	ACA
<i>syeda oral tablet</i>	1	ACA
TAKE ACTION ORAL TABLET	3	QL (1 per fill); ACA
<i>tarina 24 fe oral tablet</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	1	ACA
<i>tilia fe oral tablet</i>	1	ACA
<i>tri-estarylla oral tablet</i>	1	ACA
<i>tri-legest fe oral tablet</i>	1	ACA
<i>tri-linyah oral tablet</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-estarylla oral tablet</i>	1	ACA
<i>tri-lo-marzia oral tablet</i>	1	ACA
<i>tri-lo-mili oral tablet</i>	1	ACA
<i>tri-lo-sprintec oral tablet</i>	1	ACA
<i>tri-mili oral tablet</i>	1	ACA
<i>tri-sprintec (28) oral tablet</i>	1	ACA
<i>tri-vylibra lo oral tablet</i>	1	ACA
<i>tri-vylibra oral tablet</i>	1	ACA
<i>turqoz (28) oral tablet</i>	1	ACA
<i>tydemy oral tablet</i>	1	ACA
<i>valtya oral tablet</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	1	ACA
<i>vestura (28) oral tablet</i>	1	ACA
<i>vienva oral tablet</i>	1	ACA
<i>viorele (28) oral tablet</i>	1	ACA
<i>volnea (28) oral tablet</i>	1	ACA
<i>vyfemla (28) oral tablet</i>	1	ACA
<i>vylibra oral tablet</i>	1	ACA
<i>wera (28) oral tablet</i>	1	ACA
<i>wymzya fe oral tablet, chewable</i>	1	ACA
<i>xarah fe oral tablet</i>	1	ACA
<i>xelria fe oral tablet, chewable</i>	1	ACA
YAZ (28) ORAL TABLET	3	ST; ACA
<i>zarah oral tablet</i>	1	ACA
<i>zovia 1-35 (28) oral tablet</i>	1	ACA
<i>zumandimine (28) oral tablet</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral tablet</i>	1	QL (240 per fill)
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	2	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>povidone-iodine ophthalmic (eye) solution</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
<i>timolol ophthalmic (eye) drops</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	2	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops</i>	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS	3	
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops</i>	1	
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	
<i>azelastine ophthalmic (eye) drops</i>	1	
BEOVU INTRAVITREAL SYRINGE	3	PA; SP
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	ST
BEVACIZUMAB INTRAVITREAL SYRINGE 2.25 MG/0.09 ML, 2.75 MG/0.11 ML	3	
BYOOVIZ INTRAVITREAL SOLUTION	2	PA; SP
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL (60 units per fill)
CIMERLI INTRAVITREAL SOLUTION	2	PA; SP
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	PA; QL (60 vials per fill)
CYSTARAN OPHTHALMIC (EYE) DROPS	2	SP
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION	3	
<i>epinastine ophthalmic (eye) drops</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL	3	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS	2	PA; QL (3 mL (1 bottle) per fill)
MOXIFLOXACIN-BROMFENAC OPHTHALMIC (EYE) DROPS	3	
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS	3	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	2	PA; SP
PAVBLU INTRAVITREAL SOLUTION	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
PAVBLU INTRAVITREAL SYRINGE	2	PA; SP
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	3	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops</i>	1	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops</i>	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS	3	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	PA; QL (1 bottle (6 mL) per fill)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL (60 vials per fill)
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE	3	
TYRVAYA NASAL SPRAY, METERED, NON- AEROSOL	3	PA
VEVYE OPHTHALMIC (EYE) DROPS	3	PA; QL (2mL (1 bottle) per fill)
XDEMVIY OPHTHALMIC (EYE) DROPS	2	QL (10 mL (1 bottle) per fill); SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL (60 vials per fill)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST
ACULAR OPHTHALMIC (EYE) DROPS	3	ST
<i>bromfenac ophthalmic (eye) drops</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ketorolac ophthalmic (eye) drops</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	1	PA
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS	3	
BRIMONIDINE-DORZOL-BIMATOPROST OPHTHALMIC (EYE) DROPS	3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	PA
<i>miostat intraocular solution</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS	3	
TIMOLOL-BIMATOPROST OPHTHALMIC (EYE) DROPS	3	
TIMOLOL-BRIMON-DORZOL-BIMATOP OPHTHALMIC (EYE) DROPS	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
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC (EYE) DROPS	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS	3	
TIMOLOL-DORZOLAMIDE-BIMATOPROS OPHTHALMIC (EYE) DROPS	3	
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
DEXTENZA INTRACANALICULAR INSERT	3	
<i>difluprednate ophthalmic (eye) drops</i>	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	PA; QL (8.3mL (1 bottle) per fill)
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
ILUVIEN INTRAVITREAL IMPLANT	3	SP
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	1	ST
OZURDEX INTRAVITREAL IMPLANT	2	SP
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	3	SP
YUTIQ INTRAVITREAL IMPLANT	3	SP
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	
<i>apraclonidine ophthalmic (eye) drops</i>	1	
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHIISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	2	QL (4 injectors per fill)
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>carbzah oral liquid</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	QL (30 per fill)
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL (30 tablets per fill)
<i>desloratadine oral tablet,disintegrating</i>	1	QL (30 per fill)
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 injectors per fill)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	3	QL (4 syringes per fill)
EPIPEN INJECTION AUTO-INJECTOR	3	QL (4 injectors per fill)
EPIPEN JR INJECTION AUTO-INJECTOR	3	QL (4 injectors per fill)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (30 per fill)
NEFFY NASAL SPRAY, NON-AEROSOL	2	QL (4 sprays per fill)
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
RYCLOA ORAL SOLUTION	3	
RYVENT ORAL TABLET	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL (60 per fill)
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i>	1	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral solution</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
POLY-TUSSIN AC ORAL LIQUID	3	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	PV
<i>acetylcysteine solution</i>	1	PV

