



**HSA and Non-HSA Plans
Deductible/Copay Plans
Copay/Coinsurance Plans**

**\$3800 HSA Silver
\$8400 HSA Bronze
\$1300 Gold
\$2400 Gold
\$3000 Plus Silver
\$3150 Silver
\$4600 Plus Silver
\$6800 Plus Bronze HSA
HealthPartners Easy Compare Gold Rx Copay
HealthPartners Easy Compare Silver Rx Copay
HealthPartners Easy Compare Bronze HSA**

2026 Formulary

(List of covered drugs)



For current information on the Drug List, visit healthpartners.com/pharmacy.

Effective: June 1st, 2026

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What's the drug list?

This is the list of medicines (sometimes called a formulary) covered by your health plan. The drug list is reviewed by a team of experts every three months for new medicines, safety alerts and other updates.

Who decides what's on the drug list?

The HealthPartners Pharmacy and Therapeutics Committee manage the list. This team of experts focuses on safety, effectiveness and affordability. Visit healthpartners.com/pharmacy for more information.

How do you use the drug list?

The medicines are listed in alphabetical order by type of medicine starting on page 1. To search for a drug name, use the **Control** and **F** keys on your keyboard, or use the Find (Ctrl + F) menu. Type in the name you are looking for and click **Enter** on your keyboard.

Generic medicines are in *lowercase italics* (e.g., *cephalexin*). These medicines are safe and effective but cost less than brand medicines.

Brand medicines are in ALL CAPS (e.g., KEFLEX) and are more costly than generic medicines.

The **Tier** is used to determine how much a medicine will cost you. For exact cost information,

- Find the tier status for your medicine.
 - Review your Summary of Plan Benefits or contract for the copay or coinsurance for that Tier Status. Or,
 - Log on to your *myHealthPartners* account to check your pharmacy benefits.
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- **Tier 1** – Formulary Low-Cost Generics
 - **Tier 2** – Formulary High-Cost Generics
 - **Tier 3** - Formulary Preferred Brands
 - **Tier 4** - Formulary Non-Preferred Generics & Brands
 - **Tier 5** - Specialty Generics
 - **Tier 6** – Specialty Brands
 - **Tier 7** – Oral Chemotherapy
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What's a Specialty Medicine?

Specialty medicines are usually prescribed by doctors whose focus is on the treatment of chronic and complex diseases. These medicines usually require more management, have a high price and aren't always stocked at retail pharmacies. Prescriptions for these medicines must be filled at a specialty pharmacy and are often covered at a different benefit than non-specialty medicines. Log on to your *myHealthPartners* account and click on *My plan benefits* on the Medical Plan tab to check your benefits for specialty medicines.

What do the abbreviations under *Limits & Restrictions* mean?

Special information about the medicine you're searching for. The abbreviations let you know there might be a special program or rule for the medicine. Use this key to help you navigate the drug list:

- PA - Prior Authorization Required
- ST - Step Therapy Required
- AL - Age Limit
- QL – Quantity Limit
- SC – Smoking Cessation Benefit
- ONC – Oncology Benefit
- ACA – Affordable Care Act
- ACA-PA – Affordable Care Act with PA
- OP – Opioid Program
- TD – Trial Drug Program
- S – Specialty

Why do you need prior authorization (PA) for some medicines?

Even though some medicines are on the drug list, they need to meet the HealthPartners prior authorization criteria in order for the medicine to be covered by your pharmacy benefits.

What's Step Therapy (ST)?

Some medicines are on the drug list, but you need to try one or more other medicines first. HealthPartners covers a medicine with step therapy, if you've already tried the other medicine(s). If you haven't, you or your doctor will need to get approval from HealthPartners before the medicine will be covered by your lowest brand, generic or specialty copay or coinsurance.

What's the Smoking Cessation Benefit (SC)?

This type of medicine may have limits on the amount you get or may not be covered under all plans. Log on to your myHealthPartners account and click on My plan benefits on the Medical Plan tab to check your benefits for smoking cessation.

What's an Age Limit (AL)?

An age edit means some medicines are only covered if you're within a specific age range. If you're not in the approved age range, you or your doctor will need to request approval from HealthPartners for your medicine to be covered.

What's a Quantity Limit (QL)?

This means HealthPartners limits the amount of the medicine you'll get each time you fill your prescription. The quantity limit may be less than the day supply listed in your contract or Summary Plan Description. Requests above the quantity limit will be reviewed for medical necessity and include an evaluation of the diagnosis, alternatives previously tried, prior use of the requested product within

quantity limit, and evidence of efficacy and safety at the quantity requested.

What's the Affordable Care Act (ACA)?

HealthPartners offers certain preventive service benefits at no cost to you. This means you don't have to pay a copay or coinsurance.

These medications are outlined by the United States Preventive Services Task Force (USPSTF) recommendations with an A or B rating, recommendations from the Advisory Committee on Immunization Practices (ACIP), and guidelines supported by the Health Resources and Services Administration (HRSA) for pediatrics and women.

What's the Affordable Care Act with PA (ACA-PA)?

These products are covered under the Affordable Care Act if prior authorization criteria are met. Prior authorization is used to confirm that the medication meets ACA program requirements.

What's the Opioid Program (OP)?

New prescriptions for opioid medications are limited to a smaller supply for the first prescription. Longer therapy requires prior authorization.

What's the Trial Drug Program (TD)?

The trial drug program is for new prescriptions for certain medicines that may not be well tolerated due to:

- Side effects
- High cost
- High potential for waste

Your first 6 fills of a trial drug may be limited to less than a month supply. If the medicine works well, you'll get the rest of your month supply. If a copay applies to the medicine, you'll pay no more than one copay for each one month supply.

What's the Oncology Benefit (ONC)?

These are oncology (cancer) medicines that must be filled at a specialty pharmacy. Log on to your secure account to check your benefits for coverage details.

List of Abbreviations

1: Formulary Low Cost Generics

2: Formulary High Cost Generics

3: Formulary Preferred Brands

4: Formulary Non-Preferred Generics and Brands

5: Specialty Generics

6: Specialty Brands

7: Oral Chemotherapy

NF: Non-Formulary

ACA: Affordable Care Act. This product is covered under the Affordable Care Act.

AL: Age Limit.

ONC: Oncology Benefit.

OP: Opioid Program.

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

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

S: Specialty.

SC: Smoking Cessation.

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.

TD: Trial Drug

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	NF	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	NF	PA
<i>itraconazole oral capsule 100 mg</i>	2	
<i>itraconazole oral solution 10 mg/ml</i>	NF	PA
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	3	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	NF	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (480 Per fill)
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	2	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	2	PA
SPORANOX ORAL CAPSULE 100 MG	NF	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	NF	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	NF	PA
VIVJOA ORAL CAPSULE 150 MG	NF	PA; QL (18 per 84 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>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	2	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	AL (Max 12 Years)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>adefovir oral tablet 10 mg</i>	2	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	3	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	NF	PA
<i>darunavir oral tablet 600 mg, 800 mg</i>	2	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	ACA
DOVATO ORAL TABLET 50-300 MG	3	
EDURANT ORAL TABLET 25 MG	NF	PA
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	3	QL (6 per 1 day)
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	ACA
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i>	2	
EMTRIVA ORAL CAPSULE 200 MG	NF	PA
ENFLONIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	3	ACA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	6	PA; S
EPCLUSA ORAL TABLET 200-50 MG	6	PA; S
EPCLUSA ORAL TABLET 400-100 MG	NF	PA; S
EPIVIR ORAL SOLUTION 10 MG/ML	NF	PA
EPIVIR ORAL TABLET 150 MG, 300 MG	NF	PA
<i>etravirine oral tablet 100 mg, 200 mg</i>	2	
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	3	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	6	PA; S
HARVONI ORAL TABLET 45-200 MG	6	PA; S
HARVONI ORAL TABLET 90-400 MG	NF	PA; S
INTELENCE ORAL TABLET 100 MG, 200 MG	NF	PA
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	3	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	3	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	NF	PA
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	QL (8 per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	6	PA; S
LIVTENCITY ORAL TABLET 200 MG	6	PA; S
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	2	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	6	PA; S
MAVYRET ORAL TABLET 100-40 MG	6	PA; S
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL TABLET 100 MG	NF	PA
ODEFSEY ORAL TABLET 200-25-25 MG	3	
<i>oseltamivir oral capsule 30 mg</i>	2	QL (20 Per fill)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	QL (10 Per fill)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (180 Per fill)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	3	QL (4 per 1 day)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (6 per 1 day)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	4	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	PA
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	NF	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (20 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
RETROVIR ORAL CAPSULE 100 MG	NF	PA
RETROVIR ORAL SYRUP 10 MG/ML	NF	PA
REYATAZ ORAL CAPSULE 200 MG, 300 MG	NF	PA
REYATAZ ORAL POWDER IN PACKET 50 MG	3	
<i>ribavirin oral capsule 200 mg</i>	5	S
<i>ribavirin oral tablet 200 mg</i>	5	S
<i>rilpivirine hcl oral tablet 25 mg</i>	2	
<i>rimantadine oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	NF	PA
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	6	PA; S
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	6	PA; S
SOVALDI ORAL TABLET 200 MG	6	PA; S
SOVALDI ORAL TABLET 400 MG	NF	PA; S
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	6	S
SYMFI ORAL TABLET 600-300-300 MG	NF	PA
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	
TAMIFLU ORAL CAPSULE 30 MG	NF	QL (20 Per fill)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	NF	QL (10 Per fill)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	NF	QL (180 Per fill)
TEMBEXA ORAL SUSPENSION 10 MG/ML	NF	QL (65 per 8 days)
TEMBEXA ORAL TABLET 100 MG	NF	QL (0.5 per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	3	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	
TRIUMEQ ORAL TABLET 600-50-300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	NF	PA
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	2	
<i>valganciclovir oral tablet 450 mg</i>	2	
VALTREX ORAL TABLET 1 GRAM, 500 MG	NF	PA
VEMLIDY ORAL TABLET 25 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
VIREAD ORAL TABLET 300 MG	NF	PA
VOSEVI ORAL TABLET 400-100-100 MG	6	PA; S
YEZTUGO ORAL TABLET 300 MG	6	QL (4 Per fill); S; ACA
ZEPATIER ORAL TABLET 50-100 MG	NF	PA; S
ZIAGEN ORAL SOLUTION 20 MG/ML	NF	PA
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
CEPHALOSPORINS		
<i>cefaclor oral capsule 500 mg</i>	4	PA
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION 2 GRAM/100 ML	3	
<i>cefдинир oral capsule 300 mg</i>	1	
<i>cefдинир oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	AL (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	PA
DIFICID ORAL TABLET 200 MG	NF	PA
<i>erythromycin oral tablet 500 mg</i>	4	PA
<i>fidaxomicin oral tablet 200 mg</i>	4	PA
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	2	PA
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	PA; QL (180 Per fill)
ALINIA ORAL TABLET 500 MG	NF	PA; QL (6 Per fill)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	NF	PA; S; QL (252 per 30 days)
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	NF	PA; S; QL (4 per 1 day)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	6	PA; S
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	NF	PA; AL (Max 12 Years)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	AL (Max 12 Years)
COARTEM ORAL TABLET 20-120 MG	4	PA
<i>cycloserine oral capsule 250 mg</i>	2	PA
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
DARAPRIM ORAL TABLET 25 MG	NF	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	NF	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	NF	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
IMPAVIDO ORAL CAPSULE 50 MG	4	PA
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	2	QL (40 Per fill)
<i>ivermectin oral tablet 6 mg</i>	NF	PA; QL (20 Per fill)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	NF	PA; S; QL (5 per 1 day)
LAMPIT ORAL TABLET 120 MG, 30 MG	4	PA
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	NF	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	PA
<i>linezolid oral tablet 600 mg</i>	2	QL (2 per 1 day)
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 2 gram</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	PA; QL (6 Per fill)
ORLYNVAH ORAL TABLET 500-500 MG	NF	PA; QL (10 Per fill)
PLAQUENIL ORAL TABLET 200 MG	NF	PA
<i>praziquantel oral tablet 600 mg</i>	4	
PRETOMANID ORAL TABLET 200 MG	4	PA

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Drug Name	Drug Tier	Requirements / Limits
PRIFTIN ORAL TABLET 150 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	NF	PA
<i>quinine sulfate oral capsule 324 mg</i>	4	PA
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA
SIVEXTRO ORAL TABLET 200 MG	NF	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	NF	PA
SOVUNA ORAL TABLET 200 MG, 300 MG	NF	PA
STROMEKTOL ORAL TABLET 3 MG	NF	QL (40 Per fill)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	NF	PA; S; QL (5 per 1 day)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	NF	PA; S
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; S; QL (5 per 1 day)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	NF	PA; S; QL (4 per 1 day)
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	NF	PA; S; QL (5 per 1 day)
XENLETA ORAL TABLET 600 MG	NF	PA; QL (10 Per fill)
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	NF	PA
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PIVYA ORAL TABLET 185 MG	NF	PA
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	4	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	AL (Max 12 Years)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	AL (Max 12 Years)
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	NF	PA
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	PA
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	NF	PA
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</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>	NF	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NF	PA
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	NF	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	PA
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	NF	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
EMROSI ORAL CAPSULE, IR - EXTEND REL, BIPHASE 40 MG	NF	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	NF	PA
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	PA
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	NF	PA
NUZYRA ORAL TABLET 150 MG	NF	PA
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	NF	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	NF	PA
TARGADOX ORAL TABLET 50 MG	NF	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	QL (56 Per fill)
<i>tetracycline oral tablet 250 mg, 500 mg</i>	NF	PA; QL (56 Per fill)
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	NF	PA

URINARY TRACT AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
BLUJEPAL ORAL TABLET 750 MG	NF	PA; QL (20 Per fill)
CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	3	
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	QL (3 Per fill)
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	AL (Max 12 Years)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	AL (Max 12 Years)
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	NF	PA; AL (Max 12 Years)
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	6	PA; S
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	7	PA; ONC; TD; S
<i>abirtega oral tablet 250 mg</i>	NF	PA; ONC; TD; S
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 5 MG	NF	PA; ONC; TD; S; QL (2 per 1 day)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	NF	PA; ONC; TD; S; QL (3 per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	7	PA; ONC; TD; S
ALECENSA ORAL CAPSULE 150 MG	NF	PA; ONC; TD; S; QL (8 per 1 day)
ALKERAN ORAL TABLET 2 MG	NF	PA; ONC
ALUNBRIG ORAL TABLET 180 MG, 90 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	NF	PA; ONC; TD; S; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	NF	PA; ONC; TD; S; QL (1 per 1 day)
<i>anastrozole oral tablet 1 mg</i>	7	ONC
ARIMIDEX ORAL TABLET 1 MG	NF	PA; ONC
AROMASIN ORAL TABLET 25 MG	NF	PA; ONC
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	NF	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	NF	PA; ONC; TD; S
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	NF	PA; ONC; S; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
<i>azathioprine oral tablet 50 mg</i>	2	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	7	PA; ONC; TD; S
<i>bexarotene oral capsule 75 mg</i>	7	PA; ONC; TD; S
<i>bexarotene topical gel 1 %</i>	5	PA; S
<i>bicalutamide oral tablet 50 mg</i>	7	ONC
BOSULIF ORAL CAPSULE 100 MG	NF	PA; ONC; TD; S; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	NF	PA; ONC; TD; S; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	NF	PA; ONC; S
BRUKINSA ORAL CAPSULE 80 MG	7	PA; ONC; TD; S
BRUKINSA ORAL TABLET 160 MG	7	PA; ONC; TD; S
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	7	PA; ONC; TD; S; QL (2 per 1 day)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	NF	PA; S
<i>capecitabine oral tablet 150 mg, 500 mg</i>	7	ONC; S
CAPRELSA ORAL TABLET 100 MG, 300 MG	7	PA; ONC; S
CASODEX ORAL TABLET 50 MG	NF	PA; ONC
CELLCEPT ORAL CAPSULE 250 MG	NF	PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
CELLCEPT ORAL TABLET 500 MG	NF	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	7	PA; ONC; TD; S; QL (2 per 1 day)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	7	PA; ONC; TD; S; QL (4 per 1 day)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	7	PA; ONC; TD; S; QL (3 per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	NF	PA; ONC; TD; S
COTELLIC ORAL TABLET 20 MG	7	PA; ONC; S
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	7	ONC
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	7	ONC
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
DANZITEN ORAL TABLET 71 MG, 95 MG	NF	PA; ONC; TD; S
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	7	PA; ONC; TD; S; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	7	PA; ONC; TD; S; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG, 25 MG	NF	PA; ONC; TD; S
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	6	PA; S
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	6	PA; S
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	6	PA; S
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	6	PA; S
ENSACOVE ORAL CAPSULE 100 MG	NF	PA; ONC; TD; S; QL (2 per 1 day)
ENSACOVE ORAL CAPSULE 25 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	6	PA; S
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	NF	PA
ERIVEDGE ORAL CAPSULE 150 MG	7	PA; ONC; TD; S
ERLEADA ORAL TABLET 240 MG, 60 MG	7	PA; ONC; S

