



2024 High Performance Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 6/1/2024. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.healthplan.org.

Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

Definitions

Prescription – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

Generic Drug – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

Brand Drug – A prescription item only available from a single-source supplier.

Multi-Source Brand Drugs – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

How to Use Your Prescription Benefit

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment (“copay”) at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

Specialty Pharmacy Program

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drug require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis and Crohn's disease.

Coverage for these agents are provided under your Specialty Pharmacy Benefit.

Drugs Requiring Prior Authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 7 days. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 48 hours.

Quantity per Dispensing Event (QPC rules)

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPC) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPC rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPC rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPC limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

Non-Formulary Coverage Review

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 7 calendar days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 48 hours or receipt.

Generic Difference Policy

(copayment policy for multi-source drugs)

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a HealthPlan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication.
- The charge for prescription drugs or devices used to promote weight loss.
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.
- Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health Plan for details.
- Certain legend drugs when any version or strength become available over the counter.
- The charges for prescriptions related to non-covered services.

- The charge for any prescription prescribed to enhance athletic performance.
- Drugs prescribed to shorten the duration of the common cold.

Pain Management Program and Opiate/Opioid Management

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 5 day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could cause respiratory depression.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

List of Abbreviations

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty Drugs

5: Medical Service Drugs

6: ACA Preventive Medications

ACA: Affordable Care Act

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

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

DME: Durable Medical Equipment. Will pull the DME benefit.

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.

SP: Specialty Drug.

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.

* Note: To comply with various laws and regulations impacting plans, cost share and day supply limits may vary for some drugs. Please contact Pharmacy Services if you have a question about your specific drug coverage or consult your Summary of Benefits.

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

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (99 per 99 days)
<i>flucytosine</i>	1	PA
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL (99 per 99 days)
<i>ketoconazole</i>	1	
NOXAFIL	2	PA
<i>nystatin</i>	1	
<i>posaconazole</i>	1	PA
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APRETUDE	4	PA
APTIVUS	2	

Drug Name	Drug Tier	Requirements / Limits
<i>atazanavir</i>	1	
BARACLUDE	2	
BEYFORTUS	6	ACA
BIKTARVY	2	
CABENUVA	4	PA; QL (99 per 99 days)
CIMDUO	2	
<i>darunavir</i>	1	
DESCOVY	2	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofovir</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	6	ACA
EMTRIVA	2	
<i>entecavir</i>	1	
EPCLUSA	4	PA; QL (99 per 99 days)
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QL (99 per 99 days)
<i>fosamprenavir</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>foscarnet</i>	1	
FUZEON	2	PA; QL (99 per 99 days)
GENVOYA	2	
HARVONI	4	PA; QL (99 per 99 days)
INTELENCE	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
LAGEVRIO (EUA)	2	QL (99 per 99 days)
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR	2	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL (99 per 99 days)
PAXLOVID	2	QL (99 per 99 days)
PREVYMIS	2	QL (99 per 99 days)
PREZCOBIX	2	
PREZISTA	2	
RELENZA DISKHALER	3	QL (99 per 99 days)
REYATAZ	2	
<i>ribavirin</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY	2	
<i>stavudine</i>	1	
SYNAGIS	4	PA; LA
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
TROGARZO	4	PA
<i>valacyclovir</i>	1	QL (99 per 99 days)
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIRACEPT	2	
VIREAD	2	
ZEPATIER	4	PA; QL (99 per 99 days)
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>e.e.s. 400</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ery-tab</i>	1	
<i>erythrocin (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL (99 per 99 days)
ALINIA	2	QL (99 per 99 days)
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL (99 per 99 days)
BENZNIDAZOLE	2	QL (99 per 99 days)
CAYSTON	4	PA; LA; QL (99 per 99 days)
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL (99 per 99 days)
CYCLOSERINE	3	
<i>dapsone</i>	1	
EMVERM	2	QL (99 per 99 days)
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	PA; QL (99 per 99 days)
KITABIS PAK	4	PA; QL (99 per 99 days)
<i>linezolid</i>	1	PA
<i>mefloquine</i>	1	QL (99 per 99 days)
<i>metronidazole</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (99 per 99 days)
<i>paromomycin</i>	1	
<i>pentamidine</i>	1	QL (99 per 99 days)
<i>praziquantel</i>	1	
PRIFTIN	2	
<i>primaquine</i>	1	QL (99 per 99 days)
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate</i>	1	QL (99 per 99 days)
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO	3	PA
<i>tinidazole</i>	1	QL (99 per 99 days)
<i>tobramycin</i>	4	PA; QL (99 per 99 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (99 per 99 days)
TRECTOR	3	

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Drug Name	Drug Tier	Requirements / Limits
XIFAXAN	2	PA; QL (99 per 99 days)
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN	2	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxyne nl</i>	1	
<i>morgidox</i>	1	
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>trimethoprim</i>	1	

VANCOMYCIN

<i>vancomycin oral capsule</i>	1	PA; QL (99 per 99 days)
<i>vancomycin oral recon soln</i>	1	QL (99 per 99 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

KEPIVANCE	4	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	4	PA; QL (99 per 99 days)
XGEVA	4	PA; QL (99 per 99 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	4	PA; QL (99 per 99 days)
ADAKVEO	4	PA
ADCETRIS	4	PA
ALECENSA	4	PA; QL (99 per 99 days)
ALIQOPA	4	PA; LA
ALUNBRIG	4	PA; QL (99 per 99 days)
AMTAGVI	4	PA
<i>anastrozole</i>	1	
<i>azacitidine</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine</i>	1	
BALVERSA	4	PA; LA
BAVENCIO	4	PA; LA
<i>bendamustine</i>	4	PA
BENDEKA	4	PA
BESPONSA	4	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BLINCYTO	4	PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA
BORTEZOMIB INTRAVENOUS	4	PA
BOSULIF	4	PA; QL (99 per 99 days)
BRUKINSA	4	PA; LA
CABOMETYX	4	PA; LA; QL (99 per 99 days)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (99 per 99 days)
<i>capecitabine</i>	4	PA; QL (99 per 99 days)
CAPRELSA	4	PA; LA; QL (99 per 99 days)
CARVYKTI	4	PA
COMETRIQ	4	PA; QL (99 per 99 days)
COTELIC	4	PA; LA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclophosphamide</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	4	PA
DARZALEX	4	PA; LA
<i>decitabine</i>	4	PA
DROXIA	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELZONRIS	4	PA
EMCYT	2	
ENSPRYNG	4	PA
ERBITUX	4	PA
ERIVEDGE	4	PA; QL (99 per 99 days)
ERLEADA	4	PA; QL (99 per 99 days)
<i>erlotinib</i>	4	PA; QL (99 per 99 days)
<i>etoposide</i>	1	
<i>everolimus (antineoplastic)</i>	4	PA; QL (99 per 99 days)
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	1	
EXKIVITY	4	PA; QL (99 per 99 days)
FENSOLVI	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>fludarabine</i>	1	
FOLOTYN	4	PA
GAMIFANT	4	PA
GAVRETO	4	PA; LA; QL (99 per 99 days)
GAZYVA	4	PA
<i>gefitinib</i>	4	PA; QL (99 per 99 days)
<i>gengraf</i>	1	
GILOTRIF	4	PA; QL (99 per 99 days)
GLEOSTINE	2	
HALAVEN	4	PA
HYCAMTIN	4	PA
<i>hydroxyurea</i>	1	
ICLUSIG	4	PA; QL (99 per 99 days)
IDHIFA	4	PA; LA; QL (99 per 99 days)
<i>imatinib</i>	4	PA; QL (99 per 99 days)
IMBRUVICA	4	ST; QL (99 per 99 days)
IMFINZI	4	PA; LA
INLYTA	4	PA; QL (99 per 99 days)
ISTODAX	4	PA
IWILFIN	4	PA; LA
IXEMPRA	4	PA
JAKAFI	4	ST; QL (99 per 99 days)
KADCYLA	4	PA
KANJINTI	4	PA