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

Drug Name	Drug Tier	Requirements / Limits
ADEMPAS ORAL TABLET	2	PA; QL (90 per fill); SP
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL (1 inhaler per fill); PV
AIRSUPRA INHALATION HFA AEROSOL INHALER	2	PV
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (2 inhalers per fill); PV
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PV
<i>albuterol sulfate oral syrup</i>	1	PV
<i>albuterol sulfate oral tablet</i>	1	PV
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	PV
ALYFTREK ORAL TABLET 10-50-125 MG	2	PA; QL (56 per fill); SP
ALYFTREK ORAL TABLET 4-20-50 MG	2	PA; QL (84 per fill); SP
<i>alyq oral tablet</i>	1	PA; QL (60 per fill); SP
<i>ambrisentan oral tablet</i>	1	PA; QL (30 per fill); SP
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL (1 inhaler per fill); PV
<i>arformoterol inhalation solution for nebulization</i>	1	QL (60 vials) per fill); PV
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL (1 inhaler per fill); PV
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 inhaler per fill); PV
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL (2 inhalers per fill); PV
<i>bosentan oral tablet</i>	1	PA; QL (60 per fill); SP
<i>bosentan oral tablet for suspension</i>	1	PA; QL (120 tablets per fill); SP
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per fill); PV
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	QL (60 blisters per fill); PV
<i>breynga inhalation hfa aerosol inhaler</i>	1	QL (1 inhaler per fill); PV