You can find information 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>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	7	PA; ONC; TD; S
<i>etoposide oral capsule 50 mg</i>	7	ONC
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	7	PA; ONC; TD; S; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg</i>	7	PA; ONC; TD; S; QL (2 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	7	PA; ONC; TD; S; QL (3 per 1 day)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	PA
<i>exemestane oral tablet 25 mg</i>	7	ONC
FARESTON ORAL TABLET 60 MG	NF	PA; ONC
FEMARA ORAL TABLET 2.5 MG	NF	PA; ONC
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	NF	PA; S
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	NF	PA; ONC; S
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	NF	PA; ONC; S
GAVRETO ORAL CAPSULE 100 MG	NF	PA; ONC; S
<i>gefitinib oral tablet 250 mg</i>	7	PA; ONC; TD; S
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	7	PA; ONC; S; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG	NF	PA; ONC; TD; S
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	NF	PA; ONC; S
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	NF	PA; ONC; S
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	NF	PA; ONC; S
HERNEXEOS ORAL TABLET 60 MG	NF	PA; ONC; S; QL (3 per 1 day)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	7	ONC; S
HYDREA ORAL CAPSULE 500 MG	NF	PA; ONC
<i>hydroxyurea oral capsule 500 mg</i>	7	ONC
HYRNUO ORAL TABLET 10 MG	NF	PA; ONC; S
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	7	PA; ONC; S; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	7	PA; ONC; S; QL (21 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
IBTROZI ORAL CAPSULE 200 MG	NF	PA; ONC; TD; S; QL (3 per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG	7	PA; ONC; S; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg, 400 mg</i>	7	ONC; TD; S
IMBRUVICA ORAL CAPSULE 140 MG	7	PA; ONC; S; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	NF	PA; ONC; S; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	7	PA; ONC; S; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	NF	PA; ONC; S; QL (1 per 1 day)
IMBRUVICA ORAL TABLET 420 MG	7	PA; ONC; S; QL (1 per 1 day)
IMKELDI ORAL SOLUTION 80 MG/ML	NF	PA; ONC; TD; S
INLURIYO ORAL TABLET 200 MG	NF	PA; ONC; S; QL (2 per 1 day)
INLYTA ORAL TABLET 1 MG	7	PA; ONC; TD; S; QL (8 per 1 day)
INLYTA ORAL TABLET 5 MG	7	PA; ONC; TD; S; QL (4 per 1 day)
INQOVI ORAL TABLET 35-100 MG	NF	PA; ONC; S
INREBIC ORAL CAPSULE 100 MG	NF	PA; ONC; TD; S
IRESSA ORAL TABLET 250 MG	NF	PA; ONC; TD; S
ITOVEBI ORAL TABLET 3 MG, 9 MG	NF	PA; ONC; TD; S
IWILFIN ORAL TABLET 192 MG	NF	PA; ONC; TD; S
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	7	PA; ONC; TD; S; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	NF	PA; ONC; TD; S
JYLAMVO ORAL SOLUTION 2 MG/ML	NF	PA; ONC
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	7	PA; ONC; S; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	7	PA; ONC; S; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	7	PA; ONC; S; QL (63 per 28 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	NF	PA
KOMZIFTI ORAL CAPSULE 200 MG	NF	PA; ONC; S
KOSELUGO ORAL CAPSULE 10 MG	7	PA; ONC; S; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	7	PA; ONC; S; QL (4 per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	NF	PA; ONC; S; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
KRAZATI ORAL TABLET 200 MG	7	PA; ONC; TD; S
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	NF	PA; S
<i>lapatinib oral tablet 250 mg</i>	7	PA; ONC; S
LAZCLUZE ORAL TABLET 240 MG, 80 MG	NF	PA; ONC; TD; S
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	7	PA; ONC; S; QL (1 per 1 day)
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	7	PA; ONC; S; QL (21 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
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)	NF	PA; ONC; TD; S; QL (3 per 1 day)
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)	NF	PA; ONC; TD; S; QL (2 per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	7	ONC
LEUKERAN ORAL TABLET 2 MG	7	ONC
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	NF	PA; S
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	S
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1)	NF	PA; ONC; S; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2)	NF	PA; ONC; S; QL (27 per 28 days)
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	7	ONC; S
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	NF	PA; ONC; S
LORBRENA ORAL TABLET 100 MG, 25 MG	NF	PA; ONC; TD; S
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	7	PA; ONC; TD; S
LUPKYNIS ORAL CAPSULE 7.9 MG	NF	PA; S; QL (6 per 1 day)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	6	PA; S
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	6	PA; S
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	6	PA; S

You can find information 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 INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	6	PA; S
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	6	PA; S
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	6	PA; S
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	6	PA; S
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	NF	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	7	PA; ONC; TD; S; QL (4 per 1 day)
LYSODREN ORAL TABLET 500 MG	7	PA; ONC; TD; S
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	7	PA; ONC; S
MATULANE ORAL CAPSULE 50 MG	7	PA; ONC; S
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>megestrol oral tablet 20 mg, 40 mg</i>	7	ONC
MEKINIST ORAL RECON SOLN 0.05 MG/ML	7	PA; ONC; S
MEKINIST ORAL TABLET 0.5 MG, 2 MG	7	PA; ONC; S
MEKTOVI ORAL TABLET 15 MG	NF	PA; ONC; S
<i>mercaptopurine oral suspension 20 mg/ml</i>	NF	PA; ONC; S
<i>mercaptopurine oral tablet 50 mg</i>	7	ONC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	7	ONC
MODEYSO ORAL CAPSULE 125 MG	NF	PA; ONC; S; QL (20 per 28 days)
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	NF	PA; S
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	NF	PA
MYHIBBIN ORAL SUSPENSION 200 MG/ML	NF	PA
MYLERAN ORAL TABLET 2 MG	7	ONC
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	NF	PA; S; QL (1 per 28 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	NF	PA
NEORAL ORAL SOLUTION 100 MG/ML	NF	PA
NERLYNX ORAL TABLET 40 MG	NF	PA; ONC; TD; S
NEXAVAR ORAL TABLET 200 MG	7	PA; ONC; TD; S
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	NF	PA; ONC; TD; S; QL (4 per 1 day)
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	7	PA; ONC; TD; S; QL (4 per 1 day)
<i>nilutamide oral tablet 150 mg</i>	NF	PA; ONC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	7	PA; ONC; S
NUBEQA ORAL TABLET 300 MG	7	PA; ONC; TD; S
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	S
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	S
<i>octreotide, microspheres intramuscular suspension, extended rel recon 10 mg, 20 mg, 30 mg</i>	5	S
ODOMZO ORAL CAPSULE 200 MG	7	PA; ONC; TD; S
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	NF	PA; ONC; TD; S
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	NF	PA; ONC; S
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	NF	PA; ONC; S
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	NF	PA; ONC; S
ONUREG ORAL TABLET 200 MG, 300 MG	7	PA; ONC; S
ORGOVYX ORAL TABLET 120 MG	7	PA; ONC; S

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

Drug Name	Drug Tier	Requirements / Limits
ORSERDU ORAL TABLET 345 MG, 86 MG	NF	PA; ONC; TD; S
PALSONIFY ORAL TABLET 20 MG, 30 MG	NF	PA; S; QL (2 per 1 day)
<i>pazopanib oral tablet 200 mg</i>	7	PA; ONC; TD; S
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	NF	PA; ONC; S; QL (14 per 21 days)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	NF	PA; ONC; S
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	NF	PA; ONC; S; QL (1 per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	NF	PA; ONC; S; QL (2 per 1 day)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	7	PA; ONC; S; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	NF	PA; ONC; S; QL (21 per 28 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	NF	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	NF	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	NF	PA; ONC; S
QINLOCK ORAL TABLET 50 MG	NF	PA; ONC; S
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	7	PA; ONC; TD; S
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	NF	PA; ONC; S; QL (1 per 1 day)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	NF	PA; ONC; S; QL (21 per 28 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	NF	PA; ONC; TD; S
REZLIDHIA ORAL CAPSULE 150 MG	NF	PA; ONC; TD; S
REZUROCK ORAL TABLET 200 MG	NF	PA; S; QL (1 per 1 day)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	NF	PA; ONC; S
ROZLYTREK ORAL CAPSULE 100 MG	7	PA; ONC; TD; S; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	7	PA; ONC; TD; S; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	7	PA; ONC; TD; S; QL (1 per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	NF	PA; ONC; TD; S

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

Drug Name	Drug Tier	Requirements / Limits
RYDAPT ORAL CAPSULE 25 MG	NF	PA; ONC; S
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	NF	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NF	PA; S
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	NF	PA; S
SCSEMBLIX ORAL TABLET 100 MG	NF	PA; ONC; S
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	NF	PA; ONC; S; QL (2 per 1 day)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	NF	PA; S
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	6	PA; S
SIKLOS ORAL TABLET 1,000 MG	NF	PA
SIKLOS ORAL TABLET 100 MG	NF	PA; QL (2 per 1 day)
<i>sirolimus oral solution 1 mg/ml</i>	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	7	PA; ONC
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	NF	PA; S
<i>sorafenib oral tablet 200 mg</i>	7	PA; ONC; TD; S
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	NF	PA; ONC; TD; S; QL (3 per 1 day)
STIVARGA ORAL TABLET 40 MG	7	PA; ONC; S
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	7	PA; ONC; S
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	NF	PA; ONC; S
TABLOID ORAL TABLET 40 MG	7	ONC; S
TABRECTA ORAL TABLET 150 MG, 200 MG	NF	PA; ONC; S
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	7	PA; ONC; S

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

Drug Name	Drug Tier	Requirements / Limits
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	7	PA; ONC; S
TAGRISSO ORAL TABLET 40 MG, 80 MG	7	PA; ONC; TD; S; QL (1 per 1 day)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	7	ONC
TARGRETIN ORAL CAPSULE 75 MG	NF	PA; ONC; TD; S
TARGRETIN TOPICAL GEL 1 %	NF	PA; S
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	NF	PA; ONC; TD; S; QL (4 per 1 day)
TAZVERIK ORAL TABLET 200 MG	NF	PA; ONC; TD; S; QL (8 per 1 day)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	7	ONC; S
TEPMETKO ORAL TABLET 225 MG	NF	PA; ONC; TD; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	6	S
TIBSOVO ORAL TABLET 250 MG	NF	PA; ONC; TD; S
<i>toremifene oral tablet 60 mg</i>	7	PA; ONC
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	NF	PA; ONC; TD; S; QL (1 per 1 day)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	7	ONC; S
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	NF	PA; ONC
TRUQAP ORAL TABLET 160 MG, 200 MG	7	PA; ONC; S
TUKYSA ORAL TABLET 150 MG, 50 MG	NF	PA; ONC; S
TURALIO ORAL CAPSULE 125 MG	7	PA; ONC; S
TYKERB ORAL TABLET 250 MG	NF	PA; ONC; S
VABRINTY (1 MONTH) SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	NF	PA; S
VABRINTY (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	NF	PA; S
VABRINTY (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	NF	PA; S
VABRINTY (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	NF	PA; S
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	7	PA; ONC; S
VENCLEXTA ORAL TABLET 10 MG	NF	PA; ONC; S; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	NF	PA; ONC; S; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	NF	PA; ONC; S; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	NF	PA; ONC; S; QL (42 per 135 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	7	PA; ONC; TD; S; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET 50 MG	NF	PA; S
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	NF	PA; S
VITRAKVI ORAL CAPSULE 100 MG	NF	PA; ONC; TD; S; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	NF	PA; ONC; TD; S; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	NF	PA; ONC; TD; S; QL (10 per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	NF	PA; ONC; TD; S; QL (1 per 1 day)
VONJO ORAL CAPSULE 100 MG	NF	PA; ONC; TD; S
VORANIGO ORAL TABLET 10 MG, 40 MG	NF	PA; ONC; S; QL (1 per 1 day)
VOTRIENT ORAL TABLET 200 MG	NF	PA; ONC; TD; S
VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)	NF	PA; S; QL (1 per 28 days)
WAYRILZ ORAL TABLET 400 MG	NF	PA; S; QL (2 per 1 day)
WELIREG ORAL TABLET 40 MG	NF	PA; ONC; TD; S; QL (4 per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	NF	PA; ONC; TD; S
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	NF	PA; ONC; TD; S
XATMEP ORAL SOLUTION 2.5 MG/ML	NF	PA; ONC
XELODA ORAL TABLET 150 MG	NF	PA; ONC; S
XERMELO ORAL TABLET 250 MG	6	PA; S
XOSPATA ORAL TABLET 40 MG	NF	PA; ONC; TD; S
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	7	PA; ONC; TD; S
XROMI ORAL SOLUTION 100 MG/ML	NF	PA; QL (148 per 30 days)
XTANDI ORAL CAPSULE 40 MG	7	PA; ONC; TD; S; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	7	PA; ONC; TD; S; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	7	PA; ONC; TD; S; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
YONSA ORAL TABLET 125 MG	NF	PA; ONC; TD; S
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	7	PA; ONC; S; QL (1 per 1 day)
ZELBORAF ORAL TABLET 240 MG	7	PA; ONC; S
ZOLINZA ORAL CAPSULE 100 MG	7	PA; ONC; TD; S
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	NF	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	NF	PA; ONC; S
ZYKADIA ORAL TABLET 150 MG	7	PA; ONC; TD; S
ZYTIGA ORAL TABLET 250 MG, 500 MG	NF	PA; ONC; TD; S