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Drug Name	Drug Tier	Requirements / Limits
KEYTRUDA	4	PA
KIMMTRAK	4	PA
KISQALI	4	PA; QL (99 per 99 days)
KISQALI FEMARA CO-PACK	4	PA; QL (99 per 99 days)
KYMRIAH	4	PA
KYPROLIS	4	PA
<i>lapatinib</i>	4	PA; QL (99 per 99 days)
<i>lenalidomide</i>	4	PA; QL (99 per 99 days)
LENVIMA	4	PA; QL (99 per 99 days)
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	4	PA
LONSURF	4	PA
LOQTORZI	4	PA
LORBRENA	4	PA; QL (99 per 99 days)
LUNSUMIO	4	PA
LUPKYNIS	4	PA; QL (99 per 99 days)
LUPRON DEPOT	4	PA
LUPRON DEPOT (3 MONTH)	4	PA
LYNPARZA	4	PA; QL (99 per 99 days)
LYSODREN	4	
LYTGOBI	4	PA; LA
MATULANE	4	PA
<i>megestrol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MEKINIST	4	PA; QL (99 per 99 days)
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	4	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYLERAN	2	
MYLOTARG	4	PA; LA
<i>nelarabine</i>	4	PA
NERLYNX	4	PA; LA
<i>nilutamide</i>	1	PA
NINLARO	4	PA; QL (99 per 99 days)
NUBEQA	4	PA; LA; QL (99 per 99 days)
<i>octreotide acetate</i>	4	PA
ODOMZO	4	PA; LA; QL (99 per 99 days)
ONIVYDE	4	PA
OPDIVO	4	PA
OPDUALAG	4	PA
ORSERDU	4	PA; QL (99 per 99 days)
PACLITAXEL PROTEIN-BOUND	4	PA
<i>pazopanib</i>	4	PA; QL (99 per 99 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
PEMAZYRE	4	PA; LA; QL (99 per 99 days)
PERJETA	4	PA
PHESGO	4	PA
PIQRAY	4	PA
POMALYST	4	PA; LA
POTELIGEO	4	PA
PRALATREXATE	4	PA
PROGRAF	2	
PURIXAN	4	PA
REVLIMID	4	PA; LA; QL (99 per 99 days)
<i>romidepsin</i>	4	PA
ROZLYTREK	4	PA; LA; QL (99 per 99 days)
RUBRACA	4	PA; LA; QL (99 per 99 days)
RUXIENCE	4	PA
RYDAPT	4	PA; QL (99 per 99 days)
SANDIMMUNE	2	
SCSEMBLIX	4	PA; QL (99 per 99 days)
SIGNIFOR	4	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	4	PA; QL (99 per 99 days)
<i>sorafenib</i>	4	PA; QL (99 per 99 days)
SPRYCEL	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
STIVARGA	4	PA; QL (99 per 99 days)
<i>sunitinib malate</i>	4	PA; QL (99 per 99 days)
SYLVANT	4	PA
TABRECTA	4	PA
<i>tacrolimus</i>	1	
TAFINLAR	4	PA; QL (99 per 99 days)
TAGRISO	4	PA; LA; QL (99 per 99 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (99 per 99 days)
<i>tamoxifen</i>	1	
TASIGNA	4	PA; QL (99 per 99 days)
TECENTRIQ	4	PA; LA
TEMODAR	4	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
THALOMID	4	PA; QL (99 per 99 days)
TIBSOVO	4	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
TRAZIMERA	4	PA
<i>tretinoin (antineoplastic)</i>	1	
TRIPTODUR	4	PA
UNITUXIN	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
VECTIBIX	4	PA
VENCLEXTA	4	PA; LA; QL (99 per 99 days)
VENCLEXTA STARTING PACK	4	PA; QL (99 per 99 days)
VERZENIO	4	PA; LA; QL (99 per 99 days)
VIJOICE	4	PA; QL (99 per 99 days)
VITRAKVI	4	PA; LA; QL (99 per 99 days)
VIZIMPRO	4	PA; QL (99 per 99 days)
VONJO	4	PA; QL (99 per 99 days)
VYXEOS	4	PA
XALKORI ORAL CAPSULE	4	PA; QL (99 per 99 days)
XALKORI ORAL PELLETT	4	PA
XERMELO	4	PA; LA; QL (99 per 99 days)
XOSPATA	4	PA; LA; QL (99 per 99 days)
YERVOY	4	PA
YESCARTA	4	PA
YONDELIS	4	PA
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL (99 per 99 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ZELBORAF	4	PA; QL (99 per 99 days)
ZIRABEV	4	PA
ZOLADEX	4	PA
ZOLINZA	4	PA; QL (99 per 99 days)
ZYDELIG	4	PA; QL (99 per 99 days)
ZYKADIA	4	PA; QL (99 per 99 days)
ZYNYZ	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONSULSANTS