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

Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL (1 inhaler per fill); PV
BRINSUPRI ORAL TABLET	3	SP
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; SP
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	QL (60 vials per fill); PV
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (60 ampules per fill); PV
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (30 vials per fill); PV
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	1	QL (1 inhaler per fill); PV
CINRYZE INTRAVENOUS RECON SOLN	2	PA; QL (32 vials per 28 days); SP
COMBIVENT RESPIMAT INHALATION MIST	2	QL (2 inhalers per fill); PV
<i>cromolyn inhalation solution for nebulization</i>	1	PV
DULERA INHALATION HFA AEROSOL INHALER	2	QL (1 inhaler per fill); PV
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; PV; QL (1 per 56 days)
FASENRA SUBCUTANEOUS SYRINGE	2	PA; SP; PV; QL (1 per 56 days)
<i>flunisolide nasal spray, non-aerosol</i>	1	ST; QL (2 bottles per fill)
<i>fluticasone propionate nasal spray, suspension</i>	1	QL (1 canister per fill)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (1 inhaler per fill); PV
<i>formoterol fumarate inhalation solution for nebulization</i>	1	QL (60 vials per fill); PV
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	2	PA; QL (24 vials per 28 days); SP
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	2	PA; QL (16 vials per 28 days); SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	1	PA; SP; QL (12 per 28 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL (1 inhaler per fill); PV
<i>ipratropium bromide inhalation solution</i>	1	PV
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL (180 vials per fill); PV

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

Drug Name	Drug Tier	Requirements / Limits
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; QL (12 vials per 28 days); SP
KALYDECO ORAL GRANULES IN PACKET	2	PA; QL (56 per fill); SP
KALYDECO ORAL TABLET	2	PA; QL (56 tablets (1 carton) per fill); SP
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	PV
<i>mometasone nasal spray,non-aerosol</i>	1	ST; QL (1 canister per fill)
<i>montelukast oral granules in packet</i>	1	PV
<i>montelukast oral tablet</i>	1	PV
<i>montelukast oral tablet,chewable</i>	1	PV
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; PV; QL (1 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; QL (1 vial per 28 days); SP; PV
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; PV; QL (1 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; QL (1 syringe per 28 days); SP; PV
OFEV ORAL CAPSULE	2	PA; QL (60 per fill); SP
OPSUMIT ORAL TABLET	2	PA; QL (30 per fill); SP
OPSYNVI ORAL TABLET	2	PA; QL (30 per fill); SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; QL (56 granules per fill); SP
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	2	PA; QL (56 packets (1 carton) per fill); SP
ORKAMBI ORAL TABLET	2	PA; QL (112 per fill); SP
ORLADEYO ORAL CAPSULE	3	PA; SP; QL (28 per 28 days)
<i>pirfenidone oral capsule</i>	1	PA; QL (270 per fill); SP
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 per fill); SP
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (90 per fill); SP
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	2	SP
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (1 inhaler per fill); PV

You can find information 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 (2 inhalers per fill); PV
REVATIO INTRAVENOUS SOLUTION	3	SP
REVATIO ORAL TABLET	3	PA; QL (90 per fill); SP
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL (30 per fill); PV
<i>roflumilast oral tablet 500 mcg</i>	1	PA; PV
RUCONEST INTRAVENOUS RECON SOLN	2	PA; QL (16 vials per 28 days); SP
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	ST; QL (1 bottle per fill)
<i>sajazir subcutaneous syringe</i>	1	PA; SP; QL (12 per 28 days)
<i>sildenafil (pulm.hypertension) intravenous solution</i>	1	SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	PA; QL (112 mL (1 bottle) per fill); SP
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (90 per fill); SP
SINUVA SINUS IMPLANT	3	SP
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL (1 inhaler per fill); PV
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL (30 capsules (1 package) per fill); PV
STIOLTO RESPIMAT INHALATION MIST	2	QL (1 inhaler per fill); PV
STRIVERDI RESPIMAT INHALATION MIST	2	QL (1 inhaler per fill); PV
SYMDEKO ORAL TABLETS, SEQUENTIAL	2	PA; QL (56 per fill); SP
<i>tadalafil (pulm. hypertension) oral tablet</i>	1	PA; QL (60 per fill); SP
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA; QL (2 vials per 28 days); SP
TAKHZYRO SUBCUTANEOUS SYRINGE	2	PA; SP; QL (2 per 28 days)
<i>terbutaline oral tablet</i>	1	PV
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	2	PA; SP; PV; QL (1 per 28 days)
TEZSPIRE SUBCUTANEOUS SYRINGE	2	PA; SP; PV; QL (1 per 28 days)
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	3	PV
<i>theophylline oral elixir</i>	1	PV
<i>theophylline oral solution</i>	1	PV
<i>theophylline oral tablet extended release 12 hr</i>	1	PV
<i>theophylline oral tablet extended release 24 hr</i>	1	PV