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APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	NF	PA
BANZEL ORAL SUSPENSION 40 MG/ML	NF	PA; QL (80 per 1 day)
BANZEL ORAL TABLET 200 MG	NF	PA; QL (16 per 1 day)
BANZEL ORAL TABLET 400 MG	NF	PA; QL (8 per 1 day)
<i>brivaracetam oral solution 10 mg/ml</i>	4	PA; QL (10 per 1 day)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	4	PA; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	NF	PA; QL (10 per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	NF	PA; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	NF	PA
CELONTIN ORAL CAPSULE 300 MG	NF	PA
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (16 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>clobazam oral tablet 10 mg</i>	2	QL (4 per 1 day)
<i>clobazam oral tablet 20 mg</i>	2	QL (2 per 1 day)
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (6 per 1 day)
<i>clonazepam oral tablet 1 mg</i>	1	QL (4 per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (2 per 1 day)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	4	QL (6 per 1 day)
<i>clonazepam oral tablet,disintegrating 1 mg</i>	4	QL (4 per 1 day)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	4	QL (2 per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	NF	PA
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	NF	PA
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	NF	PA
DIACOMIT ORAL CAPSULE 250 MG	6	PA; S; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	6	PA; S; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	6	PA; S; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	6	PA; S; QL (6 per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	QL (2 per 30 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	NF	PA
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	NF	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	NF	PA; S; QL (20 per 1 day)
<i>epitol oral tablet 200 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	4	PA
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FELBATOL ORAL TABLET 400 MG, 600 MG	NF	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	NF	PA; S
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	NF	PA; QL (8 per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	NF	PA; QL (1 per 1 day)
FYCOMPA ORAL TABLET 2 MG	NF	PA; QL (2 per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (12 per 1 day)
<i>gabapentin oral capsule 400 mg</i>	2	QL (9 per 1 day)
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	QL (72 per 1 day)
<i>gabapentin oral tablet 600 mg</i>	2	QL (6 per 1 day)
<i>gabapentin oral tablet 800 mg</i>	2	QL (4 per 1 day)
<i>gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg</i>	NF	PA; QL (1 per 1 day)
<i>gabapentin oral tablet extended release 24 hr 900 mg</i>	NF	PA; QL (2 per 1 day)
GABARONE ORAL TABLET 100 MG, 400 MG	NF	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG	NF	PA; QL (1 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 900 MG	NF	PA; QL (2 per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	NF	PA
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	NF	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	NF	PA
KLONOPIN ORAL TABLET 0.5 MG	NF	QL (6 per 1 day)
KLONOPIN ORAL TABLET 1 MG	NF	QL (4 per 1 day)
KLONOPIN ORAL TABLET 2 MG	NF	QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (40 per 1 day)
<i>lacosamide oral tablet 100 mg</i>	2	QL (4 per 1 day)
<i>lacosamide oral tablet 150 mg, 200 mg</i>	2	QL (2 per 1 day)
<i>lacosamide oral tablet 50 mg</i>	2	QL (8 per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	NF	PA
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	NF	PA
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	NF	PA
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	NF	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	NF	PA
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	NF	PA
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	NF	PA
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	NF	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	NF	PA
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	NF	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	NF	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	NF	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	NF	PA
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	4	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	NF	PA
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	NF	PA
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	NF	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	NF	PA; QL (1 per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	NF	PA; QL (2 per 1 day)
LYRICA ORAL CAPSULE 100 MG, 25 MG, 50 MG, 75 MG	NF	PA; QL (6 per 1 day)
LYRICA ORAL CAPSULE 150 MG	NF	PA; QL (4 per 1 day)
LYRICA ORAL CAPSULE 200 MG	NF	PA; QL (3 per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	NF	PA; QL (2 per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	NF	PA; QL (30 per 1 day)
<i>methsuximide oral capsule 300 mg</i>	2	PA
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	NF	PA; QL (4 per 1 day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	NF	PA; QL (2 per 1 day)
MYSOLINE ORAL TABLET 250 MG, 50 MG	NF	PA
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (2 Per fill)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	NF	PA; QL (12 per 1 day)
NEURONTIN ORAL CAPSULE 400 MG	NF	PA; QL (9 per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5 ML	NF	PA; QL (72 per 1 day)
NEURONTIN ORAL TABLET 600 MG	NF	PA; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NEURONTIN ORAL TABLET 800 MG	NF	PA; QL (4 per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML	NF	PA; QL (16 per 1 day)
ONFI ORAL TABLET 10 MG	NF	PA; QL (4 per 1 day)
ONFI ORAL TABLET 20 MG	NF	PA; QL (2 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	NF	PA
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	NF	PA
<i>perampanel oral suspension 0.5 mg/ml</i>	4	PA; QL (8 per 1 day)
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	4	PA; QL (1 per 1 day)
<i>perampanel oral tablet 2 mg</i>	4	PA; QL (2 per 1 day)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 15 mg, 16.2 mg</i>	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	NF	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (6 per 1 day)
<i>pregabalin oral capsule 150 mg</i>	2	QL (4 per 1 day)
<i>pregabalin oral capsule 200 mg</i>	2	QL (3 per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (2 per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	4	PA; QL (30 per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	NF	PA; QL (1 per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	NF	PA; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	NF	PA
RELGAABI ORAL CAPSULE 200 MG	NF	PA; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>relgaabi oral capsule 300 mg</i>	NF	PA; QL (12 per 1 day)
<i>relgaabi oral capsule 400 mg</i>	NF	PA; QL (9 per 1 day)
<i>roweepra oral tablet 500 mg</i>	NF	PA
<i>rufinamide oral suspension 40 mg/ml</i>	4	PA; QL (80 per 1 day)
<i>rufinamide oral tablet 200 mg</i>	4	PA; QL (16 per 1 day)
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (8 per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	NF	PA; S
SABRIL ORAL TABLET 500 MG	NF	PA; S
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	NF	PA
SUBVENITE ORAL SUSPENSION 10 MG/ML	NF	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	NF	PA
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	NF	PA
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	NF	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	NF	QL (2 per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	NF	PA
TEGRETOL ORAL TABLET 200 MG	NF	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	NF	PA
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	NF	PA
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	NF	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	4	PA
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	NF	PA
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	PA
<i>topiramate oral solution 25 mg/ml</i>	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	NF	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	NF	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	NF	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA; QL (5 Per fill)
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA; S
<i>vigabatrin oral tablet 500 mg</i>	5	PA; S
<i>vigadrone oral powder in packet 500 mg</i>	5	PA; S
<i>vigadrone oral tablet 500 mg</i>	5	PA; S
VIGAFYDE ORAL SOLUTION 100 MG/ML	NF	PA; S
VIMPAT ORAL SOLUTION 10 MG/ML	NF	PA; QL (40 per 1 day)
VIMPAT ORAL TABLET 100 MG	NF	PA; QL (4 per 1 day)
VIMPAT ORAL TABLET 150 MG, 200 MG	NF	PA; QL (2 per 1 day)
VIMPAT ORAL TABLET 50 MG	NF	PA; QL (8 per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	NF	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	NF	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 150 MG, 200 MG	NF	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	NF	PA; QL (1 per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	NF	PA
ZARONTIN ORAL SOLUTION 250 MG/5 ML	NF	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	NF	PA
ZONISADE ORAL SUSPENSION 100 MG/5 ML	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	NF	PA; S
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	NF	PA; S
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	NF	PA; S
AZILECT ORAL TABLET 0.5 MG, 1 MG	NF	PA
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
CREXONT ORAL CAPSULE, IR -EXTEND REL, BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	NF	PA
<i>entacapone oral tablet 200 mg</i>	2	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	NF	PA; S
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	6	PA; S
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG	6	PA; S
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	NF	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	NF	PA
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	NF	PA
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	NF	PA; QL (1 per 28 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (4.5 per 84 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NF	PA; QL (3 per 7 days)
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	NF	PA; QL (24 per 28 days)
CAFERGOT ORAL TABLET 1-100 MG	NF	PA; QL (120 per 90 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	4	PA; QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	NF	PA; QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	PA; QL (12 per 28 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	NF	PA; QL (144 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (1 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; 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
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	4	PA; QL (60 per 90 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	4	PA; QL (120 per 90 days)
FROVA ORAL TABLET 2.5 MG	NF	PA; QL (3 per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i>	NF	PA; QL (3 per 7 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	NF	PA; QL (3 per 7 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	NF	PA; QL (5 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	NF	PA; QL (5 per 30 days)
MAXALT ORAL TABLET 10 MG	NF	PA; QL (3 per 7 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	NF	PA; QL (3 per 7 days)
<i>migergot rectal suppository 2-100 mg</i>	NF	PA; QL (72 per 90 days)
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	NF	PA; QL (8 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (12 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (8 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	NF	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	NF	PA; QL (1 per 1 day)
RELPAZ ORAL TABLET 20 MG, 40 MG	NF	PA; QL (12 per 28 days)
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (3 per 7 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (3 per 7 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL (6 per 15 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (3 per 7 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (2.5 per 15 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	4	PA; QL (18 per 28 days)
SYMBRAVO ORAL TABLET 10-20 MG	NF	PA; QL (12 per 28 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	NF	PA; QL (6 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	NF	PA; QL (18 per 28 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	NF	PA; QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	NF	PA; QL (10 per 30 days)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	NF	PA; QL (8 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	NF	PA; QL (4 per 30 days)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	NF	QL (12 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	NF	QL (12 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (3 per 7 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (3 per 7 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	NF	PA; QL (12 per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	QL (3 per 7 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	NF	PA; S; QL (2 per 1 day)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	NF	PA
AUSTEDO ORAL TABLET 12 MG, 9 MG	NF	PA; S; QL (4 per 1 day)
AUSTEDO ORAL TABLET 6 MG	NF	PA; S; QL (2 per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	NF	PA; S; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	NF	PA; S; QL (1 per 1 day)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA; S; QL (2 per 1 day)
DAYBUE ORAL SOLUTION 200 MG/ML	NF	PA; S; QL (120 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 8,000 MG	NF	PA; S; QL (4 per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 6,000 MG	NF	PA; S; QL (2 per 1 day)
<i>dichlorphenamide oral tablet 50 mg</i>	NF	PA; S
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	6	PA; S
EVRYSDI ORAL TABLET 5 MG	6	PA; S; QL (1 per 1 day)
FIRDAPSE ORAL TABLET 10 MG	NF	PA; S; QL (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	4	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	NF	PA; QL (1 per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	NF	PA; QL (2 per 1 day)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	6	PA; S; QL (28 per 273 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	6	PA; S; QL (1 per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	6	PA; S; QL (1 per 1 day)
KEVEYIS ORAL TABLET 50 MG	NF	PA; S
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	NF	PA
<i>memantine oral solution 2 mg/ml</i>	4	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	NF	PA; S; QL (3 per 1 day)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	NF	PA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	NF	PA
<i>ormalvi oral tablet 50 mg</i>	NF	PA; S

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Drug Name	Drug Tier	Requirements / Limits
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	NF	PA; S; QL (70 per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	4	
SKYCLARYS ORAL CAPSULE 50 MG	NF	PA; S; QL (3 per 1 day)
SPINRAZA (PF) INTRATHECAL SOLUTION 28 MG/5 ML, 50 MG/5 ML	3	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; S
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	NF	PA; S; QL (0.8 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	NF	PA; S
ZEPOSIA ORAL CAPSULE 0.92 MG	6	PA; S; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	6	PA; S; QL (28 per 80 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	6	PA; S; QL (7 per 135 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	NF	PA; QL (2 per 1 day)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	NF	PA
ATMEKSI ORAL SUSPENSION 750 MG/5 ML	NF	PA
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	NF	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	NF	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>baclofen oral tablet 15 mg</i>	NF	PA
<i>carisoprodol oral tablet 250 mg</i>	4	PA; QL (4 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	2	QL (4 per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	NF	QL (8 per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	4	PA; OP; QL (8 per 1 day)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	PA
<i>chlorzoxazone oral tablet 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cisatracurium intravenous solution 2 mg/ml</i>	2	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	NF	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
FEXMID ORAL TABLET 7.5 MG	NF	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	NF	PA
LYVISPAH ORAL GRANULES IN PACKET 5 MG	NF	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	PA; QL (6 per 1 day)
MESTINON ORAL SYRUP 60 MG/5 ML	NF	PA
MESTINON ORAL TABLET 60 MG	NF	PA
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	NF	PA
<i>metaxalone oral tablet 400 mg</i>	NF	PA
METAXALONE ORAL TABLET 640 MG	NF	PA
<i>metaxalone oral tablet 800 mg</i>	4	PA
<i>methocarbamol oral tablet 1,000 mg</i>	NF	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	NF	PA
NORGESIC ORAL TABLET 25-385-30 MG	NF	PA
ONTRALFY ORAL SOLUTION 2 MG/5 ML	NF	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	4	PA
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	NF	PA
<i>orphengesic forte oral tablet 50-770-60 mg</i>	NF	PA
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	NF	PA
OZOBAX ORAL SOLUTION 5 MG/5 ML	NF	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	NF	PA
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	QL (1 per 1 day)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	4	PA
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	PA
SOMA ORAL TABLET 250 MG, 350 MG	NF	QL (4 per 1 day)
<i>tanlor oral tablet 1,000 mg</i>	NF	PA
TIZANIDINE ORAL CAPSULE 8 MG	NF	PA
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
TONMYA SUBLINGUAL TABLET 2.8 MG	NF	PA; QL (2 per 1 day)
<i>vanadom oral tablet 350 mg</i>	NF	QL (4 per 1 day)
ZANAFLEX ORAL CAPSULE 8 MG	NF	PA
ZANAFLEX ORAL TABLET 4 MG	NF	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	NF	PA; S
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	4	PA; OP; QL (8 per 1 day); AL (Min 12 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	OP; QL (60 per 1 day); AL (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	OP; QL (60 per 1 day); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	OP; QL (8 per 1 day); AL (Min 12 Years)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	2	OP; QL (6 per 1 day); AL (Min 12 Years)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	NF	PA; QL (4 per 1 day)
BELBUCA BUCCAL FILM 600 MCG	NF	PA; QL (3 per 1 day)
BELBUCA BUCCAL FILM 750 MCG, 900 MCG	NF	PA; QL (2 per 1 day)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	PA; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	4	PA; OP; QL (6 per 1 day); AL (Min 12 Years)

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	OP; QL (6 per 1 day); AL (Min 12 Years)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	NF	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>	NF	PA; QL (90 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (6 per 1 day)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	NF	PA; QL (4 per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	OP; QL (8 per 1 day); AL (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	OP; QL (6 per 1 day); AL (Min 12 Years)
DILAUDID ORAL LIQUID 1 MG/ML	NF	OP; QL (17 per 1 day)
DILAUDID ORAL TABLET 2 MG	NF	OP; QL (8 per 1 day)
DILAUDID ORAL TABLET 4 MG	NF	OP; QL (4 per 1 day)
DILAUDID ORAL TABLET 8 MG	NF	OP; QL (2 per 1 day)
<i>diskets oral tablet,soluble 40 mg</i>	NF	PA; QL (1 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	2	OP; QL (5 per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	NF	OP; QL (8 per 1 day)
<i>endocet oral tablet 5-325 mg</i>	2	OP; QL (8 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	2	OP; QL (7 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	NF	PA; QL (10 per 30 days)
FIORICET ORAL CAPSULE 50-300-40 MG	NF	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	NF	PA; OP; QL (6 per 1 day); AL (Min 12 Years)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg</i>	2	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 30 mg, 40 mg</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 50 mg</i>	2	PA; QL (1 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 60 mg, 80 mg</i>	NF	PA; QL (1 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg</i>	NF	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 30 mg, 40 mg</i>	NF	PA; QL (2 per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	NF	PA; OP; QL (120 per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	NF	PA; OP; QL (80 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	OP; QL (120 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	NF	OP; QL (8 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	OP; QL (8 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	OP; QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	NF	OP; QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	OP; QL (8 per 1 day)
<i>hydromorphone oral liquid 1 mg/ml</i>	2	OP; QL (17 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	2	OP; QL (8 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	2	OP; QL (4 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	2	OP; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 32 mg</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	2	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 8 mg</i>	2	PA; QL (4 per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	2	OP; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml</i>	2	OP
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 60 MG, 80 MG	NF	PA; QL (1 per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG	NF	PA; QL (4 per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 30 MG, 40 MG	NF	PA; QL (2 per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	PA; OP; QL (4 per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>	2	PA; OP; QL (2 per 1 day)
<i>meperidine oral solution 50 mg/5 ml</i>	NF	OP; QL (60 per 1 day)
<i>meperidine oral tablet 50 mg</i>	NF	OP; QL (8 per 1 day)
<i>methadone oral concentrate 10 mg/ml</i>	2	PA; QL (2 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; QL (10 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; QL (20 per 1 day)
<i>methadone oral tablet 10 mg</i>	2	PA; QL (2 per 1 day)
<i>methadone oral tablet 5 mg</i>	2	PA; QL (4 per 1 day)
<i>methadone oral tablet,soluble 40 mg</i>	2	PA; QL (1 per 1 day)
<i>methadose oral concentrate 10 mg/ml</i>	NF	PA; QL (2 per 1 day)
<i>methadose oral tablet,soluble 40 mg</i>	2	PA; QL (1 per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	OP; QL (4 per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	NF	PA; QL (1 per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 20 mg</i>	NF	PA; QL (4 per 1 day)
<i>morphine oral capsule,extend.release pellets 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	NF	PA; QL (2 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	2	OP; QL (30 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	OP; QL (20 per 1 day)
<i>morphine oral tablet 15 mg</i>	2	OP; QL (5 per 1 day)
<i>morphine oral tablet 30 mg</i>	2	OP; QL (2 per 1 day)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	2	OP; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	NF	PA; QL (3 per 1 day)
NALOCET ORAL TABLET 2.5-300 MG	NF	PA; OP; QL (8 per 1 day)
<i>oxycodone oral capsule 5 mg</i>	2	OP; QL (8 per 1 day)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	OP; QL (2 per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	OP; QL (40 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	2	OP; QL (5 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	2	OP; QL (3 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	2	OP; QL (2 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	2	PA; OP; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	2	OP; QL (8 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG	NF	PA; OP; QL (5 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY 15 MG	NF	PA; OP; QL (3 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY 30 MG	NF	PA; OP; QL (2 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	NF	PA; OP; QL (8 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 40 MG, 80 MG	3	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	NF	PA; OP; QL (20 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i>	NF	OP; QL (5 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	OP; QL (5 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	NF	PA; OP; QL (8 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg</i>	NF	OP; QL (8 per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	OP; QL (8 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	NF	OP; QL (7 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	OP; QL (7 per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG	NF	PA; QL (4 per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	NF	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	2	PA; OP; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet 5 mg</i>	2	PA; OP; QL (5 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	2	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 5 mg</i>	2	PA; QL (4 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 7.5 mg</i>	2	PA; QL (3 per 1 day)
PERCOCET ORAL TABLET 10-325 MG	NF	OP; QL (5 per 1 day)
PERCOCET ORAL TABLET 5-325 MG	NF	OP; QL (8 per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG	NF	OP; QL (7 per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	NF	OP; QL (5 per 1 day)
PRIMLEV ORAL TABLET 5-300 MG	NF	OP; QL (8 per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG	NF	OP; QL (7 per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML	NF	PA; OP; QL (20 per 1 day)
<i>prolate oral tablet 10-300 mg</i>	NF	OP; QL (5 per 1 day)
<i>prolate oral tablet 5-300 mg</i>	NF	OP; QL (8 per 1 day)
<i>prolate oral tablet 7.5-300 mg</i>	NF	OP; QL (7 per 1 day)
ROXICODONE ORAL TABLET 15 MG	NF	OP; QL (3 per 1 day)
ROXICODONE ORAL TABLET 30 MG	NF	PA; OP; QL (2 per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG	NF	PA; OP; QL (5 per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG	NF	PA; OP; QL (3 per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 30 MG	NF	PA; OP; QL (2 per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	NF	PA; OP; QL (8 per 1 day)
<i>tencon oral tablet 50-325 mg</i>	2	QL (6 per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG	NF	OP; QL (8 per 1 day); AL (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL (2 per 1 day)
<i>xyvona oral tablet 2 mg</i>	2	PA; OP; QL (4 per 1 day)
<i>xyvona oral tablet 3 mg</i>	2	PA; OP; QL (2 per 1 day)