APTIOM	3	
<i>carbamazepine</i>	1	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DIACOMIT	4	PA
<i>diazepam</i>	1	
DILANTIN	2	
<i>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>methsuximide</i>	1	
NAYZILAM	2	PA; QL (99 per 99 days)
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA
<i>primidone</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<i>vigabatrin</i>	4	PA; LA; QL (99 per 99 days)
<i>vigadrone</i>	4	PA; QL (99 per 99 days)
<i>vigpoder</i>	4	PA; QL (99 per 99 days)
<i>zonisamide</i>	1	
ZTALMY	4	PA; LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL (99 per 99 days)
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA	4	PA; QL (99 per 99 days)
NEUPRO	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	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>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate</i>	1	QL (99 per 99 days)
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	ST; QL (99 per 99 days)
<i>eletriptan</i>	1	QL (99 per 99 days)
EMGALITY PEN	2	PA; QL (99 per 99 days)
EMGALITY SYRINGE	2	PA; QL (99 per 99 days)
<i>ergotamine-caffeine</i>	1	
<i>frovatriptan</i>	1	QL (99 per 99 days)
<i>migergot</i>	1	
<i>naratriptan</i>	1	QL (99 per 99 days)
<i>rizatriptan</i>	1	QL (99 per 99 days)
<i>sumatriptan</i>	1	QL (99 per 99 days)
<i>sumatriptan succinate</i>	1	QL (99 per 99 days)
<i>sumatriptan-naproxen</i>	1	ST; QL (99 per 99 days)
<i>zolmitriptan nasal</i>	1	ST; QL (99 per 99 days)
<i>zolmitriptan oral</i>	1	QL (99 per 99 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>dichlorphenamide</i>	4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
FIRDAPSE	4	PA; LA
<i>galantamine</i>	1	
<i>memantine</i>	1	
NUEDEXTA	2	PA
<i>ormalvi</i>	4	PA
RADICAVA	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYSONA	4	PA
SPINRAZA (PF)	4	PA; QL (99 per 99 days)
TEGSEDI	4	PA; LA; QL (99 per 99 days)
<i>tetrabenazine</i>	4	PA; QL (99 per 99 days)
TYSABRI	4	PA; LA; QL (99 per 99 days)
ZEPOSIA	4	PA; QL (99 per 99 days)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (99 per 99 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (99 per 99 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
ZOLGENSMA	4	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet</i>	1	
<i>dantrolene</i>	1	
<i>meprobamate</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tizanidine</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	ST
<i>acetaminophen-codeine</i>	1	ST
<i>ascomp with codeine</i>	1	
BRIXADI	4	
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl</i>	1	
<i>butalbital-acetaminop-caff-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	ST
<i>codeine-butalbital-asa-caff</i>	1	
<i>diskets</i>	1	
<i>endocet</i>	1	ST
<i>fentanyl</i>	1	ST; QL (99 per 99 days)
<i>fentanyl citrate</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone bitartrate</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	ST
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet</i>	1	ST
<i>hydrocodone-ibuprofen</i>	1	ST
<i>hydromorphone oral liquid</i>	1	ST
<i>hydromorphone oral tablet</i>	1	ST
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone rectal</i>	1	ST
<i>levorphanol tartrate</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>methadone</i>	1	
<i>methadose</i>	1	
<i>morphine concentrate</i>	1	ST
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL (99 per 99 days)
<i>morphine oral capsule, extend. release pellets</i>	1	ST; QL (99 per 99 days)
<i>morphine oral solution</i>	1	ST
<i>morphine oral tablet</i>	1	ST
<i>morphine oral tablet extended release</i>	1	ST; QL (99 per 99 days)
<i>morphine rectal</i>	1	ST
<i>oxycodone</i>	1	ST
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	ST
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral tablet</i>	1	ST
OXYCONTIN	3	ST; QL (99 per 99 days)
<i>oxymorphone oral tablet</i>	1	ST
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL (99 per 99 days)
<i>prolate</i>	1	ST
SUBLOCADE	4	
<i>tencon</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NON-NARCOTIC ANALGESICS		
<i>aspirin</i>	6	ACA; OTC
<i>aspirin childrens</i>	6	ACA; OTC
<i>bayer low dose aspirin</i>	6	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol injection</i>	1	ST
<i>butorphanol nasal</i>	1	PA; QL (99 per 99 days)
<i>celecoxib</i>	1	
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL (99 per 99 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL (99 per 99 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL (99 per 99 days)
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	6	ACA; OTC
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	ST
<i>flurbiprofen</i>	1	
<i>ibu</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>ibuprofen</i>	1	
<i>ibuprofen-famotidine</i>	1	ST
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
<i>indomethacin rectal</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	QL (99 per 99 days)
<i>kiprofen</i>	1	ST
KLOXXADO	2	QL (99 per 99 days)
<i>lofena</i>	1	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	QL (99 per 99 days)
<i>meloxicam submicronized</i>	1	ST; QL (99 per 99 days)
<i>nabumetone</i>	1	
<i>naloxone injection</i>	1	PA
<i>naloxone nasal</i>	1	QL (99 per 99 days)
<i>naltrexone</i>	1	
<i>naproxen oral suspension</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	1	ST
NUCYNTA	3	QL (99 per 99 days)
NUCYNTA ER	3	ST; QL (99 per 99 days)
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	ST
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	6	ACA; OTC
<i>sulindac</i>	1	
<i>tramadol</i>	1	ST; QL (99 per 99 days)
<i>tramadol-acetaminophen</i>	1	ST; QL (99 per 99 days)
VISCO-3	4	PA
VIVITROL	4	
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	PA
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL (99 per 99 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (99 per 99 days)
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL (99 per 99 days)
<i>asenapine maleate</i>	1	QL (99 per 99 days)
<i>atomoxetine</i>	1	PA
BELSOMRA	3	ST; QL (99 per 99 days)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	QL (99 per 99 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (99 per 99 days)
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL (99 per 99 days)
<i>clomipramine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl</i>	1	PA
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	1	ST; QL (99 per 99 days)
<i>dexmethylphenidate</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine-amphetamine</i>	1	PA
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL (99 per 99 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (99 per 99 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL (99 per 99 days)
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL (99 per 99 days)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (99 per 99 days)
FETZIMA	3	ST; QL (99 per 99 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>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL (99 per 99 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>fluvoxamine oral tablet</i>	1	QL (99 per 99 days)
<i>guanfacine</i>	1	PA
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
LATUDA	3	QL (99 per 99 days)
<i>lisdexamfetamine oral capsule</i>	1	PA
<i>lisdexamfetamine oral tablet, chewable</i>	1	ST
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>loxapine succinate</i>	1	
LUMRYZ	4	ST; QL (99 per 99 days)
<i>lurasidone</i>	1	QL (99 per 99 days)
MARPLAN	3	
<i>methamphetamine</i>	1	PA
<i>methylphenidate</i>	1	ST
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	PA
<i>methylphenidate hcl oral solution</i>	1	PA
<i>methylphenidate hcl oral tablet</i>	1	PA
<i>methylphenidate hcl oral tablet extended release</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 24hr</i>	1	PA
<i>methylphenidate hcl oral tablet, chewable</i>	1	PA
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	PA; QL (99 per 99 days)
<i>molindone</i>	1	
<i>nortriptyline</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>olanzapine</i>	1	QL (99 per 99 days)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL (99 per 99 days)
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL (99 per 99 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL (99 per 99 days)
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL (99 per 99 days)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	PA
<i>protriptyline</i>	1	
QUAZEPAM	3	
<i>quetiapine</i>	1	QL (99 per 99 days)
<i>ramelteon</i>	1	QL (99 per 99 days)
REXULTI	3	QL (99 per 99 days)
<i>risperidone microspheres</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral tablet,disintegrating</i>	1	QL (99 per 99 days)
RYKINDO	2	
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL (99 per 99 days)
SODIUM OXYBATE	4	ST; LA; QL (99 per 99 days)
SUNOSI	2	PA; QL (99 per 99 days)
<i>temazepam</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL (99 per 99 days)
<i>venlafaxine oral capsule,extended release 24hr</i>	1	QL (99 per 99 days)
<i>venlafaxine oral tablet</i>	1	QL (99 per 99 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>vilazodone</i>	1	ST; QL (99 per 99 days)
XYWAV	4	ST; LA; QL (99 per 99 days)
<i>zaleplon</i>	1	QL (99 per 99 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>zenzedi</i>	1	PA
<i>ziprasidone hcl</i>	1	QL (99 per 99 days)
<i>zolpidem</i>	1	QL (99 per 99 days)
ZULRESSO	4	
ZURZUVAE	4	QL (99 per 99 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	
<i>aliskiren</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL (99 per 99 days)
<i>clonidine hcl</i>	1	
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
<i>doxazosin</i>	1	QL (99 per 99 days)
<i>enalapril maleate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	4	PA
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	PA; QL (99 per 99 days)
<i>labetalol</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	1	
<i>methyl dopa</i>	1	
<i>methyl dopa-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</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>taztia xt</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin</i>	1	QL (99 per 99 days)
<i>tiadylt er</i>	1	
<i>timolol maleate</i>	1	
<i>torse mide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI	4	PA; LA; QL (99 per 99 days)
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>veletri</i>	4	PA
<i>verapamil</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	
COAGULATION THERAPY		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPHANATE	4	PA
ALTUVIIO	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid</i>	1	
<i>aspirin-dipyridamole</i>	1	
BENEFIX	4	PA
BRILINTA	2	
CABLIVI	4	PA; LA
CEPROTIN (BLUE BAR)	4	PA
CEPROTIN (GREEN BAR)	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	4	PA
CORIFACT	4	PA
<i>dabigatran etexilate</i>	1	
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL (99 per 99 days)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELOCTATE	4	PA
<i>enoxaparin</i>	4	PA
ESPEROCT	4	PA
FEIBA NF	4	PA
<i>fondaparinux</i>	4	PA
HEMGENIX	4	PA
HEMLIBRA	4	PA
HEMOFIL M HIGH	4	PA
HEMOFIL M LOW	4	PA
HEMOFIL M MID	4	PA
HEMOFIL M SUPER HIGH	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin lock flush (porcine)</i>	1	PA
<i>heparin lockflush(porcine)(pf)</i>	1	PA
<i>heparin(porcine) in 0.45% nacl</i>	1	PA
<i>heparin, porcine (pf)</i>	1	PA
HUMATE-P	4	PA
IDELVION	4	PA
<i>jantoven</i>	1	
JIVI	4	PA
KOGENATE FS	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
NPLATE	4	PA
OBIZUR	4	PA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection</i>	1	PA
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL (99 per 99 days)
<i>prasugrel</i>	1	
PROFILNINE	4	PA
PROMACTA	4	PA; LA
RIASTAP	4	PA
ROCTAVIAN	4	PA
SEVENFACT	4	PA