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

Drug Name	Drug Tier	Requirements / Limits
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	1	PV
TRACLEER ORAL TABLET	3	PA; QL (60 per fill); SP
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; QL (120 tablets per fill); SP
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL (1 inhaler per fill); PV
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	QL (28 blisters per fill); PV
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	2	PA; QL (56 per fill); SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL	2	PA; QL (84 per fill); SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION	2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	3	PA; SP
WINREVAIR SUBCUTANEOUS KIT	2	PA; SP
<i>wixela inhub inhalation blister with device</i>	1	QL (1 inhaler per fill); PV
XHANCE NASAL AEROSOL BREATH ACTIVATED	2	ST; QL (2 bottles per fill)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; PV; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; QL (6 vials per 28 days); SP; PV
XOLAIR SUBCUTANEOUS SYRINGE	2	PA; SP; PV; QL (2 per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL (30 vials per fill); PV
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; SP
<i>zafirlukast oral tablet</i>	1	PV
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	2	PV

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

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER MECHANICAL VENT SPACER	2	PV
AEROCHAMBER MINI SPACER	2	PV
AEROCHAMBER PLUS FLOW-VU SPACER	2	PV
AEROCHAMBER PLUS Z STAT SPACER	2	PV
AEROCHAMBER2GO SPACER	2	PV
AEROTRACH PLUS SPACER	2	PV
AEROVENT PLUS SPACER	2	PV
BREATHERITE MDI SPACER SPACER	2	PV
COMPACT SPACE CHAMBER SPACER	2	PV
EASIVENT HOLDING CHAMBER SPACER	2	PV
FLEXICHAMBER SPACER	2	PV
LITEAIRE MDI CHAMBER SPACER	2	PV
MICROCHAMBER SPACER	2	PV
MICROSPACER SPACER	2	PV
OPTICHAMBER DIAMOND VHC SPACER	2	PV
POCKET CHAMBER SPACER	2	PV
PRIMEAIRE SPACER	2	PV
PROCHAMBER SPACER	2	PV
RITEFLO AEROCHAMBER SPACER	2	PV
SPACE CHAMBER SPACER	2	PV
VORTEX HOLDING CHAMBER SPACER	2	PV