NON-NARCOTIC ANALGESICS

You can find information 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>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (3 per 1 day)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	NF	OP; QL (5 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	NF	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	NF	PA
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	NF	PA; QL (1 per 1 day); AL (Min 12 Years)
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG	NF	PA; QL (3 per 1 day); AL (Min 12 Years)
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 200 MG	NF	PA; QL (1 per 1 day); AL (Min 12 Years)
COXANTO ORAL CAPSULE 300 MG	NF	PA
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	NF	PA
<i>diclofenac potassium oral capsule 25 mg</i>	NF	PA
<i>diclofenac potassium oral powder in packet 50 mg</i>	NF	PA
<i>diclofenac potassium oral tablet 25 mg</i>	NF	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	NF	PA
<i>diclofenac sodium topical gel 1 %</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	NF	PA
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	NF	PA
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	4	PA
<i>diflunisal oral tablet 500 mg</i>	4	PA
DOLOBID ORAL TABLET 250 MG, 375 MG	NF	PA
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	4	
FENOPROFEN ORAL CAPSULE 200 MG	NF	PA
<i>fenoprofen oral capsule 400 mg</i>	NF	PA
<i>fenoprofen oral tablet 600 mg</i>	NF	PA
FENOPRON ORAL CAPSULE 300 MG	NF	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	NF	PA
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 300 mg</i>	NF	PA
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	NF	PA
INDOCIN RECTAL SUPPOSITORY 50 MG	NF	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>indomethacin oral suspension 25 mg/5 ml</i>	NF	PA
<i>indomethacin rectal suppository 50 mg</i>	NF	PA
JOURNAVX ORAL TABLET 50 MG	3	PA; QL (29 per 273 days)
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	4	PA
<i>ketoprofen oral capsule 75 mg</i>	NF	PA
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	NF	QL (20 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	NF	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	NF	QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	NF	QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 Per fill)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	NF	PA
<i>lofena oral tablet 25 mg</i>	NF	PA
<i>lurbiro oral tablet 100 mg</i>	2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	NF	PA
<i>mefenamic acid oral capsule 250 mg</i>	NF	PA
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	NF	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
NALFON ORAL CAPSULE 400 MG	NF	PA
NALFON ORAL TABLET 600 MG	NF	PA
<i>naltrexone oral tablet 50 mg</i>	2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	NF	PA
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	NF	PA
<i>naproxen oral suspension 125 mg/5 ml</i>	NF	PA
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	NF	PA
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	2	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG	NF	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 50 MG	NF	PA; QL (4 per 1 day)
NUCYNTA ORAL TABLET 100 MG	NF	PA; OP; QL (2 per 1 day)
NUCYNTA ORAL TABLET 50 MG	NF	PA; OP; QL (4 per 1 day)
NUCYNTA ORAL TABLET 75 MG	NF	PA; OP; QL (3 per 1 day)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	
ORUDIS ORAL CAPSULE 75 MG	NF	PA
OXAPROZIN ORAL CAPSULE 300 MG	NF	PA
<i>oxaprozin oral tablet 600 mg</i>	4	PA
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	2	PA; OP; QL (8 per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
RELAFEN DS ORAL TABLET 1,000 MG	NF	PA
<i>salsalate oral tablet 500 mg, 750 mg</i>	2	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	NF	PA
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
SUBOXONE SUBLINGUAL FILM 12-3 MG	NF	PA; QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	NF	PA; QL (3 per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tapentadol oral tablet 100 mg</i>	4	PA; OP; QL (2 per 1 day)
<i>tapentadol oral tablet 50 mg</i>	4	PA; OP; QL (4 per 1 day)
<i>tapentadol oral tablet 75 mg</i>	4	PA; OP; QL (3 per 1 day)
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG	NF	PA; QL (2 per 1 day)
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 50 MG	NF	PA; QL (4 per 1 day)
TOLECTIN 600 ORAL TABLET 600 MG	NF	PA
<i>tolectin ds oral capsule 400 mg</i>	NF	PA
<i>tolmetin oral capsule 400 mg</i>	NF	PA
<i>tolmetin oral tablet 600 mg</i>	NF	PA
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL (1 per 1 day); AL (Min 12 Years)

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

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG	3	PA; QL (3 per 1 day); AL (Min 12 Years)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 200 MG	3	PA; QL (1 per 1 day); AL (Min 12 Years)
TRAMADOL ORAL SOLUTION 5 MG/ML	NF	PA; OP; QL (80 per 1 day); AL (Min 12 Years)
<i>tramadol oral tablet 100 mg</i>	NF	PA; OP; QL (4 per 1 day); AL (Min 12 Years)
TRAMADOL ORAL TABLET 25 MG	NF	PA; OP; QL (16 per 1 day); AL (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>	1	OP; QL (8 per 1 day); AL (Min 12 Years)
TRAMADOL ORAL TABLET 75 MG	NF	PA; OP; QL (5 per 1 day); AL (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	2	PA; QL (3 per 1 day); AL (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	2	PA; QL (1 per 1 day); AL (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	2	PA; QL (3 per 1 day); AL (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	2	PA; QL (1 per 1 day); AL (Min 12 Years)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	PA; OP; QL (8 per 1 day); AL (Min 12 Years)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	PA
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	NF	PA
VYSCOXIA ORAL SUSPENSION 10 MG/ML	NF	PA; QL (40 per 1 day)
ZIPSOR ORAL CAPSULE 25 MG	NF	PA
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	NF	PA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG	NF	QL (12 per 1 day)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	NF	QL (1 per 1 day)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	NF	QL (4 per 1 day)
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	NF	QL (3 per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	NF	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZYBIC ORAL SUSPENSION 7.5 MG/5 ML	NF	PA
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	NF	PA; AL (Min 7 Years)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	NF	PA
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	NF	PA; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	NF	PA; QL (2 per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	NF	PA; QL (2 per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG	NF	PA; QL (1 per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 3.1 MG, 6.3 MG, 9.4 MG	NF	PA; QL (2 per 1 day)
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	NF	QL (6 per 1 day)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (6 per 1 day)
<i>alprazolam oral tablet 2 mg</i>	1	QL (3 per 1 day)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	1	QL (6 per 1 day)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	1	QL (3 per 1 day)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	1	QL (2 per 1 day)
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	NF	QL (6 per 1 day)
<i>alprazolam oral tablet,disintegrating 2 mg</i>	NF	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	NF	PA; QL (1 per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG	NF	PA; QL (1 per 1 day)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg</i>	2	PA; QL (4 per 1 day)
<i>amitriptyline-chlordiazepoxide oral tablet 25-10 mg</i>	2	PA; QL (6 per 1 day)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>amphetamine oral tablet,disintegrating biphase 24h 12.5 mg, 15.7 mg, 18.8 mg</i>	NF	PA; QL (1 per 1 day)
<i>amphetamine oral tablet,disintegrating biphase 24h 3.1 mg, 6.3 mg, 9.4 mg</i>	NF	PA; QL (2 per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	4	PA; QL (4 per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	NF	PA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	NF	PA; QL (1 per 1 day)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG	NF	PA; QL (2 per 1 day)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 40 MG, 50 MG, 60 MG	NF	PA; QL (1 per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	4	AL (Min 7 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	AL (Min 7 Years)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	4	PA; AL (Min 7 Years)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	4	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	4	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ARYNTA ORAL SOLUTION 10 MG/ML	NF	PA; QL (7 per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	AL (Min 7 Years)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	NF	PA; QL (6 per 1 day)
ATIVAN ORAL TABLET 2 MG	NF	PA; QL (5 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (1 per 1 day)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	NF	PA; QL (2 per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	NF	PA; QL (1 per 1 day)
BELSOMRA ORAL TABLET 10 MG, 5 MG	NF	PA; QL (2 per 1 day)
BELSOMRA ORAL TABLET 15 MG, 20 MG	NF	PA; QL (1 per 1 day)
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	NF	PA
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	NF	PA
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	PA; QL (1 per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	NF	PA
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	1	QL (6 per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (4 per 1 day)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	PA
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	PA
<i>citalopram oral capsule 30 mg</i>	NF	PA
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 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>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	QL (4 per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; QL (4 per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	4	PA; QL (6 per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	AL (Min 7 Years)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	4	PA; AL (Min 7 Years)
CLOZARIL ORAL TABLET 100 MG, 25 MG	NF	PA; AL (Min 7 Years)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	3	PA
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	3	PA
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG	NF	PA; QL (2 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 54 MG	NF	PA; QL (1 per 1 day)
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	NF	QL (2 per 1 day)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG	NF	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	NF	QL (1 per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	NF	PA; QL (1 per 1 day)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
DESOXYN ORAL TABLET 5 MG	NF	PA; QL (5 per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	NF	PA; QL (4 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (2 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 25 mg, 30 mg, 35 mg, 40 mg</i>	2	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	QL (4 per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	NF	QL (60 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	QL (4 per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 7.5 mg</i>	NF	QL (4 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	NF	QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NF	QL (1 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	QL (2 per 1 day)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	4	QL (8 per 1 day)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (40 per 1 day)
<i>diazepam oral tablet 10 mg</i>	1	QL (4 per 1 day)
<i>diazepam oral tablet 2 mg, 5 mg</i>	1	QL (6 per 1 day)
DORAL ORAL TABLET 15 MG	NF	QL (2 per 1 day)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin oral tablet 3 mg, 6 mg</i>	4	PA
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	NF	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	NF	PA
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	NF	PA; QL (8 per 1 day)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	NF	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	NF	PA; QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	NF	PA
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	PA
<i>ergoloid oral tablet 1 mg</i>	2	PA
ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG	NF	PA
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg</i>	4	PA; QL (2 per 1 day)
<i>estazolam oral tablet 2 mg</i>	4	PA; QL (1 per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (1 per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG	NF	PA; QL (4 per 1 day)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NF	PA; QL (1 per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	NF	PA; QL (1 per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	PA
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	PA
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	PA
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; QL (1 per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA; QL (1 per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral tablet 10 mg</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	AL (Min 7 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	AL (Min 7 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	AL (Min 7 Years)
<i>flurazepam oral capsule 15 mg</i>	4	PA; QL (2 per 1 day)
<i>flurazepam oral capsule 30 mg</i>	4	PA; QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	NF	PA; QL (2 per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 5 MG	NF	PA; QL (2 per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 30 MG, 35 MG, 40 MG	NF	PA; QL (1 per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	NF	PA
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	NF	PA; AL (Min 7 Years)
<i>guanfacine oral tablet extended release 24 hr 1 mg</i>	2	QL (3 per 1 day)
<i>guanfacine oral tablet extended release 24 hr 2 mg</i>	2	QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr 3 mg, 4 mg</i>	2	QL (1 per 1 day)
HALCION ORAL TABLET 0.25 MG	NF	QL (2 per 1 day)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	AL (Min 7 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	AL (Min 7 Years)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	NF	PA; S
HETLIOZ ORAL CAPSULE 20 MG	NF	PA; S
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	NF	PA; QL (3 per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG	NF	PA; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	NF	PA; QL (2 per 1 day)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 3 MG, 4 MG	NF	PA; QL (1 per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	4	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	NF	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	4	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	NF	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	NF	PA; QL (1 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	NF	PA
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	2	QL (2 per 1 day)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	2	QL (1 per 1 day)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg</i>	2	QL (2 per 1 day)
<i>lisdexamfetamine oral tablet,chewable 40 mg, 50 mg, 60 mg</i>	2	QL (1 per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (5 per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (5 per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (6 per 1 day)
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	NF	PA; QL (1 per 1 day)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	NF	PA; S; QL (1 per 1 day)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	NF	PA; S; QL (28 per 273 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	NF	QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (1 per 1 day); AL (Min 7 Years)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	PA; QL (1 per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG	NF	PA; QL (2 per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 40 MG, 50 MG, 60 MG	NF	PA; QL (1 per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	NF	QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	NF	PA; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	NF	PA; QL (60 per 1 day)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (2 per 1 day)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 40 mg, 50 mg, 60 mg</i>	2	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	QL (2 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg</i>	2	QL (2 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 40 mg, 60 mg</i>	2	QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	QL (60 per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg</i>	2	QL (2 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	NF	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	2	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	NF	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	NF	QL (4 per 1 day)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	NF	QL (1 per 1 day)
<i>midazolam oral syrup 2 mg/ml</i>	NF	QL (4 per 1 day)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	4	PA
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	NF	PA; QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	6	PA; TD; S
NUPLAZID ORAL TABLET 10 MG	6	PA; TD; S
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	NF	PA; QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	NF	PA; QL (2 per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	AL (Min 7 Years)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	AL (Min 7 Years)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	PA
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	3	PA
<i>oxazepam oral capsule 10 mg, 15 mg</i>	4	PA; QL (6 per 1 day)
<i>oxazepam oral capsule 30 mg</i>	4	PA; QL (4 per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	AL (Min 7 Years)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	NF	PA
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	NF	PA
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	NF	PA
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	AL (Min 7 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	PA; AL (Min 7 Years)
<i>phenelzine oral tablet 15 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	PA; AL (Min 12 Years)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	NF	PA
<i>procentra oral solution 5 mg/5 ml</i>	NF	PA; QL (60 per 1 day)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
PROVIGIL ORAL TABLET 100 MG, 200 MG	NF	PA; QL (2 per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	NF	PA
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	NF	PA
QUAZEPAM ORAL TABLET 15 MG	4	PA; QL (2 per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	AL (Min 7 Years)
QUETIAPINE ORAL TABLET 150 MG	3	AL (Min 7 Years)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	AL (Min 7 Years)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG	NF	PA; QL (2 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 40 MG	NF	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	NF	PA; QL (12 per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	NF	PA; QL (1 per 1 day)
RALDESY ORAL SOLUTION 10 MG/ML	NF	PA
<i>ramelteon oral tablet 8 mg</i>	2	QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG	NF	PA; QL (2 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 54 MG, 63 MG, 72 MG	NF	PA; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	NF	PA
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	NF	PA
RESTORIL ORAL CAPSULE 15 MG, 7.5 MG	NF	PA; QL (2 per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG, 30 MG	NF	PA; QL (1 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	NF	PA
RISPERDAL ORAL SOLUTION 1 MG/ML	NF	PA; AL (Min 7 Years)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NF	PA; AL (Min 7 Years)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	2	
<i>risperidone oral solution 1 mg/ml</i>	2	AL (Min 7 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	AL (Min 7 Years)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	PA; AL (Min 7 Years)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	NF	PA; QL (3 per 1 day)
ROZEREM ORAL TABLET 8 MG	NF	PA; QL (1 per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	NF	PA
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	PA
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	NF	PA; AL (Min 7 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	NF	PA; AL (Min 7 Years)
<i>sertraline oral capsule 150 mg, 200 mg</i>	NF	PA
<i>sertraline oral concentrate 20 mg/ml</i>	4	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG	NF	PA
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; S; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	NF	PA; QL (4 per 7 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	NF	PA; QL (6 per 7 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	NF	QL (2 per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	NF	QL (1 per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (1 per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	NF	PA; S
<i>temazepam oral capsule 15 mg</i>	1	QL (2 per 1 day)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	2	
<i>temazepam oral capsule 30 mg</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	AL (Min 7 Years)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	AL (Min 7 Years)
<i>tranlycypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg</i>	2	QL (4 per 1 day)
<i>triazolam oral tablet 0.25 mg</i>	2	QL (2 per 1 day)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	AL (Min 7 Years)
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	4	PA
VALIUM ORAL TABLET 10 MG	NF	QL (4 per 1 day)
VALIUM ORAL TABLET 2 MG, 5 MG	NF	QL (6 per 1 day)
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	NF	PA
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	PA; AL (Min 7 Years)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	NF	PA
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 3 MG, 4.5 MG, 6 MG	4	PA; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG	4	PA; QL (2 per 1 day)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	NF	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	NF	PA; QL (2 per 1 day)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	NF	PA; QL (1 per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	NF	PA; QL (2 per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	NF	PA; QL (1 per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	NF	PA; S; QL (2 per 1 day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	NF	PA
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	NF	PA
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	NF	PA; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XANAX ORAL TABLET 2 MG	NF	PA; QL (3 per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG	NF	QL (6 per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	NF	QL (3 per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	NF	PA; QL (1 per 1 day)
XYREM ORAL SOLUTION 500 MG/ML	NF	PA; S; QL (18 per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	NF	PA; S; QL (18 per 1 day)
<i>zaleplon oral capsule 10 mg</i>	2	QL (2 per 1 day)
<i>zaleplon oral capsule 5 mg</i>	2	QL (3 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	NF	PA; QL (4 per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG	NF	PA; QL (4 per 1 day)
ZENZEDI ORAL TABLET 30 MG	NF	PA; QL (2 per 1 day)
ZENZEDI ORAL TABLET 7.5 MG	NF	QL (4 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	AL (Min 7 Years)
ZOLOFT ORAL CONCENTRATE 20 MG/ML	NF	PA
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	NF	PA
ZOLPIDEM ORAL CAPSULE 7.5 MG	NF	PA; QL (1 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	2	ST; QL (1 per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	NF	PA; QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	NF	PA; S; QL (28 per 273 days)
ZURZUVAE ORAL CAPSULE 30 MG	NF	PA; S; QL (14 per 273 days)
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	NF	PA; AL (Min 7 Years)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	NF	PA; AL (Min 7 Years)
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	NF	PA; S; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	6	PA; S; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	6	PA; S; QL (1 per 28 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	6	PA; S; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG	6	PA; S; QL (15 per 30 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg</i>	5	PA; S
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	NF	PA; S; QL (1 per 1 day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	NF	PA; S; QL (12 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	5	PA; S; QL (2 per 1 day)
<i>fingolimod oral capsule 0.5 mg</i>	5	PA; S; QL (1 per 1 day)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	NF	PA; S; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; S; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; S; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; S; QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; S; QL (12 per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	6	PA; S; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	NF	PA; S
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	NF	PA; S
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	NF	PA; S
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	NF	PA; S
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	NF	PA; S
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	NF	PA; S
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	NF	PA; S
MAYZENT ORAL TABLET 0.25 MG	6	PA; S; QL (4 per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	6	PA; S; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	6	PA; S; QL (7 per 4 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	6	PA; S; QL (12 per 5 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	6	PA; S; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	6	PA; S; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	6	PA; S; QL (1 per 28 days)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	NF	PA; S; QL (1 per 1 day)
PONVORY ORAL TABLET 20 MG	NF	PA; S; QL (1 per 1 day)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	6	PA; S; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	6	PA; S; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	6	PA; S; QL (4.2 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	6	PA; S; QL (4.2 per 28 days)
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	NF	PA; S; QL (1 per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	NF	PA; S; QL (2 per 1 day)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; S; QL (1 per 1 day)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	6	PA; S; QL (4 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	PA
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	NF	PA
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	NF	PA
ARBLI ORAL SUSPENSION 10 MG/ML	NF	PA
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	NF	PA
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	NF	PA
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
CARDAMYST NASAL SPRAY, NON-AEROSOL 70 MG/2 SPRAY	NF	PA; QL (2 per 22 days)
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	NF	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NF	PA
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	NF	PA
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
CLONIDINE HCL ORAL TABLET 0.05 MG	NF	PA
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	NF	PA
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	NF	PA
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	NF	PA
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	NF	PA
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 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>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 360 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 300 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
EDARBI ORAL TABLET 40 MG, 80 MG	NF	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	NF	PA
EDECIN ORAL TABLET 25 MG	NF	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
ENBUMYST NASAL SPRAY, NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)	NF	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	5	PA; S
<i>eprosartan oral tablet 600 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	4	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	NF	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
FLOLAN INTRAVENOUS RECON SOLN 1.5 MG	6	PA; S
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	NF	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg</i>	1	
<i>guanfacine oral tablet 2 mg</i>	2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	NF	PA
HEMICLOR ORAL TABLET 12.5 MG	NF	PA
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	NF	PA
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	NF	PA
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	NF	PA
INSPRA ORAL TABLET 25 MG, 50 MG	NF	PA
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	NF	PA
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	NF	PA
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	NF	PA; QL (1 per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML	NF	PA
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	NF	PA
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL SOLUTION 10 MG/ML	NF	PA
LOPRESSOR ORAL TABLET 12.5 MG	NF	PA
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	NF	PA
<i>metyrosine oral capsule 250 mg</i>	NF	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	NF	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nimodipine oral solution 60 mg/20 ml</i>	NF	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
NYMALIZE ORAL SOLUTION 60 MG/10 ML	NF	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	NF	PA
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	NF	PA; S
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	NF	PA; S
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	NF	PA; S
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	NF	PA; S
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
QBRELIS ORAL SOLUTION 1 MG/ML	NF	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	4	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	NF	PA; S
SDAMLO ORAL POWDER IN CONTAINER 10 MG, 2.5 MG, 5 MG	NF	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SOANZ ORAL TABLET 40 MG	NF	PA
<i>spironolactone oral suspension 25 mg/5 ml</i>	NF	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	4	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TEZRULY ORAL SOLUTION 1 MG/ML	NF	PA
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NF	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>torseמיד oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	PA; S
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	NF	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	6	PA; S
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	6	PA; S
<i>valsartan oral solution 4 mg/ml</i>	NF	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	NF	PA
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	NF	PA; S
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	4	
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	AL (Max 64 Years)
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	6	PA; S
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	6	PA; S
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	NF	PA; S
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	6	PA; S
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S