Drug Name	Drug Tier	Requirements / Limits
TAVALISSE	4	PA; LA; QL (99 per 99 days)
TRETTEN	4	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	4	PA
<i>warfarin</i>	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	QL (99 per 99 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	6	ACA; QL (99 per 99 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (99 per 99 days)
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	QL (99 per 99 days)
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>fluvastatin</i>	6	ACA; QL (99 per 99 days)
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	4	PA; LA
<i>lovastatin</i>	6	ACA; QL (99 per 99 days)
<i>niacin</i>	1	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pitavastatin calcium</i>	6	ACA; QL (99 per 99 days)
<i>pravastatin</i>	6	ACA; QL (99 per 99 days)
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA
REPATHA SURECLICK	2	PA
REPATHA SYRINGE	2	PA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	6	ACA; QL (99 per 99 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (99 per 99 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	ACA; QL (99 per 99 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; QL (99 per 99 days)
ENTRESTO	2	QL (99 per 99 days)
<i>ranolazine</i>	1	
VERQUVO	2	QL (99 per 99 days)
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	QL (99 per 99 days)
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL (99 per 99 days)
<i>calcipotriene-betamethasone topical suspension</i>	1	QL (99 per 99 days)
<i>calcitriol</i>	1	
<i>hydrocortisone-pramoxine</i>	1	ST
<i>selenium sulfide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI	4	PA; QL (99 per 99 days)
SPEVIGO	4	PA
STELARA	4	PA; QL (99 per 99 days)
<i>sulfacetamide sodium</i>	1	
TALTZ AUTOINJECTOR	4	PA; QL (99 per 99 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (99 per 99 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (99 per 99 days)
TALTZ SYRINGE	4	PA; QL (99 per 99 days)
TREMFYA	4	PA; QL (99 per 99 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; QL (99 per 99 days)
<i>ammonium lactate</i>	1	
CIBINQO	4	PA; QL (99 per 99 days)
<i>diclofenac sodium</i>	1	PA; QL (99 per 99 days)
<i>doxepin</i>	1	ST; QL (99 per 99 days)
DUPIXENT PEN	4	PA; QL (99 per 99 days)
DUPIXENT SYRINGE	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>fluorouracil</i>	1	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>pimecrolimus</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical gel</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical solution</i>	1	
<i>prudoxin</i>	1	ST; QL (99 per 99 days)
REGRANEX	2	QL (99 per 99 days)
<i>tacrolimus</i>	1	ST; QL (99 per 99 days)
VALCHLOR	4	PA
VEREGEN	3	PA; QL (99 per 99 days)
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<i>adapalene topical gel with pump</i>	1	
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
<i>amnesteam</i>	1	
<i>avar</i>	1	
<i>azelaic acid</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>benzebro</i>	1	
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	ST
<i>brimonidine</i>	1	PA
<i>claravis</i>	1	
<i>clindacin</i>	1	QL (99 per 99 days)
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical foam</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical gel</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL (99 per 99 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical solution</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL (99 per 99 days)
<i>metronidazole</i>	1	
<i>neuac</i>	1	
<i>rosadan</i>	1	
<i>rosula cleansing cloths</i>	1	
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
<i>tazarotene</i>	1	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	1	ST
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch, medicated</i>	1	ST
<i>lidocaine topical ointment</i>	1	QL (99 per 99 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (99 per 99 days)
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>lidocan iv</i>	1	ST
<i>lidocan v</i>	1	ST
<i>lidocort</i>	1	
ZTLIDO	2	ST
TOPICAL ANTIBACTERIALS		
<i>gentamicin</i>	1	QL (99 per 99 days)
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL (99 per 99 days)
<i>mupirocin calcium</i>	1	ST; QL (99 per 99 days)
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream</i>	1	QL (99 per 99 days)
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (99 per 99 days)
<i>ciclopirox topical gel</i>	1	QL (99 per 99 days)
<i>ciclopirox topical shampoo</i>	1	QL (99 per 99 days)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (99 per 99 days)
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone</i>	1	QL (99 per 99 days)
<i>econazole</i>	1	QL (99 per 99 days)
ERTACZO	3	QL (99 per 99 days)
EXELDERM	3	QL (99 per 99 days)
JUBLIA	3	ST
<i>ketconazole topical cream</i>	1	QL (99 per 99 days)
<i>ketconazole topical foam</i>	1	ST; QL (99 per 99 days)
<i>ketconazole topical shampoo</i>	1	QL (99 per 99 days)
<i>ketodan</i>	1	ST; QL (99 per 99 days)
<i>ketodan kit</i>	1	ST
<i>klayesta</i>	1	QL (99 per 99 days)
LULICONAZOLE	3	QL (99 per 99 days)
<i>naftifine</i>	1	QL (99 per 99 days)
<i>nyamyc</i>	1	QL (99 per 99 days)
<i>nystatin</i>	1	QL (99 per 99 days)
<i>nystatin-triamcinolone</i>	1	QL (99 per 99 days)
<i>nystop</i>	1	QL (99 per 99 days)
<i>oxiconazole</i>	1	QL (99 per 99 days)
<i>tavaborole</i>	1	ST
TOPICAL ANTIVIRALS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir</i>	1	PA; QL (99 per 99 days)
<i>penciclovir</i>	1	
XERESE	3	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	1	ST
<i>baser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
<i>clobetasol scalp</i>	1	QL (99 per 99 days)
<i>clobetasol topical cream</i>	1	QL (99 per 99 days)
<i>clobetasol topical foam</i>	1	ST; QL (99 per 99 days)
<i>clobetasol topical gel</i>	1	QL (99 per 99 days)
<i>clobetasol topical lotion</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical ointment</i>	1	QL (99 per 99 days)
<i>clobetasol topical shampoo</i>	1	ST; QL (99 per 99 days)
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL (99 per 99 days)
<i>clobetasol-emollient topical cream</i>	1	QL (99 per 99 days)
<i>clobetasol-emollient topical foam</i>	1	ST; QL (99 per 99 days)
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL (99 per 99 days)
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	ST; QL (99 per 99 days)
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (99 per 99 days)
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL (99 per 99 days)
<i>fluocinonide topical gel</i>	1	QL (99 per 99 days)
<i>fluocinonide topical ointment</i>	1	QL (99 per 99 days)
<i>fluocinonide topical solution</i>	1	QL (99 per 99 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>flucinonide-e</i>	1	QL (99 per 99 days)
<i>flurandrenolide</i>	1	ST; QL (99 per 99 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL (99 per 99 days)
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone valerate</i>	1	
<i>mometasone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
<i>tovet emollient</i>	1	ST; QL (99 per 99 days)
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL (99 per 99 days)
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST

TOPICAL ENZYMES

SANTYL	2	QL (99 per 99 days)
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TOPICAL SCABICIDES / PEDICULICIDES

<i>crotan</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	

DIAGNOSTICS & MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

You can find information 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>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's</i>	1	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
<i>anagrelide</i>	1	
ARALAST NP	4	PA; LA
<i>caffeine citrate</i>	1	
CARBAGLU	4	PA; LA
<i>carglumic acid</i>	4	PA
<i>cevimeline</i>	1	
CHEMET	2	PA
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
EMPAVELI	4	PA
ENJAYMO	4	PA
FABHALTA	4	PA
FERRIPROX	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
GLASSIA	4	PA; LA
INCRELEX	4	PA; LA
LAMZEDE	4	PA
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PHEBURANE	4	PA
<i>pilocarpine hcl</i>	1	
PROLASTIN-C	4	PA; LA
REVCIVI	4	PA; LA
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	QL (99 per 99 days)
<i>sodium chloride 0.9 %</i>	1	PA
<i>sodium chloride injection</i>	1	PA
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	PA
SOLIRIS	4	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XENPOZYME	4	PA
XURIDEN	4	PA
ZEMAIRA	4	PA; LA
<i>zoledronic acid-mannitol-water</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	6	ACA
<i>nicorette buccal gum</i>	6	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC
NICORETTE BUCCAL MINI LOZENGE	2	OTC
<i>nicotine</i>	6	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex)</i>	6	ACA; OTC
NICOTROL NS	6	ACA
<i>quit 2</i>	6	ACA; OTC
<i>quit 4</i>	6	ACA; OTC
<i>stop smoking aid</i>	6	ACA; OTC
<i>varenicline</i>	6	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	1	QL (99 per 99 days)
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>ipratropium bromide</i>	1	QL (99 per 99 days)
<i>kourzeq</i>	1	
<i>olopatadine</i>	1	QL (99 per 99 days)
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>perio gard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>triamcinolone acetonide</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>cortisone</i>	1	
<i>deflazacort</i>	4	PA
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</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>prednisone intensol</i>	1	
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE PRECISION NEO STRIPS	2	OTC
FREESTYLE TEST	2	OTC
PRECISION XTRA TEST	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (99 per 99 days)
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL (99 per 99 days)
GVOKE	2	QL (99 per 99 days)
GVOKE HYPOPEN 2-PACK	2	QL (99 per 99 days)
GVOKE PFS 2-PACK SYRINGE	2	QL (99 per 99 days)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		

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

Drug Name	Drug Tier	Requirements / Limits
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
CEQR SIMPLICITY	2	
FREESTYLE CONTROL	2	OTC
FREESTYLE FLASH SYSTEM	2	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	DME	ST
FREESTYLE LIBRE 14 DAY SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 READER	DME	ST
FREESTYLE LIBRE 2 SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 READER	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LITE METER	2	OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE SIDEKICK II	2	OTC
FREESTYLE SYSTEM KIT	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (99 per 99 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (99 per 99 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (99 per 99 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (99 per 99 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (99 per 99 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (99 per 99 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (99 per 99 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (99 per 99 days)
PRECISION XTRA KETONE-GLUCOSE	2	OTC
PRECISION XTRA MONITOR	2	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	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
INSULIN THERAPY		
APIDRA SOLOSTAR U-100 INSULIN	3	
APIDRA U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG TEMPO PEN(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMIN-LISPRO	2	
LEVEMIR FLEXPEN	3	
LEVEMIR U-100 INSULIN	3	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV TEMPO PEN(U-100)INSULN	2	
LYUMJEV U-100 INSULIN	2	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
RELION NOVOLIN 70/30	3	