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	1	
<i>fesoterodine oral tablet extended release 24 hr</i>	1	
<i>flavoxate oral tablet</i>	1	
GEMTESA ORAL TABLET	3	
<i>mirabegron oral tablet extended release 24 hr</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL (8 per 28 days)
<i>solifenacin oral tablet</i>	1	
<i>tolterodine oral capsule, extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
<i>trospium oral capsule, extended release 24hr</i>	1	
<i>trospium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
<i>dutasteride oral capsule</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST
PROSCAR ORAL TABLET	3	ST
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA; QL (6 per fill)
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; QL (30 per fill)
<i>tamsulosin oral capsule</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>avanafil oral tablet</i>	1	PA; QL (6 per fill)
CYSTAGON ORAL CAPSULE	2	SP
ELMIRON ORAL CAPSULE	2	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE	2	
<i>mb caps oral capsule</i>	1	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
ORACIT ORAL SOLUTION	3	
OXLUMO SUBCUTANEOUS SOLUTION	3	PA; SP
<i>potassium citrate oral tablet extended release</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
RENACIDIN IRRIGATION SOLUTION	2	
<i>sildenafil oral tablet</i>	1	PA; QL (6 per fill)
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
STENDRA ORAL TABLET	3	PA; QL (6 per fill)
URELLE ORAL TABLET	3	
<i>uretron d-s oral tablet</i>	1	
URIBEL TABS ORAL TABLET	3	
<i>urimar-t oral tablet</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uro-sp oral capsule</i>	1	
<i>uryl oral tablet</i>	1	
<i>varденаfil oral tablet</i>	1	PA; QL (6 per fill)
<i>varденаfil oral tablet, disintegrating</i>	1	PA; QL (6 per fill)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET	3	
<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL (360 per fill)
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL (360 per fill)
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	SP
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>lanthanum oral tablet,chewable</i>	1	QL (90 per fill)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	2	QL (30 packets per fill)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	2	QL (30 units per fill)
<i>lugols oral solution</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
REVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (180 packets per fill)
REVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (90 packets per fill)
REVELA ORAL TABLET	3	QL (270 per fill)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (180 packets per fill)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (90 packets per fill)
<i>sevelamer carbonate oral tablet</i>	1	QL (270 per fill)
<i>sevelamer hcl oral tablet 400 mg</i>	1	QL (450 per fill)
<i>sevelamer hcl oral tablet 800 mg</i>	1	QL (270 per fill)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
<i>strong iodine oral solution</i>	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	QL (120 packets per fill)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM	2	QL (30 per fill)

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

Drug Name	Drug Tier	Requirements / Limits
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	2	QL (90 per fill)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	3	PA; SP
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	3	
<i>b complex 1 (with folic acid) oral tablet</i>	1	ACA
<i>b complex-vitamin c-folic acid oral tablet</i>	1	ACA
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR	3	PV
<i>bal-care dha oral combo pack,tablet and cap,dr</i>	1	PV
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	ACA
<i>classic prenatal oral tablet</i>	1	PV; ACA
<i>c-nate dha oral capsule</i>	1	PV
<i>complete natal dha oral combo pack</i>	1	PV
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol</i>	1	ST; QL (4 devices per fill)
<i>dialyvite 800 oral tablet</i>	1	ACA
<i>dodex injection solution</i>	1	
<i>elite-ob oral tablet</i>	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>flotrex oral tablet,chewable</i>	1	PV; ACA
<i>fluoride (sodium) oral drops</i>	1	PV; ACA
<i>fluoride (sodium) oral tablet,chewable</i>	1	PV; ACA
<i>folic acid oral tablet 1 mg</i>	1	PV
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	PV; ACA
<i>folitab oral tablet extended release</i>	1	ACA
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>full spectrum b-vitamin c oral tablet</i>	1	ACA
<i>hydroxocobalamin intramuscular solution</i>	1	
<i>kobee oral tablet</i>	1	ACA
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	PV
<i>ludent fluoride oral tablet,chewable</i>	1	PV; ACA
MARNATAL-F ORAL CAPSULE	3	PV
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	PV
<i>multi-vitamin with fluoride oral drops</i>	1	PV; ACA
<i>multi-vitamin with fluoride oral tablet,chewable</i>	1	PV; ACA
<i>multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride</i>	1	PV; ACA
<i>mvc-fluoride oral tablet,chewable</i>	1	PV; ACA
<i>mynatal oral capsule</i>	1	PV
<i>mynatal plus oral tablet</i>	1	PV
<i>mynatal-z oral tablet</i>	1	PV
NASCOBAL NASAL SPRAY, NON-AEROSOL	2	ST; QL (4 devices per fill)
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
<i>neo-vital rx oral tablet</i>	1	PV
NESTABS ABC ORAL COMBO PACK	3	PV
NESTABS DHA ORAL COMBO PACK	3	PV
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	PV
<i>newgen oral tablet</i>	1	PV
OB COMPLETE ONE ORAL CAPSULE	3	PV
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	PV
OB COMPLETE PREMIER ORAL TABLET	3	PV
OB COMPLETE WITH DHA ORAL CAPSULE	3	PV
<i>one natal rx oral tablet</i>	1	PV
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pnv-select oral tablet</i>	1	PV
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	PV
<i>pr natal 400 oral combo pack</i>	1	PV
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	PV
<i>pr natal 430 oral combo pack</i>	1	PV
PRENATA ORAL TABLET,CHEWABLE	3	PV
<i>prenatabs fa oral tablet</i>	1	PV
<i>prenatabs rx oral tablet</i>	1	PV
<i>prenatal complete oral tablet</i>	1	PV; ACA
<i>prenatal multi-dha (algal oil) oral capsule</i>	1	PV; ACA
<i>prenatal multivitamins oral tablet</i>	1	PV; ACA
<i>prenatal one daily oral tablet</i>	1	PV; ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	PV; ACA
<i>prenatal plus (calcium carb) oral tablet</i>	1	PV
PRENATAL PLUS DHA ORAL COMBO PACK	3	PV
<i>prenatal plus oral tablet</i>	1	PV
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	3	PV
<i>prenatal vit no.179-iron-folic oral tablet</i>	1	PV; ACA
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	PV; ACA
<i>prenatal vitamin with minerals oral tablet</i>	1	PV; ACA
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	PV
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	PV
PRENATE ENHANCE ORAL CAPSULE	3	PV
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	PV
PRENATE PIXIE ORAL CAPSULE	3	PV
PRENATE RESTORE ORAL CAPSULE	3	PV