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Drug Name	Drug Tier	Requirements / Limits
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	6	PA; S
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	6	PA; S; QL (1 per 1 day)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	NF	PA
AMICAR ORAL TABLET 1,000 MG, 500 MG	NF	PA
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	NF	PA
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	NF	PA
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	NF	PA; QL (24 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	NF	PA; QL (15 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	NF	PA; QL (12 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	NF	PA; QL (18 per 30 days)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	6	PA; S
BRILINTA ORAL TABLET 60 MG, 90 MG	NF	PA
CABLIVI INJECTION KIT 11 MG	6	PA; S
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	6	PA; S
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	6	PA; S
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (2 per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	NF	PA; S; QL (2 per 1 day)
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	NF	PA; S; QL (2 per 1 day)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (2 per 1 day)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	3	PA; QL (4 per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	3	PA; QL (2 per 1 day)
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	6	PA; S
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	5	PA; S; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg</i>	5	PA; S; QL (1 per 1 day)
<i>eltrombopag olamine oral tablet 25 mg, 50 mg</i>	5	PA; S; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; S; QL (2 per 1 day)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	QL (6 per 1 day)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (2 per 1 day)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (36 per 30 days)
<i>eptifibatide intravenous solution 2 mg/ml</i>	2	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	6	PA; S

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Drug Name	Drug Tier	Requirements / Limits
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG)	NF	PA; S
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	2	PA; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	PA; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	2	PA; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	2	PA; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	NF	QL (4 per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	NF	QL (114 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	NF	QL (1 per 1 day)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	NF	QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	NF	QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	NF	QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	NF	QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	NF	QL (9 per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	6	PA; S
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	6	PA; S
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	6	PA; S
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	6	PA; S
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	6	PA; S
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	2	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	2	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	6	PA; S
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	NF	PA; S; QL (4 per 28 days)
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	6	PA; S
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	NF	QL (6 per 1 day)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	NF	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	NF	QL (48 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML	NF	QL (18 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	NF	QL (24 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	NF	QL (36 per 30 days)
MULPLETA ORAL TABLET 3 MG	NF	PA; S; QL (1 per 1 day)
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	6	PA; S
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	6	PA; S
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	6	PA; S
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL (3 Per fill)
PLAVIX ORAL TABLET 75 MG	NF	PA
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	NF	PA; QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG	NF	PA; QL (4 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 150 MG	NF	PA; QL (2 per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	NF	PA; S; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG	NF	PA; S; QL (1 per 1 day)
PROMACTA ORAL TABLET 25 MG, 50 MG	NF	PA; S; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	NF	PA; S; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	NF	PA; S; QL (0.5 per 56 days)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	NF	PA; S; QL (0.2 per 56 days)
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	6	PA; S
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	2	PA; QL (20 per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	2	QL (2 per 1 day)
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	6	PA; S
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	NF	PA
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	6	PA; S
TAVALISSE ORAL TABLET 100 MG, 150 MG	NF	PA; S; QL (2 per 1 day)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	6	PA; S
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	6	PA; S
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	6	PA; S
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	NF	PA; QL (20 per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (1 per 1 day)
XARELTO ORAL TABLET 15 MG	3	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL TABLET 2.5 MG	NF	PA; QL (2 per 1 day)
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; S
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	NF	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NF	PA
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	NF	PA
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NF	PA
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	NF	PA
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	NF	PA
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	NF	PA
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	2	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	NF	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	4	PA
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	4	PA
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram</i>	2	PA
<i>icosapent ethyl oral capsule 1 gram</i>	4	PA
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	6	PA; S
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML	NF	PA; QL (1.2 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	NF	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	NF	PA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	NF	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	NF	PA
NEXLIZET ORAL TABLET 180-10 MG	NF	PA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	NF	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral powder 4 gram</i>	2	
<i>prevalite oral powder in packet 4 gram</i>	2	
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	NF	PA; S; QL (1 per 90 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (3.5 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
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	NF	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	NF	PA; S; QL (0.8 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	NF	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	NF	PA
WELCHOL ORAL TABLET 625 MG	NF	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NF	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NF	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	6	PA; S; QL (4 per 1 day)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	NF	PA; S; QL (1 per 1 day)
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	NF	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	NF	PA
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	
FILSPARI ORAL TABLET 200 MG, 400 MG	NF	PA; S; QL (1 per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	4	PA
LODOCO ORAL TABLET 0.5 MG	NF	PA
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	NF	PA; S; QL (1 per 1 day)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
TRYVIO ORAL TABLET 12.5 MG	NF	PA
VANRAFIA ORAL TABLET 0.75 MG	NF	PA; S; QL (1 per 1 day)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	NF	PA
VYNDAMAX ORAL CAPSULE 61 MG	6	PA; S
VYNDAQEL ORAL CAPSULE 20 MG	6	PA; S
NITRATES		
ISORDIL ORAL TABLET 40 MG	NF	PA
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	PA
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>nitro-bid transdermal ointment 2 %</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal ointment 2 %</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	NF	PA; S; QL (2 per 56 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	NF	PA; S; QL (2 per 56 days)
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (4 per 1 day)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (4 per 1 day)
CALCIPOTRIENE TOPICAL FOAM 0.005 %	NF	PA
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (4 per 1 day)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	NF	PA
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	NF	PA
<i>calcitriol topical ointment 3 mcg/gram</i>	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; S; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	6	PA; S; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	6	PA; S; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; S; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	6	PA; S; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	6	PA; S; QL (2 per 28 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	NF	PA
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	
ICOTYDE ORAL TABLET 200 MG	NF	PA; S; QL (1 per 1 day)
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 90 MG/ML	NF	PA; S; QL (1 per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)

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Drug Name	Drug Tier	Requirements / Limits
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
<i>selenium sulfide topical lotion 2.5 %</i>	2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	NF	PA; S; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	6	PA; S; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; S; QL (1 per 84 days)
SORILUX TOPICAL FOAM 0.005 %	NF	PA
SOTYKTU ORAL TABLET 6 MG	NF	PA; S; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	NF	PA; S; QL (2 per 28 days)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (1 per 84 days)
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	NF	PA; S; QL (1 per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	6	PA; S; QL (0.5 per 84 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	6	PA; S; QL (0.5 per 84 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	6	PA; S; QL (1 per 84 days)
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	NF	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NF	PA; S; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NF	PA; S; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NF	PA; S; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	NF	PA; S; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	NF	PA; S; QL (0.5 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	NF	PA; S; QL (1 per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	NF	PA; S; QL (1 per 56 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	NF	PA; S; QL (2 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	NF	PA; S; QL (1 per 56 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	NF	PA; S; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	NF	PA; S; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	NF	PA; S; QL (2 per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)

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Drug Name	Drug Tier	Requirements / Limits
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	NF	PA
VTAMA TOPICAL CREAM 1 %	4	ST; QL (2 per 1 day)
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	NF	PA; S; QL (0.5 per 84 days)
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	NF	PA; S; QL (1 per 84 days)
WYNZORA TOPICAL CREAM 0.005-0.064 %	NF	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	6	PA; S; QL (0.5 per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	6	PA; S; QL (0.5 per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	6	PA; S; QL (1 per 84 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %, 0.3 %	4	ST; QL (2 per 1 day)
ZORYVE TOPICAL FOAM 0.3 %	4	ST; QL (2 per 1 day)
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	6	PA; S; QL (4 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; S; QL (4 per 28 days)
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
ANZUPGO TOPICAL CREAM 2 %	NF	PA; S; QL (1 per 1 day)
CARAC TOPICAL CREAM 0.5 %	NF	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	NF	PA; S; QL (1 per 1 day)
CONDYLOX TOPICAL GEL 0.5 %	NF	PA
<i>diclofenac sodium topical gel 3 %</i>	4	PA
<i>doxepin topical cream 5 %</i>	2	PA; QL (45 Per fill)