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

Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN N	3	
RELION NOVOLIN R	3	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
MISCELLANEOUS HORMONES		
ALDURAZYME	4	PA
BRINEURA	4	PA
<i>cabergoline</i>	1	QL (99 per 99 days)
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
CERDELGA	4	PA; QL (99 per 99 days)
CEREZYME	4	PA
<i>cinacalcet</i>	1	ST
<i>clomiphene citrate</i>	1	
CRYSVITA	4	PA; QL (99 per 99 days)
<i>danazol</i>	1	
<i>desmopressin injection</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	PA
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	PA
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	ST
ELAPRASE	4	PA
ELFABRIO	4	PA
FABRAZYME	4	PA
<i>javygtor</i>	4	PA
KANUMA	4	PA
LUMIZYME	4	PA
MEPSEVII	4	PA
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
<i>mifepristone</i>	4	PA
<i>miglustat</i>	4	PA; LA; QL (99 per 99 days)
MYALEPT	4	PA; LA
NAGLAZYME	4	PA; LA
ORLISSA	2	ST; QL (99 per 99 days)
PALYNZIQ	4	PA; LA; QL (99 per 99 days)
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	ST
<i>sapropterin</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
SOMAVERT	4	PA
STRENSIQ	4	PA; LA
<i>testosterone</i>	1	PA; QL (99 per 99 days)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>tolvaptan</i>	4	PA; LA; QL (99 per 99 days)
VIMIZIM	4	PA
<i>zoledronic acid</i>	4	PA
<i>zoledronic acid-mannitol-water</i>	4	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BRENZAVVY	2	ST; QL (99 per 99 days)
BYDUREON BCISE	2	ST; QL (99 per 99 days)
BYETTA	2	ST; QL (99 per 99 days)
FARXIGA	2	ST; QL (99 per 99 days)
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
JANUMET	2	ST; QL (99 per 99 days)
JANUMET XR	2	ST; QL (99 per 99 days)
JANUVIA	2	ST; QL (99 per 99 days)
JARDIANCE	2	ST; QL (99 per 99 days)
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL (99 per 99 days)
<i>metformin oral tablet extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL (99 per 99 days)
<i>migliitol</i>	1	
MOUNJARO	2	ST; QL (99 per 99 days)
<i>nateglinide</i>	1	
<i>pioglitazone</i>	1	QL (99 per 99 days)
<i>pioglitazone-glimepiride</i>	1	QL (99 per 99 days)
<i>pioglitazone-metformin</i>	1	QL (99 per 99 days)
<i>repaglinide</i>	1	
<i>saxagliptin</i>	1	ST; QL (99 per 99 days)
<i>saxagliptin-metformin</i>	1	ST; QL (99 per 99 days)
SEGLUROMET	2	ST; QL (99 per 99 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
STEGLATRO	2	ST; QL (99 per 99 days)
SYMLINPEN 120	2	ST; QL (99 per 99 days)
SYMLINPEN 60	2	ST; QL (99 per 99 days)
SYNJARDY	2	ST; QL (99 per 99 days)
SYNJARDY XR	2	ST; QL (99 per 99 days)
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL (99 per 99 days)
XIGDUO XR	2	ST; QL (99 per 99 days)

THYROID HORMONES

<i>adthyza</i>	1	
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>niva thyroid</i>	1	
<i>np thyroid</i>	1	
<i>thyroid (pork)</i>	1	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
<i>loperamide</i>	1	
<i>methscopolamine</i>	1	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	

MISCELLANEOUS AGENTS

<i>lanthanum</i>	1	QL (99 per 99 days)
LOKELMA	2	QL (99 per 99 days)
<i>sevelamer carbonate</i>	1	QL (99 per 99 days)
<i>sevelamer hcl</i>	1	QL (99 per 99 days)
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
VELPHORO	3	QL (99 per 99 days)

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	1	
<i>alvimopan</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>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL (99 per 99 days)
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA
<i>budesonide</i>	1	
CHENODAL	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (99 per 99 days)
<i>citrate of magnesia</i>	6	ACA; OTC
<i>citroma</i>	6	ACA; OTC
<i>clearlax</i>	6	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn</i>	1	
DIPENTUM	3	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL (99 per 99 days)
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide)</i>	6	ACA; OTC
ENTYVIO	4	PA
<i>enulose</i>	1	
<i>gavilax</i>	6	ACA; OTC
<i>gavilyte-c</i>	6	ACA
<i>gavilyte-g</i>	6	ACA
<i>gentle laxative (bisacodyl)</i>	6	ACA; OTC
<i>gentlelax</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl</i>	1	QL (99 per 99 days)
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA	4	PA
<i>lactulose</i>	1	
<i>laxative (bisacodyl)</i>	6	ACA; OTC
<i>laxative peg 3350</i>	6	ACA; OTC
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL (99 per 99 days)
<i>lubiprostone</i>	1	QL (99 per 99 days)
<i>magnesium citrate</i>	6	ACA; OTC
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	6	ACA; OTC
<i>milk of magnesia concentrated</i>	6	ACA; OTC
MOVANTIK	2	QL (99 per 99 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>natura-lax</i>	6	ACA; OTC
<i>nitroglycerin</i>	1	
OCALIVA	4	PA; LA; QL (99 per 99 days)
OMVOH	4	PA
OMVOH PEN	4	PA; QL (99 per 99 days)
<i>ondansetron</i>	1	QL (99 per 99 days)
<i>ondansetron hcl</i>	1	QL (99 per 99 days)
<i>onelax magnesium citrate</i>	6	ACA; OTC
<i>oral saline laxative</i>	6	ACA; OTC
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	6	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	6	ACA
<i>peg-electrolyte soln</i>	6	ACA
PENTASA	2	
<i>phosphate laxative</i>	6	ACA; OTC
<i>polyethylene glycol 3350</i>	6	ACA; OTC
<i>powderlax</i>	6	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	6	ACA; OTC
RELISTOR	2	ST
<i>scopolamine base</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS	4	PA; QL (99 per 99 days)
<i>smoothlax</i>	6	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	6	ACA
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
<i>trimethobenzamide</i>	1	
TRULANCE	2	
<i>ursodiol</i>	1	
VARUBI	2	QL (99 per 99 days)
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	6	ACA; OTC
ZENPEP	2	
ZYMFENTRA	4	PA; QL (99 per 99 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (99 per 99 days)
<i>bismuth subcit k-metronidz-tcn</i>	1	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	ST; QL (99 per 99 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
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	ST
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL (99 per 99 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL (99 per 99 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL (99 per 99 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL (99 per 99 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (99 per 99 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	PA; QL (99 per 99 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QL (99 per 99 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL (99 per 99 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
<i>rabeprazole</i>	1	
<i>sucralfate</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
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin</i>	4	ST
BIOTECHNOLOGY DRUGS		
FULPHILA	4	PA; QL (99 per 99 days)
ILARIS (PF)	4	PA; LA
LEUKINE	4	PA
NIVESTYM	4	PA
<i>plerixafor</i>	4	PA
PROCRIT	4	PA
PROLEUKIN	4	PA
RETACRIT	4	PA
ZIEXTENZO	4	PA; QL (99 per 99 days)
ZYNTEGLO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
OMNITROPE	4	PA
INTERFERONS		
ACTIMMUNE	4	PA
ALFERON N	2	PA
PEGASYS	4	PA; QL (99 per 99 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	PA; QL (99 per 99 days)
BAFIERTAM	4	PA; QL (99 per 99 days)
BETASERON	4	PA; QL (99 per 99 days)
<i>dimethyl fumarate</i>	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>fingolimod</i>	4	PA; QL (99 per 99 days)
<i>glatiramer</i>	4	PA; QL (99 per 99 days)
<i>glatopa</i>	4	PA; QL (99 per 99 days)
KESIMPTA PEN	4	PA; QL (99 per 99 days)
MAYZENT	4	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (99 per 99 days)
OCREVUS	4	PA; QL (99 per 99 days)
PLEGRIDY	4	PA; QL (99 per 99 days)
PONVORY	4	PA; QL (99 per 99 days)
PONVORY 14-DAY STARTER PACK	4	PA; QL (99 per 99 days)
REBIF (WITH ALBUMIN)	4	PA; QL (99 per 99 days)
REBIF REBIDOSE	4	PA; QL (99 per 99 days)
REBIF TITRATION PACK	4	PA; QL (99 per 99 days)
<i>teriflunomide</i>	4	PA; QL (99 per 99 days)
VUMERITY	4	PA; QL (99 per 99 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	6	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
ACTHIB (PF)	6	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	6	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	6	ACA
AFLURIA QUAD 2023-2024(6MO UP)	6	ACA
AREXVY (PF)	6	ACA
BCG VACCINE, LIVE (PF)	2	
BEXSERO	6	ACA
BIOTHRAX	2	
BOOSTRIX TDAP	6	ACA
COMIRNATY 2023-24 (12Y UP)(PF)	2	
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
DENGVAXIA (PF)	6	ACA
DYSPORT	4	PA
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	6	ACA
FLUARIX QUAD 2023-2024 (PF)	6	ACA
FLUBLOK QUAD 2023-2024 (PF)	6	ACA
FLUCELVAX QUAD 2023-2024	6	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2023-2024 (PF)	6	ACA
FLULAVAL QUAD 2023-2024 (PF)	6	ACA
FLUMIST QUAD 2023-2024	6	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	6	ACA
FLUZONE QUAD 2023-2024	6	ACA
FLUZONE QUAD 2023-2024 (PF)	6	ACA
GAMASTAN	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA
GAMUNEX-C	4	PA
GARDASIL 9 (PF)	6	ACA
GRASTEK	2	PA
HAVRIX (PF)	6	ACA
HEPLISAV-B (PF)	6	ACA
HIBERIX (PF)	6	ACA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	6	ACA
IPOL	6	ACA
IXCHIQ	2	
IXIARO (PF)	2	
KINRIX (PF)	6	ACA
MENQUADFI (PF)	6	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
MENVEO A-C-Y-W-135-DIP (PF)	6	ACA
M-M-R II (PF)	6	ACA
MODERNA COVID 23-24(6M-11Y)PF	2	
MYOBLOC	4	PA
NOVAVAX COVID 2023-24(PF)(EUA)	2	
ODACTRA	2	PA
PEDIARIX (PF)	6	ACA
PEDVAX HIB (PF)	6	ACA
PENBRAYA (PF)	6	ACA
PENTACEL (PF)	6	ACA
PFIZER COVID 2023-24(5Y-11Y)PF	2	
PFIZER COVID 2023-24(6MO-4Y)PF	2	
PNEUMOVAX-23	6	ACA
PREHEVBRIO (PF)	6	ACA
PREVNAR 20 (PF)	6	ACA
PRIORIX (PF)	6	ACA
PROQUAD (PF)	6	ACA
QUADRACEL (PF)	6	ACA
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	ACA
ROTARIX	6	ACA
ROTATEQ VACCINE	6	ACA
SHINGRIX (PF)	6	ACA
SPIKEVAX 2023-2024(12Y UP)(PF)	2	
STAMARIL (PF)	2	