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

Drug Name	Drug Tier	Requirements / Limits
PRENATE STAR ORAL TABLET	3	PV
PROVIDA OB ORAL CAPSULE	3	PV
<i>purevita folic acid oral tablet</i>	1	PV; ACA
<i>rena-vite oral tablet</i>	1	ACA
R-NATAL OB ORAL CAPSULE	3	PV
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	PV
SELECT-OB + DHA ORAL COMBO PACK	3	PV
SELECT-OB ORAL TABLET,CHEWABLE	3	PV
<i>se-natal 19 chewable oral tablet,chewable</i>	1	PV
<i>se-natal 19 oral tablet</i>	1	PV
<i>soluvita a,c,d with fluoride oral drops</i>	1	PV; ACA
<i>soluvita oral drops</i>	1	PV; ACA
<i>stress formula with iron(sulf) oral tablet</i>	1	ACA
<i>super b-50 complex oral capsule</i>	1	ACA
<i>super quintis oral tablet</i>	1	ACA
<i>taron-c dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	PV
TRICARE ORAL TABLET	3	PV
<i>tricon oral capsule</i>	1	ACA
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	PV
<i>trinate oral tablet</i>	1	PV
TRISTART DHA ORAL CAPSULE	3	PV
<i>tri-vitamin with fluoride oral drops</i>	1	PV; ACA
VITAFOL FE PLUS ORAL CAPSULE	3	PV
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	PV
VITAFOL ULTRA ORAL CAPSULE	3	PV
VITAFOL-OB ORAL TABLET	3	PV
VITAFOL-OB+DHA ORAL COMBO PACK	3	PV
VITAFOL-ONE ORAL CAPSULE	3	PV
VITAMEDMD ONE RX ORAL CAPSULE	3	PV

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

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin b complex-folic acid oral tablet</i>	1	ACA
<i>vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	1	PV; ACA
<i>wescap-pn dha oral capsule</i>	1	
<i>wesnatal dha complete oral combo pack</i>	1	PV
<i>wesnate dha oral capsule</i>	1	PV
<i>westab plus oral tablet</i>	1	PV
<i>westgel dha oral capsule</i>	1	PV
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

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