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Drug Name	Drug Tier	Requirements / Limits
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	6	PA; S; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	6	PA; S; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	6	PA; S; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	6	PA; S; QL (4 per 28 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	NF	PA; S; QL (2 per 28 days)
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	NF	PA; S; QL (2 per 28 days)
EFUDEX TOPICAL CREAM 5 %	NF	PA
ELIDEL TOPICAL CREAM 1 %	NF	QL (100 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	4	ST; QL (2 per 1 day)
FLUOROURACIL TOPICAL CREAM 0.5 %	NF	PA
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HYFTOR TOPICAL GEL 0.2 %	NF	PA; S
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	NF	PA
<i>imiquimod topical cream in packet 3.75 %</i>	NF	PA
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	4	PA
OPZELURA TOPICAL CREAM 1.5 %	4	ST; QL (2 per 1 day)
PANRETIN TOPICAL GEL 0.1 %	NF	PA
<i>pimecrolimus topical cream 1 %</i>	2	QL (100 per 30 days)
<i>podofilox topical gel 0.5 %</i>	NF	PA
<i>podofilox topical solution 0.5 %</i>	2	
<i>pradoxin topical cream 5 %</i>	NF	PA; QL (45 Per fill)
QBREXZA TOPICAL TOWELETTE 2.4 %	NF	PA; QL (1 per 1 day)
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	NF	PA; QL (40.2 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
VALCHLOR TOPICAL GEL 0.016 %	6	PA; S
ZELSUVMI TOPICAL GEL 10.3 %	NF	PA
ZONALON TOPICAL CREAM 5 %	NF	PA; QL (45 Per fill)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	NF	PA
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	NF	PA
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	NF	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	NF	PA
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	NF	PA
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ACZONE TOPICAL GEL 5 %	NF	PA
ACZONE TOPICAL GEL WITH PUMP 7.5 %	NF	PA
<i>adapalene topical cream 0.1 %</i>	2	PA
<i>adapalene topical gel 0.3 %</i>	2	PA
<i>adapalene topical gel with pump 0.3 %</i>	2	PA
<i>adapalene topical solution 0.1 %</i>	NF	PA
<i>adapalene topical swab 0.1 %</i>	NF	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	NF	PA
AKLIEF TOPICAL CREAM 0.005 %	NF	PA
ALTRENO TOPICAL LOTION 0.05 %	NF	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
AMZEEQ TOPICAL FOAM 4 %	NF	PA
ARAZLO TOPICAL LOTION 0.045 %	NF	PA
AVAR LS TOPICAL CLEANSER 10-2 %	NF	PA
<i>avar topical cleanser 10-5 % (w/w)</i>	NF	QL (12 per 1 day)
AVAR-E TOPICAL CREAM 10-5 % (W/W)	NF	PA
<i>azelaic acid topical gel 15 %</i>	2	
AZELEX TOPICAL CREAM 20 %	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	NF	PA
<i>benzepro topical towelette 6 %</i>	NF	PA
<i>benzoyl peroxide topical cleanser 7 %</i>	NF	PA
<i>benzoyl peroxide topical foam 9.8 %</i>	NF	PA
<i>bp 10-1 topical cleanser 10-1 %</i>	NF	PA
<i>brimonidine topical gel with pump 0.33 %</i>	NF	PA
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	NF	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
CLINDACIN ETZ TOPICAL KIT 1 %	NF	PA
<i>clindacin etz topical swab 1 %</i>	NF	PA
<i>clindacin p topical swab 1 %</i>	NF	PA
CLINDACIN PAC TOPICAL KIT 1 %	NF	PA
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	NF	PA
<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	NF	PA
<i>clindamycin phosphate topical lotion 1 %</i>	2	
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (2 per 1 day)
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	NF	PA
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>dapsone topical gel 5 %</i>	4	
DAPSONE TOPICAL GEL 7.5 %	NF	PA
<i>dapsone topical gel with pump 7.5 %</i>	NF	PA
DIFFERIN TOPICAL CREAM 0.1 %	NF	PA
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	NF	PA
DIFFERIN TOPICAL LOTION 0.1 %	NF	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	NF	PA
EPSOLAY TOPICAL CREAM 5 %	NF	PA
<i>erythromycin with ethanol topical gel 2 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL (2 per 1 day)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
EVOCLIN TOPICAL FOAM 1 %	3	
FABIOR TOPICAL FOAM 0.1 %	NF	PA; QL (50 per 30 days)
FINACEA TOPICAL FOAM 15 %	NF	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	PA
<i>ivermectin topical cream 1 %</i>	NF	PA
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	NF	PA
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	2	
NORITATE TOPICAL CREAM 1 %	NF	PA
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	NF	PA
PACNEX TOPICAL CLEANSER 7 %	NF	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	NF	PA
RETIN-A MICRO TOPICAL GEL 0.1 %	NF	PA
RHOFADE TOPICAL CREAM 1 %	NF	PA
<i>rosadan topical cream 0.75 %</i>	2	
SOOLANTRA TOPICAL CREAM 1 %	NF	PA
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	2	QL (12 per 1 day)
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	NF	PA
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	NF	PA
SUMADAN TOPICAL CLEANSER 9-4.5 %	NF	PA
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % - SPF 25	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	NF	PA
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	NF	PA
<i>tazarotene topical cream 0.05 %</i>	2	PA; QL (1 per 1 day)
<i>tazarotene topical cream 0.1 %</i>	2	QL (1 per 1 day)
TAZAROTENE TOPICAL FOAM 0.1 %	NF	PA; QL (50 per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	2	PA; QL (1 per 1 day)
TAZORAC TOPICAL CREAM 0.05 %	NF	PA; QL (1 per 1 day)
TAZORAC TOPICAL CREAM 0.1 %	NF	QL (1 per 1 day)
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	NF	PA; QL (1 per 1 day)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	NF	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	NF	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	
TWYNEO TOPICAL CREAM 0.1-3 %	NF	PA
VELTIN TOPICAL GEL 1.2-0.025 %	NF	PA
WINLEVI TOPICAL CREAM 1 %	NF	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ZIANA TOPICAL GEL 1.2-0.025 %	NF	PA
ZILXI TOPICAL FOAM 1.5 %	NF	PA
TOPICAL ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; QL (1 per 1 day)
<i>lidocaine topical ointment 5 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QL (60 Per fill)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	2	QL (1 Per fill)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	NF	PA; QL (1 per 1 day)
PLIAGLIS TOPICAL CREAM 7-7 %	NF	PA
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	NF	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	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
CENTANY TOPICAL OINTMENT 2 %	NF	QL (44 Per fill)
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	NF	PA; QL (1 per 1 day)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 Per fill)
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	NF	PA
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	NF	PA
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	2	
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	2	
<i>ciclopirox topical suspension 0.77 %</i>	2	QL (2 per 1 day)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	
<i>econazole nitrate topical cream 1 %</i>	2	QL (85 per 30 days)
ECONAZOLE NITRATE TOPICAL FOAM 1 %	NF	PA
ECOZA TOPICAL FOAM 1 %	NF	PA
ERTACZO TOPICAL CREAM 2 %	4	PA
EXELDERM TOPICAL CREAM 1 %	NF	PA
EXELDERM TOPICAL SOLUTION 1 %	NF	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	NF	PA
<i>ketconazole topical cream 2 %</i>	1	QL (2 per 1 day)
<i>ketconazole topical shampoo 2 %</i>	2	
<i>klayesta topical powder 100,000 unit/gram</i>	2	QL (240 Per fill)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	NF	QL (2 per 1 day)
LULICONAZOLE TOPICAL CREAM 1 %	4	PA
LUZU TOPICAL CREAM 1 %	NF	PA
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>naftifine topical cream 1 %</i>	4	PA
<i>naftifine topical cream 2 %</i>	4	PA; QL (2 per 1 day)
<i>naftifine topical gel 2 %</i>	2	PA
NAFTIN TOPICAL GEL 2 %	NF	PA
<i>nyamyc topical powder 100,000 unit/gram</i>	2	QL (240 Per fill)
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i>	2	QL (240 Per fill)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	QL (240 Per fill)
<i>oxiconazole topical cream 1 %</i>	4	PA; QL (2 per 1 day)
OXISTAT TOPICAL LOTION 1 %	NF	PA
SULCONAZOLE TOPICAL CREAM 1 %	4	PA
SULCONAZOLE TOPICAL SOLUTION 1 %	4	PA
<i>tavaborole topical solution with applicator 5 %</i>	NF	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	NF	PA
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	NF	PA; QL (5 Per fill)
<i>acyclovir topical ointment 5 %</i>	2	QL (15 Per fill)
DENAVIR TOPICAL CREAM 1 %	NF	PA
<i>penciclovir topical cream 1 %</i>	NF	PA
XERESE TOPICAL CREAM 5-1 %	NF	PA
ZOVIRAX TOPICAL CREAM 5 %	NF	PA; QL (5 Per fill)
ZOVIRAX TOPICAL OINTMENT 5 %	NF	PA; QL (15 Per fill)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	
ALA-SCALP TOPICAL LOTION 2 %	NF	PA
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	4	PA
<i>amcinonide topical ointment 0.1 %</i>	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>apexicon e topical cream 0.05 %</i>	NF	PA
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i>	NF	PA
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	4	
<i>betamethasone, augmented topical lotion 0.05 %</i>	4	
<i>betamethasone, augmented topical ointment 0.05 %</i>	4	
CAPEX TOPICAL SHAMPOO 0.01 %	NF	PA
<i>clobetasol scalp solution 0.05 %</i>	2	
CLOBETASOL TOPICAL CREAM 0.025 %	NF	PA
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i>	NF	PA
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i>	2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	NF	PA
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i>	NF	PA
CLOBEX TOPICAL SHAMPOO 0.05 %	NF	PA
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	NF	PA
<i>clodan topical shampoo 0.05 %</i>	NF	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	PA
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical gel 0.05 %</i>	NF	PA
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>diflorasone topical cream 0.05 %</i>	4	PA
<i>diflorasone topical ointment 0.05 %</i>	4	PA
DUOBRII TOPICAL LOTION 0.01-0.045 %	NF	PA
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	QL (2 per 1 day)
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>flurandrenolide topical cream 0.05 %</i>	NF	PA
<i>flurandrenolide topical lotion 0.05 %</i>	NF	PA
<i>flurandrenolide topical ointment 0.05 %</i>	NF	PA
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halcinonide topical cream 0.1 %</i>	NF	PA
<i>halcinonide topical solution 0.1 %</i>	NF	PA
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical foam 0.05 %</i>	4	PA
HALOBETASOL PROPIONATE TOPICAL LOTION 0.05 %	NF	PA
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
HALOG TOPICAL CREAM 0.1 %	NF	PA
HALOG TOPICAL SOLUTION 0.1 %	NF	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2 %</i>	NF	PA
<i>hydrocortisone topical lotion 2.5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical ointment 1 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	4	
IMPOYZ TOPICAL CREAM 0.025 %	NF	PA
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	NF	PA
<i>lexette topical foam 0.05 %</i>	NF	PA
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
OLUX TOPICAL FOAM 0.05 %	NF	PA
PROCTOCORT TOPICAL CREAM 1 %	3	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	NF	PA
SYNALAR TOPICAL SOLUTION 0.01 %	NF	QL (2 per 1 day)
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	NF	PA
<i>tovet emollient topical foam 0.05 %</i>	NF	PA
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	NF	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
ULTRAVATE TOPICAL LOTION 0.05 %	NF	PA
VERDESO TOPICAL FOAM 0.05 %	NF	PA
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	PA
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	NF	PA
EURAX TOPICAL CREAM 10 %	4	PA
EURAX TOPICAL LOTION 10 %	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>malathion topical lotion 0.5 %</i>	2	
NATROBA TOPICAL SUSPENSION 0.9 %	NF	PA
<i>permethrin topical cream 5 %</i>	2	
<i>pruradik topical lotion 10 %</i>	NF	PA
<i>spinosad topical suspension 0.9 %</i>	4	PA
ULESFIA TOPICAL LOTION 5 %	3	PA
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	3	PA; QL (1 per 1 day)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	NF	PA; S; QL (10 per 30 days)
WEGOVY HD SUBCUTANEOUS PEN INJECTOR 7.2 MG/0.75 ML	3	PA; QL (3 per 28 days)
XENICAL ORAL CAPSULE 120 MG	NF	PA
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
AQVESME ORAL TABLET 100 MG	NF	PA; S; QL (2 per 1 day)
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	NF	PA; S
BUPHENYL ORAL TABLET 500 MG	NF	PA; S
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	NF	PA; S
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	PA; S
<i>cevimeline oral capsule 30 mg</i>	4	
CHEMET ORAL CAPSULE 100 MG	3	
CUVRIOR ORAL TABLET 300 MG	NF	PA; S; QL (10 per 1 day)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	NF	PA; TD; S
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; TD; S
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	5	PA; TD; S
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA; S
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	NF	PA; S
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	NF	PA; S; QL (12 per 1 day)
ENDARI ORAL POWDER IN PACKET 5 GRAM	6	PA; S
EVOXAC ORAL CAPSULE 30 MG	NF	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	NF	PA; TD; S
FABHALTA ORAL CAPSULE 200 MG	NF	PA; S; QL (2 per 1 day)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	NF	PA; S
FERRIPROX ORAL SOLUTION 100 MG/ML	6	PA; S
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	NF	PA; S
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	NF	PA; S; QL (1 per 7 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	5	PA; S
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>	NF	PA; S
HARLIKU ORAL TABLET 2 MG	NF	PA; S; QL (1 per 1 day)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	NF	PA; S
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	NF	PA; TD; S
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	NF	PA; TD; S
JOENJA ORAL TABLET 70 MG	NF	PA; S; QL (2 per 1 day)
KYGEVVI ORAL POWDER IN PACKET 4 GRAM	NF	PA; S; QL (5 per 1 day)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	1	
LITFULO ORAL CAPSULE 50 MG	6	PA; S; QL (1 per 1 day)
METOPIRONE ORAL CAPSULE 250 MG	NF	PA; QL (12 per 720 days)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	NF	PA; S
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	NF	PA; S

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Drug Name	Drug Tier	Requirements / Limits
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	NF	PA; S
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	NF	PA; S
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	NF	PA; S
ORFADIN ORAL SUSPENSION 4 MG/ML	NF	PA; S
PHEBURANE ORAL GRANULES 483 MG/GRAM	NF	PA; S
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	6	PA; S; QL (2 per 1 day)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	6	PA; S; QL (2 per 1 day)
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	NF	PA; S
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	NF	PA; S; QL (1 per 1 day)
RHAPSIDO ORAL TABLET 25 MG	NF	PA; S; QL (2 per 1 day)
<i>riluzole oral tablet 50 mg</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium chloride injection syringe 0.9 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA; S
<i>sodium phenylbutyrate oral tablet 500 mg</i>	NF	PA; S
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	NF	PA; S
SYPRINE ORAL CAPSULE 250 MG	NF	PA; S; QL (8 per 1 day)
TAVNEOS ORAL CAPSULE 10 MG	6	PA; S; QL (6 per 1 day)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	NF	PA; S
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	6	PA; S
THIOLA ORAL TABLET 100 MG	NF	PA; S
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	NF	PA; S
<i>tiopronin oral tablet 100 mg</i>	5	PA; S
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	5	PA; S

You can find information 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>trientine oral capsule 250 mg</i>	NF	PA; S; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	NF	PA; S; QL (4 per 1 day)
VAFSEO ORAL TABLET 150 MG, 300 MG	NF	PA
<i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	5	PA; S
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	NF	PA; S; QL (3 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	NF	PA; S; QL (3 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 75 MG	NF	PA; S; QL (1 per 1 day)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	NF	PA; S
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	6	PA; S
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	SC; ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	NF	PA; SC; ACA; QL (2 per 1 day)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	NF	PA; SC; ACA; QL (53 per 28 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	NF	PA; SC; ACA
NICORETTE BUCCAL GUM 2 MG	NF	PA; SC; ACA
<i>nicorette buccal gum 4 mg</i>	NF	PA; SC; ACA
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	NF	PA; SC; ACA
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	NF	PA; SC; ACA
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	2	SC; ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	2	SC; ACA
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	2	SC; ACA
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	2	SC; ACA
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	2	SC; ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	SC; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>quit 2 buccal gum 2 mg</i>	2	SC; ACA
<i>quit 2 buccal lozenge 2 mg</i>	2	SC; ACA
<i>quit 4 buccal gum 4 mg</i>	2	SC; ACA
<i>quit 4 buccal lozenge 4 mg</i>	2	SC; ACA
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	2	SC; ACA
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	SC; ACA; QL (2 per 1 day)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	SC; ACA; QL (53 per 28 days)