Drug Name	Drug Tier	Requirements / Limits
TDVAX	6	ACA
TENIVAC (PF)	6	ACA
TICOVAC	2	
TRUMENBA	6	ACA
TWINRIX (PF)	6	ACA
TYPHIM VI	2	
VAQTA (PF)	6	ACA
VARIVAX (PF)	6	ACA
VAXCHORA VACCINE	2	
VAXELIS (PF)	6	ACA
VAXNEUVANCE (PF)	6	ACA
VIVOTIF	2	
XEMBIFY	4	PA
YF-VAX (PF)	2	

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod</i>	1	
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
KRYSTEXXA	4	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	

OSTEOPOROSIS 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
<i>alendronate</i>	1	QL (99 per 99 days)
FOSAMAX PLUS D	3	ST; QL (99 per 99 days)
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL (99 per 99 days)
<i>raloxifene</i>	1	
<i>risedronate</i>	1	QL (99 per 99 days)
<i>teriparatide</i>	4	PA; QL (99 per 99 days)
TYMLOS	4	PA; QL (99 per 99 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL (99 per 99 days)
ACTEMRA INTRAVENOUS	4	PA
ACTEMRA SUBCUTANEOUS	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADAZ	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADB M	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADB M(CF) PEN CROHNS	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADB M(CF) PEN PS-UV	4	PA; QL (99 per 99 days)
BENLYSTA INTRAVENOUS	4	PA
BENLYSTA SUBCUTANEOUS	4	PA; QL (99 per 99 days)
CYLTEZO(CF)	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN	4	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; QL (99 per 99 days)
ENBREL	4	PA; QL (99 per 99 days)
ENBREL MINI	4	PA; QL (99 per 99 days)
ENBREL SURECLICK	4	PA; QL (99 per 99 days)
HUMIRA (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 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 PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; QL (99 per 99 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; QL (99 per 99 days)
HYRIMOZ(CF)	4	PA; QL (99 per 99 days)
HYRIMOZ(CF) PEDI CROHN STARTER	4	PA; QL (99 per 99 days)
HYRIMOZ(CF) PEN	4	PA; QL (99 per 99 days)
<i>leflunomide</i>	1	QL (99 per 99 days)
OTEZLA	4	PA; QL (99 per 99 days)
OTEZLA STARTER	4	PA; QL (99 per 99 days)
<i>penicillamine</i>	1	PA
RIDAURA	2	
RINVOQ	4	PA; QL (99 per 99 days)
SAVELLA	2	ST; QL (99 per 99 days)
SIMPONI	4	PA; QL (99 per 99 days)
XELJANZ	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR	4	PA; QL (99 per 99 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	6	ACA
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP	6	ACA
KYLEENA	4	
MIRENA	4	ACA
PARAGARD T 380A	4	ACA
SKYLA	4	
TRUSTEX LUBRICATED CONDOMS	6	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS	6	ACA; OTC