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	4	PA
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	NF	PA
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	4	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	4	PA
<i>ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %</i>	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	6	PA; S
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	NF	PA; S
AGAMREE ORAL SUSPENSION 40 MG/ML	NF	PA; S; QL (225 per 30 days)
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	NF	PA; S
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	NF	PA
<i>cortisone oral tablet 25 mg</i>	NF	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	6	PA; S
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	6	PA; S
<i>cosyntropin injection recon soln 0.25 mg</i>	2	
<i>deflazacort oral suspension 22.75 mg/ml</i>	NF	PA; S
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	NF	PA; S
<i>dexamethasone intensol oral drops 1 mg/ml</i>	4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	4	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 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>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	NF	PA
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	NF	PA; S
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	NF	PA; S
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	NF	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	2	
<i>jaythari oral suspension 22.75 mg/ml</i>	NF	PA; S
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	NF	PA; S
KHINDIVI ORAL SOLUTION 1 MG/ML	NF	PA
<i>kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	NF	PA; S
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	4	
<i>prednisone oral solution 5 mg/5 ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet,delayed release (dr/ec) 1 mg, 2 mg</i>	NF	PA
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
<i>pyquvi oral suspension 22.75 mg/ml</i>	NF	PA; S
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	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
SOLU-CORTEF INJECTION RECON SOLN 100 MG	3	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	NF	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	NF	PA; S; QL (4 per 1 day)
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	NF	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	4	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	3	QL (4 Per fill)
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	QL (4 Per fill)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	QL (0.4 Per fill)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	QL (0.8 Per fill)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8 Per fill)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	QL (0.8 Per fill)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	NF	PA; QL (2.4 Per fill)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	NF	PA; QL (2.4 Per fill)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
INSULIN THERAPY		

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

Drug Name	Drug Tier	Requirements / Limits
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NF	PA
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	NF	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NF	PA
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	NF	PA
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	NF	PA
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	NF	PA
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	NF	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NF	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	NF	PA
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	NF	PA
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	NF	PA
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	NF	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NF	PA
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	NF	PA
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	NF	PA
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	NF	PA
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	NF	PA
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
RELION NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
RELION NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	PA
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	NF	PA; QL (5 per 1 day)
AVLAYAH INTRAVENOUS RECON SOLN 150 MG	3	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
CERDELGA ORAL CAPSULE 84 MG	6	PA; S
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	2	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	NF	PA; S; QL (2 per 1 day)
CRENESSITY ORAL SOLUTION 50 MG/ML	NF	PA; S; QL (2 per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	NF	PA; QL (10 per 28 days)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	NF	PA; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
DESMODA ORAL SOLUTION 0.05 MG/ML	NF	PA; S
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	NF	PA
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	NF	PA
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	AL (Min 8 Years)
GALAFOLD ORAL CAPSULE 123 MG	6	PA; S; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	6	PA; S
JATENZO ORAL CAPSULE 158 MG, 198 MG	NF	PA; QL (4 per 1 day)
JATENZO ORAL CAPSULE 237 MG	NF	PA; QL (2 per 1 day)
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	NF	PA; S
<i>javygtor oral tablet, soluble 100 mg</i>	NF	PA; S
JYNARQUE ORAL TABLET 15 MG, 30 MG	NF	PA; S; QL (2 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	NF	PA; S; QL (2 per 1 day)
KORLYM ORAL TABLET 300 MG	NF	PA; S
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	NF	PA; S
KUVAN ORAL TABLET, SOLUBLE 100 MG	NF	PA; S
KYZATREX ORAL CAPSULE 100 MG, 150 MG	NF	PA; QL (2 per 1 day)
KYZATREX ORAL CAPSULE 200 MG	NF	PA; QL (4 per 1 day)
METHITEST ORAL TABLET 10 MG	NF	PA; QL (5 per 1 day)
<i>methyltestosterone oral capsule 10 mg</i>	4	PA; QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	NF	PA; S
<i>miglustat oral capsule 100 mg</i>	5	PA; S
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	NF	PA; S
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	NF	PA; QL (33 per 30 days)
OPFOLDA ORAL CAPSULE 65 MG	NF	PA; S; QL (8 per 28 days)
ORILISSA ORAL TABLET 150 MG	3	PA; QL (1 per 1 day)
ORILISSA ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	NF	PA; S

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

Drug Name	Drug Tier	Requirements / Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	NF	PA
RECORLEV ORAL TABLET 150 MG	NF	PA; S
SAMSCA ORAL TABLET 15 MG, 30 MG	NF	PA; S
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA; S
<i>sapropterin oral tablet,soluble 100 mg</i>	5	PA; S
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	NF	PA; S
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	NF	PA; S
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	6	PA; S
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	NF	PA; QL (10 per 1 day)
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	2	PA; QL (10 per 28 days)
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	2	PA; QL (4 per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA; QL (10 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (4 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QL (10 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA; QL (10 per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; QL (5 per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	NF	PA; QL (6 per 1 day)
TLANDO ORAL CAPSULE 112.5 MG	NF	PA; QL (4 per 1 day)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	NF	PA; S

You can find information 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 (polycystic kidney disease) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	NF	PA; S; QL (2 per 1 day)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	NF	PA; S
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	NF	PA; QL (10 per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	NF	PA; QL (10 per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	NF	PA; QL (10 per 1 day)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	6	PA; S
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	NF	PA; QL (2 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	NF	PA; S; QL (1.12 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML	NF	PA; S; QL (1.96 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	NF	PA; S; QL (2.9 per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG	NF	PA; S; QL (1 per 7 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG	NF	PA; S; QL (2 per 7 days)
<i>zelvysia oral powder in packet 100 mg, 500 mg</i>	NF	PA; S
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	NF	PA; QL (1 per 1 day)
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	NF	PA; QL (2 per 1 day)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	NF	PA; QL (1 per 1 day)
BRENZAVVY ORAL TABLET 20 MG	NF	PA; QL (1 per 1 day)
BRYNOVIN ORAL SOLUTION 25 MG/ML	NF	PA; QL (4 per 1 day)
CYCLOSET ORAL TABLET 0.8 MG	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	NF	PA; QL (1 per 1 day)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg</i>	NF	PA; QL (1 per 1 day)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	NF	PA; QL (2 per 1 day)
<i>dapagliflozin-saxagliptin oral tablet 10-5 mg</i>	NF	PA; QL (1 per 1 day)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	NF	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	NF	PA; QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	NF	PA; QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	NF	PA
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (1 per 1 day)
INPEFA ORAL TABLET 200 MG, 400 MG	NF	PA
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	NF	PA; QL (1 per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	NF	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (1 per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (2 per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	NF	PA; QL (2 per 1 day)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; QL (9 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i>	NF	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet 625 mg, 750 mg</i>	NF	PA
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	NF	PA
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	NF	PA
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
NESINA ORAL TABLET 12.5 MG, 25 MG	NF	PA; QL (1 per 1 day)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL (1 per 1 day)
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)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	
QTERN ORAL TABLET 5-5 MG	NF	PA; QL (1 per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
RIOMET ORAL SOLUTION 500 MG/5 ML	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (1 per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	NF	PA; QL (1 per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	NF	PA; QL (2 per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	NF	PA; QL (2 per 1 day)
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	NF	PA; QL (1 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	NF	PA; QL (1 per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	NF	PA; QL (1 per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (2 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (1 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
TRADJENTA ORAL TABLET 5 MG	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	NF	PA; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	NF	PA; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-500 MG	NF	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	NF	PA; QL (2 per 1 day)
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	NF	PA; QL (2 per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	NF	PA; QL (1 per 1 day)
THYROID HORMONES		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	NF	PA
ERMEZA ORAL SOLUTION 30 MCG/ML	NF	PA
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	NF	PA
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	NF	OP; QL (4 per 1 day)
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	NF	PA
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	NF	PA
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DICYCLOMINE ORAL TABLET 40 MG	NF	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	QL (40 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	QL (8 per 1 day)
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	2	
GLYCATE ORAL TABLET 1.5 MG	NF	PA
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	PA
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	2	
LOMOTIL ORAL TABLET 2.5-0.025 MG	NF	PA; QL (8 per 1 day)
<i>loperamide oral capsule 2 mg</i>	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	PA
MOTOFEN ORAL TABLET 1-0.025 MG	NF	PA; QL (8 per 1 day)
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	NF	PA; S
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	NF	QL (72 per 30 days)
<i>oscimin oral tablet 0.125 mg</i>	2	
<i>oscimin sl sublingual tablet 0.125 mg</i>	2	
ROBINUL FORTE ORAL TABLET 2 MG	NF	PA
ROBINUL ORAL TABLET 1 MG	NF	PA
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	4	PA
<i>alvimopan oral capsule 12 mg</i>	4	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	NF	PA; QL (2 per 1 day)
ANTIVERT ORAL TABLET 50 MG	NF	PA
ANTIVERT ORAL TABLET,CHEWABLE 25 MG	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>anucort-hc rectal suppository 25 mg</i>	2	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	
<i>balsalazide oral capsule 750 mg</i>	2	
<i>betaine oral powder 1 gram/scoop</i>	NF	PA; S
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	NF	PA
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	NF	PA; S
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	NF	PA; S
CHENODAL ORAL TABLET 250 MG	NF	PA; S
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	6	PA; S
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	6	PA; S; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	6	PA; S; QL (1 per 28 days)
COLAZAL ORAL CAPSULE 750 MG	NF	PA
<i>compro rectal suppository 25 mg</i>	2	
<i>constulose oral solution 10 gram/15 ml</i>	2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	NF	PA
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	NF	PA
CTEXLI ORAL TABLET 250 MG	NF	PA; S
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	NF	PA; S
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	NF	PA
DIPENTUM ORAL CAPSULE 250 MG	4	PA
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	NF	PA
<i>dronabinol oral capsule 10 mg</i>	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dronabinol oral capsule 2.5 mg</i>	2	QL (8 per 1 day)
<i>dronabinol oral capsule 5 mg</i>	2	QL (4 per 1 day)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	NF	PA; S; QL (1.36 per 28 days)
<i>enulose oral solution 10 gram/15 ml</i>	2	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	NF	PA; QL (20 per 1 day)
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	NF	PA
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	NF	PA; QL (1 Per fill); S
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	2	ACA
<i>generlac oral solution 10 gram/15 ml</i>	2	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	NF	PA
<i>granisetron hcl oral tablet 1 mg</i>	4	PA
<i>hemmorex-hc rectal suppository 25 mg</i>	2	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	4	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	2	
IBSRELA ORAL TABLET 50 MG	NF	PA
IQIRVO ORAL TABLET 80 MG	NF	PA; S; QL (1 per 1 day)
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	NF	PA
<i>lactulose oral packet 10 gram, 20 gram</i>	NF	PA
<i>lactulose oral solution 10 gram/15 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
LIVDELZI ORAL CAPSULE 10 MG	NF	PA; S; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	NF	PA; S
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	NF	PA; S; QL (1 per 1 day)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	NF	PA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (2 per 1 day)
MARINOL ORAL CAPSULE 10 MG	NF	QL (2 per 1 day)
MARINOL ORAL CAPSULE 2.5 MG	NF	QL (8 per 1 day)
MARINOL ORAL CAPSULE 5 MG	NF	QL (4 per 1 day)
<i>meclizine oral tablet 25 mg</i>	2	
<i>meclizine oral tablet 50 mg</i>	NF	PA
<i>meclizine oral tablet, chewable 25 mg</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	NF	QL (4 per 28 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	NF	PA
MOTEGRITY ORAL TABLET 1 MG, 2 MG	NF	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (1 per 1 day)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	4	PA
OALIVA ORAL TABLET 10 MG, 5 MG	NF	PA; S; QL (1 per 1 day)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2)	NF	PA; S; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	NF	PA; S; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	NF	PA; S; QL (1 per 28 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	NF	PA
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	
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	NF	PA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	2	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	ACA
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	NF	PA
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>prucalopride oral tablet 1 mg, 2 mg</i>	NF	PA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	NF	PA
RELISTOR ORAL TABLET 150 MG	NF	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	NF	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	NF	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	NF	QL (4 per 28 days)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	NF	PA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	6	PA; S; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	6	PA; S; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	2	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	6	PA; S
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	4	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	2	
SYMPROIC ORAL TABLET 0.2 MG	4	PA
SYNDROS ORAL SOLUTION 5 MG/ML	NF	QL (4 per 1 day)
<i>trimethobenzamide oral capsule 300 mg</i>	2	
TRULANCE ORAL TABLET 3 MG	3	QL (1 per 1 day)
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	NF	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION	NF	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	PA
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VELSIPITY ORAL TABLET 2 MG	NF	PA; S; QL (1 per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	NF	PA; QL (2 per 1 day)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	NF	PA
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	6	PA; S; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	NF	PA; S; QL (2 per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	NF	PA; S; QL (1 per 28 days)
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	NF	PA
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	NF	PA
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	NF	PA
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	NF	PA
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	AL (Max 12 Years)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	NF	PA
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	NF	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	NF	PA
<i>nizatidine oral capsule 150 mg, 300 mg</i>	4	PA
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 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>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	NF	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	NF	PA
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	NF	PA
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	NF	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	NF	PA
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	NF	PA
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	NF	PA
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	NF	PA
<i>sucralfate oral suspension 100 mg/ml</i>	4	PA
<i>sucralfate oral tablet 1 gram</i>	2	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	NF	PA
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	NF	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	NF	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	NF	PA
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	6	S
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	6	S

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

Drug Name	Drug Tier	Requirements / Limits
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	NF	PA; S
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	NF	PA; S
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	6	S
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	6	S
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	NF	PA; S; QL (1 per 56 days)
LEUKINE INJECTION RECON SOLN 250 MCG	NF	PA; S
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	NF	PA; S
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	3	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	NF	PA; S
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	NF	PA; S
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	NF	PA; S
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	NF	PA; S
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	NF	PA; S
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	NF	PA; S
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	NF	PA; S
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	6	S
XOLREMDI ORAL CAPSULE 100 MG	NF	PA; S; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	NF	PA; S
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	NF	PA; S
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	NF	PA; S
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	6	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	6	PA; S
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	NF	PA; S
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	NF	PA; S
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	6	PA; S
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	NF	PA; S
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	NF	PA; S
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	NF	PA; S
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	6	PA; S
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	NF	PA; S
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	6	PA; S

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Drug Name	Drug Tier	Requirements / Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	NF	PA; S
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	6	PA; S
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	6	S
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	6	PA; S
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	6	PA; S
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	6	PA; S
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	ACA
BIVIGAM INTRAVENOUS SOLUTION 10 %	6	PA; S
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	3	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	3	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	ACA
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	3	ACA
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	3	ACA
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	3	ACA
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	3	ACA
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	3	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
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	ACA
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	3	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	ACA
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	NF	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	6	PA; S

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	6	PA; S
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	6	PA; S
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	6	PA; S
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	6	PA; S
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	6	PA; S
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	6	PA; S
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	6	PA; S
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	6	PA; S
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	6	PA; S
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	6	PA; S
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	6	PA; S
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	6	PA; S
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	6	PA; S
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (1 Per fill); ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	ACA
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	3	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	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
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	3	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	3	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	NF	PA
<i>colchicine oral capsule 0.6 mg</i>	NF	PA
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	NF	PA
MITIGARE ORAL CAPSULE 0.6 MG	NF	PA
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	NF	PA

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	NF	PA
<i>alendronate oral solution 70 mg/75 ml</i>	NF	PA
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	NF	PA
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	NF	PA; S