ESTROGENS & PROGESTINS

<i>amabelz</i>	1	
<i>camila</i>	6	ACA
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	6	ACA
<i>dotti</i>	1	QL (99 per 99 days)
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>emzahh</i>	6	ACA
<i>errin</i>	6	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>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL (99 per 99 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	6	ACA
<i>incassia</i>	6	ACA
<i>jencycla</i>	6	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	6	ACA
<i>lyllana</i>	1	QL (99 per 99 days)
<i>lyza</i>	6	ACA
<i>medroxyprogesterone intramuscular</i>	6	ACA; QL (99 per 99 days)
<i>medroxyprogesterone oral</i>	1	
<i>mimvey</i>	1	
<i>nora-be</i>	6	ACA
<i>norethindrone (contraceptive)</i>	6	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</i>	1	
OPILL	6	ACA; OTC
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	
<i>sharobel</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tulana</i>	6	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate</i>	1	
<i>eluryng</i>	6	ACA
<i>enilloring</i>	6	ACA
<i>etonogestrel-ethinyl estradiol</i>	6	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	6	ACA
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
<i>mifepristone</i>	1	
MYFEMBREE	2	PA
NEXPLANON	4	ACA
<i>norelgestromin-ethin.estradiol</i>	6	ACA
ORIAHNN	2	PA
OSPHENA	3	
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	6	ACA; OTC
<i>xulane</i>	6	ACA
<i>zafemy</i>	6	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
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	6	ACA
<i>after pill</i>	6	ACA; OTC; QL (99 per 99 days)
<i>altavera (28)</i>	6	ACA
<i>alyacen 1/35 (28)</i>	6	ACA
<i>alyacen 7/7/7 (28)</i>	6	ACA
<i>amethia</i>	6	ACA
<i>amethyst (28)</i>	6	ACA
<i>apri</i>	6	ACA
<i>aranelle (28)</i>	6	ACA
<i>ashlyna</i>	6	ACA
<i>aubra</i>	6	ACA
<i>aubra eq</i>	6	ACA
<i>aurovela 1.5/30 (21)</i>	6	ACA
<i>aurovela 1/20 (21)</i>	6	ACA
<i>aurovela 24 fe</i>	6	ACA
<i>aurovela fe 1.5/30 (28)</i>	6	ACA
<i>aurovela fe 1-20 (28)</i>	6	ACA
<i>aviane</i>	6	ACA
<i>ayuna</i>	6	ACA
<i>azurette (28)</i>	6	ACA
<i>balziva (28)</i>	6	ACA
<i>blisovi 24 fe</i>	6	ACA
<i>blisovi fe 1.5/30 (28)</i>	6	ACA
<i>blisovi fe 1/20 (28)</i>	6	ACA
<i>briellyn</i>	6	ACA
<i>camrese</i>	6	ACA
<i>camrese lo</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>caziant (28)</i>	6	ACA
<i>charlotte 24 fe</i>	6	ACA
<i>chateal (28)</i>	6	ACA
<i>chateal eq (28)</i>	6	ACA
<i>cryselle (28)</i>	6	ACA
<i>curae</i>	6	ACA; OTC; QL (99 per 99 days)
<i>cyred</i>	6	ACA
<i>cyred eq</i>	6	ACA
<i>dasetta 1/35 (28)</i>	6	ACA
<i>dasetta 7/7/7 (28)</i>	6	ACA
<i>daysee</i>	6	ACA
<i>desog-e.estradiol/e.estradiol</i>	6	ACA
<i>dolishale</i>	6	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	6	ACA
<i>drospirenone-ethinyl estradiol</i>	6	ACA
<i>econtra ez</i>	6	ACA; OTC; QL (99 per 99 days)
<i>econtra one-step</i>	6	ACA; OTC; QL (99 per 99 days)
<i>elinest</i>	6	ACA
<i>ELLA</i>	6	ACA; QL (99 per 99 days)
<i>enpresse</i>	6	ACA
<i>enskyce</i>	6	ACA
<i>estarylla</i>	6	ACA
<i>ethynodiol diac-eth estradiol</i>	6	ACA
<i>falmina (28)</i>	6	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>finzala</i>	6	ACA
<i>gemmily</i>	6	ACA
<i>hailey</i>	6	ACA
<i>hailey 24 fe</i>	6	ACA
<i>hailey fe 1.5/30 (28)</i>	6	ACA
<i>hailey fe 1/20 (28)</i>	6	ACA
<i>her style</i>	6	ACA; OTC; QL (99 per 99 days)
<i>iclevia</i>	6	ACA
<i>isibloom</i>	6	ACA
<i>jaimiess</i>	6	ACA
<i>jasmiel (28)</i>	6	ACA
<i>jolessa</i>	6	ACA
<i>joyeaux</i>	6	ACA
<i>juleber</i>	6	ACA
<i>junel 1.5/30 (21)</i>	6	ACA
<i>junel 1/20 (21)</i>	6	ACA
<i>junel fe 1.5/30 (28)</i>	6	ACA
<i>junel fe 1/20 (28)</i>	6	ACA
<i>junel fe 24</i>	6	ACA
<i>kaitlib fe</i>	6	ACA
<i>kalliga</i>	6	ACA
<i>kariva (28)</i>	6	ACA
<i>kelnor 1/35 (28)</i>	6	ACA
<i>kelnor 1-50 (28)</i>	6	ACA
<i>kurvelo (28)</i>	6	ACA
<i>l norgest/e.estradiol-e.estrad</i>	6	ACA
<i>larin 1.5/30 (21)</i>	6	ACA
<i>larin 1/20 (21)</i>	6	ACA
<i>larin 24 fe</i>	6	ACA
<i>larin fe 1.5/30 (28)</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>larin fe 1/20 (28)</i>	6	ACA
<i>layolis fe</i>	6	ACA
<i>leena 28</i>	6	ACA
<i>lessina</i>	6	ACA
<i>levonest (28)</i>	6	ACA
<i>levonorgest-eth.estradiol-iron</i>	6	ACA
<i>levonorgestrel</i>	6	ACA; OTC; QL (99 per 99 days)
<i>levonorgestrel-ethinyl estrad</i>	6	ACA
<i>levonorg-eth estrad triphasic</i>	6	ACA
<i>levora-28</i>	6	ACA
<i>lojaimiess</i>	6	ACA
<i>loryna (28)</i>	6	ACA
<i>low-ogestrel (28)</i>	6	ACA
<i>lo-zumandimine (28)</i>	6	ACA
<i>lutura (28)</i>	6	ACA
<i>marlissa (28)</i>	6	ACA
<i>merzee</i>	6	ACA
<i>mibelas 24 fe</i>	6	ACA
<i>microgestin 1.5/30 (21)</i>	6	ACA
<i>microgestin 1/20 (21)</i>	6	ACA
<i>microgestin 24 fe</i>	6	ACA
<i>microgestin fe 1.5/30 (28)</i>	6	ACA
<i>microgestin fe 1/20 (28)</i>	6	ACA
<i>mili</i>	6	ACA
<i>mono-linyah</i>	6	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>my choice</i>	6	ACA; OTC; QL (99 per 99 days)
<i>my way</i>	6	ACA; OTC; QL (99 per 99 days)
<i>necon 0.5/35 (28)</i>	6	ACA
<i>new day</i>	6	ACA; OTC; QL (99 per 99 days)
<i>nikki (28)</i>	6	ACA
<i>noreth-ethinyl estradiol-iron</i>	6	ACA
<i>norethindrone ac-eth estradiol</i>	6	ACA
<i>norethindrone-e.estradiol-iron</i>	6	ACA
<i>norgestimate-ethinyl estradiol</i>	6	ACA
<i>nortrel 0.5/35 (28)</i>	6	ACA
<i>nortrel 1/35 (21)</i>	6	ACA
<i>nortrel 1/35 (28)</i>	6	ACA
<i>nortrel 7/7/7 (28)</i>	6	ACA
<i>nylia 1/35 (28)</i>	6	ACA
<i>nylia 7/7/7 (28)</i>	6	ACA
<i>nymyo</i>	6	ACA
<i>ocella</i>	6	ACA
<i>opcicon one-step</i>	6	ACA; OTC; QL (99 per 99 days)
<i>option-2</i>	6	ACA; OTC; QL (99 per 99 days)
<i>philith</i>	6	ACA
<i>pimtreea (28)</i>	6	ACA
<i>portia 28</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>reclipsen (28)</i>	6	ACA
<i>rivelsa</i>	6	ACA
<i>setlakin</i>	6	ACA
<i>simliya (28)</i>	6	ACA
<i>simpesse</i>	6	ACA
<i>sprintec (28)</i>	6	ACA
<i>sronyx</i>	6	ACA
<i>syeda</i>	6	ACA
<i>tarina 24 fe</i>	6	ACA
<i>tarina fe 1/20 (28)</i>	6	ACA
<i>tilia fe</i>	6	ACA
<i>tri-estarylla</i>	6	ACA
<i>tri-legest fe</i>	6	ACA
<i>tri-linyah</i>	6	ACA
<i>tri-lo-estarylla</i>	6	ACA
<i>tri-lo-marzia</i>	6	ACA
<i>tri-lo-mili</i>	6	ACA
<i>tri-lo-sprintec</i>	6	ACA
<i>tri-mili</i>	6	ACA
<i>tri-nymyo</i>	6	ACA
<i>tri-sprintec (28)</i>	6	ACA
<i>trivora (28)</i>	6	ACA
<i>tri-vylibra</i>	6	ACA
<i>tri-vylibra lo</i>	6	ACA
<i>turqoz (28)</i>	6	ACA
<i>tydemy</i>	6	ACA
<i>velivet triphasic regimen (28)</i>	6	ACA
<i>vestura (28)</i>	6	ACA
<i>vienva</i>	6	ACA
<i>viorele (28)</i>	6	ACA
<i>volnea (28)</i>	6	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>vyfemla (28)</i>	6	ACA
<i>vylibra</i>	6	ACA
<i>wera (28)</i>	6	ACA
<i>wymzya fe</i>	6	ACA
<i>zarah</i>	6	ACA
<i>zovia 1-35 (28)</i>	6	ACA
<i>zumandimine (28)</i>	6	ACA

OXYTOCICS

<i>methylergonovine</i>	1	PA; QL (99 per 99 days)
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OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	3	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin</i>	1	
<i>polycin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin</i>	1	

ANTIVIRALS

<i>trifluridine</i>	1	
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BETA-BLOCKERS

<i>betaxolol</i>	1	
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<i>carteolol</i>	1	
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<i>levobunolol</i>	1	
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<i>timolol maleate</i>	1	
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<i>timolol maleate (pf)</i>	1	
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CHOLINESTERASE INHIBITOR MIOTICS

PHOSPHOLINE IODIDE	4	
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CYCLOPLEGIC MYDRIATICS

<i>atropine</i>	1	
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<i>cyclopentolate</i>	1	
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<i>cyclopen-tropic-phenyleph-watr</i>	1	
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<i>homatropaire</i>	1	
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<i>tropicamide</i>	1	
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DIRECT ACTING MIOTICS

<i>pilocarpine hcl</i>	1	
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MISCELLANEOUS OPHTHALMOLOGICS