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

Drug Name	Drug Tier	Requirements / Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	NF	PA; S
<i>ibandronate oral tablet 150 mg</i>	2	
<i>raloxifene oral tablet 60 mg</i>	2	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; S
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	6	PA; S
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	6	PA; S; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	6	PA; S; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	6	PA; S; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	6	PA; S; QL (2 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	6	PA; S; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	6	PA; S; QL (0.2 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
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	6	PA; S; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	6	PA; S; QL (2 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	NF	PA; S; QL (2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	NF	PA; S; QL (0.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	NF	PA; S; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	NF	PA; S; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	NF	PA; S; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	NF	PA; S; QL (1.6 per 28 days)
AURANOFIN ORAL CAPSULE 3 MG	3	
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	NF	PA; S; QL (1.8 per 28 days)
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	NF	PA; S; QL (1.8 per 28 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	NF	PA; S
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	NF	PA; S
CUPRIMINE ORAL CAPSULE 250 MG	NF	PA; S
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NF	PA; S; QL (2 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
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
DEPEN TITRATABS ORAL TABLET 250 MG	NF	PA; S
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	6	PA; S; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	6	PA; S; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	6	PA; S; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	6	PA; S; QL (4 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	NF	PA; S; QL (1.6 per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	NF	PA; S; QL (1.6 per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	NF	PA; S; QL (0.8 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	NF	PA; S; QL (0.8 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	NF	PA; S; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	NF	PA; S; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	NF	PA; S; QL (3 per 273 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	NF	PA; S; QL (3 per 273 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	NF	PA; S; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	NF	PA; S; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	6	PA; S; QL (0.67 per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
LEQSELVI ORAL TABLET 8 MG	NF	PA; S; QL (2 per 1 day)
<i>milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	4	PA; QL (2 per 1 day)
<i>milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)</i>	4	PA; QL (55 per 28 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	6	PA; S; QL (1 per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	6	PA; S; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	6	PA; S; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	6	PA; S; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	6	PA; S; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	6	PA; S; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	6	PA; S; QL (55 per 28 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	6	PA; S; QL (41 per 273 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	6	PA; S; QL (1 per 1 day)
OTREXUP (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	NF	PA
<i>penicillamine oral capsule 250 mg</i>	NF	PA; S

You can find information 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 tablet 250 mg</i>	5	PA; S
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	PA
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	6	PA; S; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	6	PA; S; QL (1 per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	NF	PA; QL (2 per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	NF	PA; QL (55 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	NF	PA; S; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	NF	PA; S; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	NF	PA; S; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	NF	PA; S; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	NF	PA; S; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	NF	PA; S; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	NF	PA; S; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	NF	PA; S; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	6	PA; S; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	6	PA; S; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	6	PA; S; QL (1 per 1 day)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	NF	PA; S; QL (1.6 per 28 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

Drug Name	Drug Tier	Requirements / Limits
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
DUREX AVANTI BARE REAL FEEL	3	QL (60 Per fill); ACA
DUREX TROPICAL CONDOM DEVICE	3	QL (60 Per fill); ACA
FC2 FEMALE CONDOM	3	ACA
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	QL (60 Per fill); ACA
ESTROGENS & PROGESTINS		
<i>abigale lo oral tablet 0.5-0.1 mg</i>	2	
<i>abigale oral tablet 1-0.5 mg</i>	2	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	4	PA
<i>camila oral tablet 0.35 mg</i>	2	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	NF	PA
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
CRINONE VAGINAL GEL 4 %	NF	PA
<i>deblitane oral tablet 0.35 mg</i>	2	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	NF	PA
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NF	PA; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	NF	PA; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
DUAVEE ORAL TABLET 0.45-20 MG	4	PA
<i>emzahh oral tablet 0.35 mg</i>	2	ACA
<i>errin oral tablet 0.35 mg</i>	2	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>gallifrey oral tablet 5 mg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	ACA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	NF	QL (8 per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	NF	QL (8 per 28 days)
<i>incassia oral tablet 0.35 mg</i>	2	ACA
<i>jencycla oral tablet 0.35 mg</i>	2	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	2	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>meleya oral tablet 0.35 mg</i>	2	ACA
<i>mimvey oral tablet 1-0.5 mg</i>	2	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	NF	PA
<i>nora-be oral tablet 0.35 mg</i>	2	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL ORAL TABLET 0.075 MG	3	ACA
<i>orquidea oral tablet 0.35 mg</i>	2	ACA
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	ACA
<i>tulana oral tablet 0.35 mg</i>	2	ACA
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	NF	PA
<i>yuvafem vaginal tablet 10 mcg</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	3	ACA; QL (1 per 273 days)
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	2	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	ACA
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	2	ACA
LYNKUET ORAL CAPSULE 60 MG	NF	PA; QL (2 per 1 day)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mifepristone oral tablet 200 mg</i>	2	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	NF	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	2	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	NF	PA; ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA; QL (2 per 1 day)
OSPHENA ORAL TABLET 60 MG	3	PA
PHEXX VAGINAL GEL 1.8-1-0.4 %	3	ACA
PHEXXI VAGINAL GEL 1.8-1-0.4 %	3	ACA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	QL (30 Per fill)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	3	ACA
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	3	ACA
VEOZAH ORAL TABLET 45 MG	NF	PA
XACIATO VAGINAL GEL 2 %	NF	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	2	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>after pill oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
AFTERA ORAL TABLET 1.5 MG	3	QL (3 Per fill); ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>apri oral tablet 0.15-0.03 mg</i>	2	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	ACA
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	3	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	NF	PA; ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	NF	PA; ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	ACA
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	2	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	2	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	2	ACA
<i>drospirenone-e.estradiol-lm.fu oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	2	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	ACA
<i>econtra ez oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
<i>econtra one-step oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	ACA
ELLA ORAL TABLET 30 MG	3	QL (3 Per fill); ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	ACA
<i>estarylla oral tablet 0.25-0.035 mg</i>	2	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	3	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	ACA
<i>galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	ACA
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	2	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	2	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	ACA
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	2	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	ACA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	ACA
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	ACA
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	2	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	2	ACA
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	NF	PA; ACA
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	NF	PA; ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	NF	PA; ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	NF	PA; ACA
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	ACA
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	ACA
<i>mili oral tablet 0.25-0.035 mg</i>	2	ACA
<i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	2	ACA
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	2	ACA
<i>my choice oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
<i>my way oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	ACA
<i>new day oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	3	ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	2	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	ACA
<i>ocella oral tablet 3-0.03 mg</i>	2	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
<i>option-2 oral tablet 1.5 mg</i>	2	QL (3 Per fill); ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	NF	PA; QL (3 Per fill); ACA
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	ACA
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	NF	PA; ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	ACA
<i>shewise oral tablet 1.5 mg</i>	NF	QL (3 Per fill); ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	ACA
SLYND ORAL TABLET 4 MG (28)	3	ACA
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	2	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>syeda oral tablet 3-0.03 mg</i>	2	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	QL (3 Per fill); ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	NF	PA; ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	ACA
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	2	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	3	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	ACA
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	ACA
<i>vylibra oral tablet 0.25-0.035 mg</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	ACA
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	ACA
<i>xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	NF	PA; ACA
YAZ (28) ORAL TABLET 3-0.02 MG	NF	PA; ACA
<i>zarah oral tablet 3-0.03 mg</i>	2	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	ACA
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	PA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	PA
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	PA
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	4	PA
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	PA
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	NF	PA
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
VANCOMYCIN IN WATER OPHTHALMIC (EYE) DROPS 2.5 %	NF	PA
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	NF	PA
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	NF	PA
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	NF	PA
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	6	S
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	2	
DIRECT ACTING MIOTICS		

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	NF	PA
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	NF	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	6	PA; S; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	6	PA; QL (15 Per fill); S
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	NF	PA; QL (1 per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	NF	PA; S; QL (1 per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	NF	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	NF	PA
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	NF	PA; QL (2 per 1 day)
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	NF	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	NF	PA
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	NF	PA; S; QL (10 per 255 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	4	PA
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	NF	PA
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	NF	PA
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
OTHER GLAUCOMA DRUGS		
BIMATOPROST (PF) OPHTHALMIC (EYE) DROPS 0.01 %	NF	PA
<i>bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	NF	PA
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	NF	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	4	PA
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	NF	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	NF	PA
OMLONTI OPHTHALMIC (EYE) DROPS 0.002 %	NF	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	

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Drug Name	Drug Tier	Requirements / Limits
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	2	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	NF	PA
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	NF	PA
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>	NF	PA
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	NF	PA
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	NF	PA
BYQLOVI OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	NF	PA
CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	NF	PA
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	NF	PA
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	NF	PA
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	NF	PA
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	NF	PA
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	NF	PA
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	4	PA
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	2	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	NF	PA; QL (4 per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	4	PA
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	PA
CLARINEX ORAL TABLET 5 MG	NF	PA
<i>clemastine oral syrup 0.5 mg/5 ml</i>	NF	PA
<i>clemastine oral tablet 2.68 mg</i>	4	PA
<i>clemsza oral tablet 2.68 mg</i>	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
DESLORATADINE ORAL SOLUTION 0.5 MG/ML	NF	PA
<i>desloratadine oral tablet 5 mg</i>	4	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	NF	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (4 per 30 days)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	NF	PA; QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	NF	QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	NF	QL (4 per 30 days)
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	NF	PA; QL (4 per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	NF	PA
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	QL (60 per 1 day); AL (Min 12 Years)
DURATUSS AC ORAL LIQUID 1-10 MG/5 ML	NF	PA; QL (60 per 1 day)
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	2	QL (60 per 1 day); AL (Min 12 Years)

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Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	NF	QL (30 per 1 day)
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	NF	QL (6 per 1 day)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	QL (10 per 1 day); AL (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	NF	QL (30 per 1 day); AL (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	NF	QL (6 per 1 day)
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	NF	QL (30 per 1 day); AL (Min 18 Years)
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	2	QL (60 per 1 day); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	NF	QL (30 per 1 day)
<i>promethazine-dm oral solution 6.25-15 mg/5 ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	NF	PA; QL (2 per 1 day)
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
ADCIRCA ORAL TABLET 20 MG	NF	PA; S; QL (2 per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	6	PA; S
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	NF	PA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NF	PA
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	NF	PA
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	
<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, 5 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	NF	PA
ALYFTREK ORAL TABLET 10-50-125 MG	6	PA; S; QL (2 per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	6	PA; S; QL (3 per 1 day)
<i>alyq oral tablet 20 mg</i>	NF	PA; S; QL (2 per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; S
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	NF	PA; S; QL (1.2 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	NF	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	NF	PA
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	NF	PA; QL (12.9 per 25 days)
<i>beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation</i>	2	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	6	PA; S; QL (10 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	NF	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; S

You can find information 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>bosentan oral tablet for suspension 32 mg</i>	NF	PA; S
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	NF	PA
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	
BRINSUPRI ORAL TABLET 10 MG, 25 MG	NF	PA; S; QL (1 per 1 day)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NF	PA; S; QL (20 per 1 day)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	NF	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	NF	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	NF	PA; S; QL (20 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (4 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	4	PA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	NF	PA
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	NF	PA; S; QL (0.8 per 28 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	NF	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	NF	PA
EKTERLY ORAL TABLET 300 MG	NF	PA; S; QL (12 per 273 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	NF	PA; S
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	6	PA; S; QL (1 per 56 days)

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Drug Name	Drug Tier	Requirements / Limits
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	NF	PA; QL (9 Per fill); S
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	NF	PA
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	NF	PA
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NF	PA
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	NF	PA
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	NF	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	6	PA; S; QL (24 per 28 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	6	PA; S; QL (16 per 28 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; QL (9 Per fill); S

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Drug Name	Drug Tier	Requirements / Limits
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i>	2	QL (12.9 per 25 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	
JASCAYD ORAL TABLET 18 MG, 9 MG	NF	PA; S; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	6	PA; S; QL (2 per 1 day)
KALYDECO ORAL TABLET 150 MG	6	PA; S; QL (2 per 1 day)
LETAIRIS ORAL TABLET 10 MG, 5 MG	NF	PA; S
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	NF	PA
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	2	
<i>nebusal inhalation solution for nebulization 3 %</i>	2	
<i>nintedanib oral capsule 100 mg, 150 mg</i>	NF	PA; S
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	6	PA; S; QL (1 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; S; QL (1 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	6	PA; S; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	NF	PA; S
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	NF	PA; S; QL (5 per 1 day)
OPSUMIT ORAL TABLET 10 MG	6	PA; S
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	6	PA; S
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	6	PA; S; QL (2 per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	6	PA; S; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	NF	PA; S; QL (1 per 1 day)
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	NF	PA; S; QL (1 per 1 day)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	NF	PA
<i>pirfenidone oral capsule 267 mg</i>	5	PA; S
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA; S
PIRFENIDONE ORAL TABLET 534 MG	6	PA; S
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	NF	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	4	PA
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	NF	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	6	PA; S; QL (5 per 1 day)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	
REVATIO ORAL TABLET 20 MG	NF	PA; S; QL (1 per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	NF	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	NF	PA; QL (9 Per fill); S
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	4	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	NF	PA; S
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	QL (1 per 1 day)
SINGULAIR ORAL TABLET 10 MG	NF	PA
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	

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Drug Name	Drug Tier	Requirements / Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	NF	PA
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	NF	PA
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	6	PA; S; QL (4 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	2	PA; QL (2 per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	NF	PA; S
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	6	PA; S; QL (2 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	NF	PA; S; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	NF	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	NF	PA; S
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	NF	PA; S
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	6	PA; S; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	6	PA; S; QL (3 per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	NF	PA

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Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	NF	PA; S; QL (4 per 1 day)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	NF	PA; S; QL (1 per 273 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG	NF	PA; S; QL (8 per 1 day)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	NF	PA; S; QL (2.9 per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	NF	PA; S; QL (1 per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	NF	PA; S; QL (1 per 273 days)
UMECLIDINIUM INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	NF	PA
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	NF	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	NF	PA
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	NF	PA; S
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	NF	PA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	6	PA; S; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	6	PA; S; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	6	PA; S; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	6	PA; S; QL (0.5 per 28 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	NF	PA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG	6	PA; S; QL (4 per 1 day)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 79.5 MCG	6	PA; S; QL (8 per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	PA
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	PA; QL (4 per 1 day)
ZYFLO ORAL TABLET 600 MG	NF	PA
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MECHANICAL VENT SPACER	3	
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROCHAMBER2GO SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
FLEXICHAMBER SPACER	3	
LITEAIRE MDI CHAMBER SPACER	3	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITFLO AEROCHAMBER SPACER	3	
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	4	PA
<i>flavoxate oral tablet 100 mg</i>	4	PA
GEMTESA ORAL TABLET 75 MG	3	QL (1 per 1 day)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	QL (1 per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	NF	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	NF	PA; QL (1 per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	4	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	NF	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	NF	PA
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	NF	PA
<i>tropium oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	NF	PA
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
AVODART ORAL CAPSULE 0.5 MG	NF	PA
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	4	PA
ENTADFI ORAL CAPSULE 5-5 MG	NF	PA
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	NF	PA
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	6	S
ELMIRON ORAL CAPSULE 100 MG	4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	NF	PA; S
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	NF	PA; S
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	NF	PA; S
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	NF	PA; S
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG	NF	PA; QL (1 per 1 day)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	NF	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	NF	PA; S; QL (3 per 1 day)
<i>kionex oral suspension 15 gram/60 ml</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	4	PA
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
POKONZA ORAL LIQUID 10 MEQ/15 ML	NF	PA
POKONZA ORAL PACKET 10 MEQ, 15 MEQ	NF	PA
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
POTASSIUM CHLORIDE ORAL PACKET 40 MEQ	NF	PA
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	4	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	NF	PA; S; QL (2 per 1 day)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	NF	PA; S; QL (4 per 1 day)
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	6	PA; S
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	NF	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>dodex injection solution 1,000 mcg/ml</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; AL (Max 5 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; AL (Max 5 Years)
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	NF	PA
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	2	ACA
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	2	ACA
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	ACA
<i>purevita folic acid oral tablet 400 mcg</i>	1	ACA
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	2	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	

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