<i>alaway</i>	1	OTC
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<i>allergy eye (ketotifen)</i>	1	OTC
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ALOCRIAL	3	ST
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ALOMIDE	3	ST
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<i>altacaine</i>	1	
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<i>azelastine</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>bepotastine besilate</i>	1	
BYOOVIZ	4	PA
<i>children's alaway</i>	1	OTC
CIMERLI	4	PA
<i>cromolyn</i>	1	
<i>cyclosporine</i>	1	PA; QL (99 per 99 days)
CYSTARAN	4	PA
<i>epinastine</i>	1	
<i>eye allergy itch relief</i>	1	OTC
<i>eye allergy itch-redness rlf</i>	1	OTC
<i>eye itch relief</i>	1	OTC
<i>fluorescein-propraparacaine</i>	1	
<i>ketotifen fumarate</i>	1	OTC
LUXTURNA	4	PA
<i>olopatadine</i>	1	
OXERVATE	4	PA
<i>propraparacaine</i>	1	
RESTASIS MULTIDOSE	2	PA; QL (99 per 99 days)
<i>tetracaine hcl</i>	1	
<i>wal-zyr (ketotifen)</i>	1	OTC
XDEMVY	4	QL (99 per 99 days)
ZADITOR	2	OTC
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEVANAC	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost</i>	1	ST
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf)</i>	1	
<i>latanoprost</i>	1	ST
<i>miostat</i>	1	
<i>tafluprost (pf)</i>	1	ST
<i>travoprost</i>	1	ST
VYZULTA	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone</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>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
OZURDEX	4	PA
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine</i>	1	
<i>clemastine</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL (99 per 99 days)
<i>dexchlorpheniramine maleate</i>	1	
<i>epinephrine injection auto-injector</i>	1	QL (99 per 99 days)
<i>epinephrine injection syringe</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (99 per 99 days)
<i>promethazine</i>	1	
<i>promethgan</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</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>hydromet</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	DME	
ADEMPAS	4	PA; LA; QL (99 per 99 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (99 per 99 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	DME	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	QL (99 per 99 days)
<i>alyq</i>	4	PA; QL (99 per 99 days)
<i>ambrisentan</i>	4	PA; LA; QL (99 per 99 days)
ANORO ELLIPTA	2	QL (99 per 99 days)
<i>arformoterol</i>	DME	QL (99 per 99 days)
ARNUITY ELLIPTA	3	QL (99 per 99 days)
ASMANEX HFA	3	QL (99 per 99 days)
<i>azelastine-fluticasone</i>	1	ST; QL (99 per 99 days)
<i>bosentan</i>	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA	2	ST; QL (99 per 99 days)
<i>breyna</i>	1	ST; QL (99 per 99 days)
<i>budesonide</i>	DME	QL (99 per 99 days)
<i>budesonide-formoterol</i>	1	ST; QL (99 per 99 days)
CINRYZE	4	PA; QL (99 per 99 days)
COMBIVENT RESPIMAT	2	QL (99 per 99 days)
<i>cromolyn</i>	DME	
DULERA	2	ST; QL (99 per 99 days)
<i>epinephrine hcl</i>	1	
FASENRA	4	PA; QL (99 per 99 days)
FASENRA PEN	4	PA; QL (99 per 99 days)
<i>flunisolide</i>	1	ST; QL (99 per 99 days)
<i>fluticasone propionate</i>	1	QL (99 per 99 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	ST; QL (99 per 99 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; QL (99 per 99 days)
<i>formoterol fumarate</i>	DME	QL (99 per 99 days)
<i>icatibant</i>	4	PA; QL (99 per 99 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
INCRUSE ELLIPTA	2	QL (99 per 99 days)
<i>ipratropium bromide</i>	DME	
<i>ipratropium-albuterol</i>	DME	QL (99 per 99 days)
KALYDECO	4	PA; QL (99 per 99 days)
<i>levalbuterol hcl</i>	DME	
<i>mometasone</i>	1	ST; QL (99 per 99 days)
<i>montelukast</i>	1	
<i>nebusal</i>	DME	
NUCALA	4	PA; LA; QL (99 per 99 days)
OFEV	4	PA; QL (99 per 99 days)
OPSUMIT	4	PA; LA; QL (99 per 99 days)
ORKAMBI	4	PA; QL (99 per 99 days)
<i>pirfenidone</i>	4	PA; QL (99 per 99 days)
<i>pulmosal</i>	DME	
PULMOZYME	4	PA
QVAR REDIHALER	2	QL (99 per 99 days)
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL (99 per 99 days)
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST	4	PA; QL (99 per 99 days)
<i>sajazir</i>	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) intravenous</i>	4	
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; QL (99 per 99 days)
<i>sodium chloride</i>	DME	
SPIRIVA RESPIMAT	2	QL (99 per 99 days)
STIOLTO RESPIMAT	2	QL (99 per 99 days)
STRIVERDI RESPIMAT	2	QL (99 per 99 days)
SYMDEKO	4	PA; QL (99 per 99 days)
<i>tadalafil (pulm.hypertension)</i>	4	PA; QL (99 per 99 days)
TAKHZYRO	4	PA; LA; QL (99 per 99 days)
<i>terbutaline</i>	1	
TEZSPIRE	4	PA; QL (99 per 99 days)
<i>theophylline</i>	1	
<i>tiotropium bromide</i>	1	
TRACLEER	4	PA; LA; QL (99 per 99 days)
TRELEGY ELLIPTA	2	QL (99 per 99 days)
TRIKAFTA	4	PA; QL (99 per 99 days)
TYVASO	4	PA
TYVASO DPI	4	PA
TYVASO REFILL KIT	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
TYVASO STARTER KIT	4	PA
<i>wixela inhub</i>	1	ST; QL (99 per 99 days)
XOLAIR	4	PA; LA; QL (99 per 99 days)
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
<i>oxybutynin chloride</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
<i>trospium</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
<i>silodosin</i>	1	
<i>tadalafil</i>	1	ST; QL (99 per 99 days)
<i>tamsulosin</i>	1	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	
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MISCELLANEOUS UROLOGICALS

CYSTAGON	4	LA
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Drug Name	Drug Tier	Requirements / Limits
ELMIRON	2	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>potassium citrate</i>	1	
RENACIDIN	2	
<i>sodium citrate-citric acid</i>	1	
<i>uretron d-s</i>	1	
<i>urimar-t</i>	1	
<i>uro-458</i>	1	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>uro-sp</i>	1	
<i>uryl</i>	1	

URINARY ANESTHETICS

<i>phenazopyridine</i>	1	
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VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	1	QL (99 per 99 days)
<i>effer-k</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lugols</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>potassium chloride</i>	1	
<i>strong iodine</i>	1	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	6	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	6	ACA; OTC
<i>balanced b-100</i>	6	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c</i>	6	ACA; OTC
<i>classic prenatal</i>	6	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>dialyvite 800</i>	6	ACA; OTC
<i>ergocalciferol (vitamin d2)</i>	1	
<i>ferocon</i>	6	ACA; OTC
<i>fluoride (sodium)</i>	6	ACA; OTC
<i>folic acid</i>	6	ACA; OTC
<i>folitab</i>	6	ACA; OTC
<i>foltabs 800</i>	6	ACA; OTC
<i>full spectrum b-vitamin c</i>	6	ACA; OTC
<i>hydroxocobalamin</i>	1	
<i>kobee</i>	6	ACA; OTC
<i>ludent fluoride</i>	6	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	6	ACA; OTC
<i>mvc-fluoride</i>	6	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>newgen</i>	1	
<i>one daily prenatal</i>	6	ACA; OTC
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	6	ACA; OTC
<i>prenatal complete</i>	6	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	6	ACA; OTC
<i>prenatal multivitamins</i>	6	ACA; OTC
<i>prenatal one daily</i>	6	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	6	ACA; OTC
<i>prenatal vitamin</i>	6	ACA; OTC
<i>prenatal vitamin with minerals</i>	6	ACA; OTC
<i>rena-vite</i>	6	ACA; OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	6	ACA; OTC
<i>stress formula with iron(sulf)</i>	6	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>super b maxi complex</i>	6	ACA; OTC
<i>super b-50 complex</i>	6	ACA; OTC
<i>super quints</i>	6	ACA; OTC
<i>tricon</i>	6	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
VENOFER	2	PA
<i>vitamin b complex-folic acid</i>	6	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	6	ACA; OTC
<i>wesnatal dha complete</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

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

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<i>tis-u-sol pentalyte</i>	45	<i>trihexyphenidyl</i>	17	UNITUXIN.....	15
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<i>tizanidine</i>	20	<i>tri-legest fe</i>	78	<i>urimar-t</i>	87
<i>tobramycin</i>	7, 80	<i>tri-linyah</i>	78	<i>uro-458</i>	87
<i>tobramycin in 0.225 % nacl</i> ..	7	<i>tri-lo-estarylla</i>	78	<i>urogesic-blue</i>	87
<i>tobramycin-dexamethasone</i> ..	82	<i>tri-lo-marzia</i>	78	<i>uro-mp</i>	87
<i>tolcapone</i>	17	<i>tri-lo-mili</i>	78	<i>uro-sp</i>	87
<i>tolterodine</i>	87	<i>tri-lo-sprintec</i>	78	<i>ursodiol</i>	62
<i>tolvaptan</i>	56	<i>trimethobenzamide</i>	62	<i>uryl</i>	87
<i>topiramate</i>	17	<i>trimethoprim</i>	9	V	
<i>topotecan</i>	14	<i>tri-mili</i>	78	<i>valacyclovir</i>	5
<i>toremifene</i>	14	<i>trimipramine</i>	28	VALCHLOR	38
<i>torseamide</i>	33	TRIMO-SAN JELLY	74	<i>valganciclovir</i>	5
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This formulary was updated on 6/1/2024. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.heathplan.org.