Effective Date
January 2024

How to Use the Formulary

The Formulary is a list of medications available to PEEHIP members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA approved generic is available for the listed generic name, the generic name is *italicized*.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

Symbol	Guideline	Description
ACA	Affordable Care Act	Preventative medications available to members at no cost when prescribed within ACA guidelines
MO	Maintenance Medication	First fill limited to 30 day supply; subsequent fill can be for 90 day supply when prescription is written as 90 day Rx
OTC	Over-The-Counter	Medications that can be purchased without a prescription.
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Express Scripts at (800) 363-9389.

The following topics may apply:

1. **Generic Substitution**

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are *italicized* in the formulary listing wherever an FDA approved generic drug product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by Express Scripts Pharmacy and Therapeutics Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a covered brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the covered brand equivalent, the member should contact Express Scripts for details on submitting a copay exception request at (800) 363-9389.

2. **Tier Benefit Design**

The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered on Tier 2, non-preferred brand drugs will be covered on Tier 3, Specialty generic drugs will be covered on Tier 4, Specialty preferred brand drug will be covered on Tier 5, and Specialty non-preferred brand medications will be covered on Tier 6.

Tier Definitions:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred medications (non-formulary agents)
- Tier 4: Specialty generic medications
- Tier 5 Specialty preferred brand medications
- Tier 6 Specialty non-preferred brand medications

3. **Medication Request Process**

Depending upon plan benefit design, a medication request process may apply as follows:

A. **Coverage Exceptions**

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation. Each request will be reviewed on an individual patient need basis. If the request does not meet the established guidelines the request will not be approved and alternative therapy may be recommended.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. **General Exclusions**

A. Over the Counter (OTC) medications or their equivalents, unless the individual's pharmacy benefit offers coverage of OTC medications.
B. Any drug products used for cosmetic purposes.
C. Anti-Obesity Preparations, Weight Loss Medications
D. Experimental drug products or any drug product used in an experimental manner.
E. Replacement of lost or stolen medication.
F. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
G. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
H. Drugs specifically used for the treatment of erectile dysfunction.

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

Table of Contents

List of Abbreviations

1: Tier 1 - Generic Drugs

2: Tier 2 - Preferred Brand Drugs

3: Tier 3 - Non Preferred Brand Drugs

4: Tier 4 - Specialty Generic Drugs

5: Tier 5 - Specialty Preferred Brand

6: Tier 6 - Specialty non-Preferred Brand

ACA: Affordable Care Act.

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

MO: Maintenance Medication

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE	3	PA
clotrimazole mucous membrane troche	1	
CRESEMBA ORAL CAPSULE 186 MG	2	PA; QL (60 per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL (2 per 30 days)
flucytosine oral capsule	1	PA; ST
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
itraconazole oral capsule	1	
itraconazole oral solution	1	QL (300 per 30 days)
ketoconazole oral tablet	1	
NOXAFIL ORAL SUSPENSION	3	
nystatin oral suspension	1	
nystatin oral tablet	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
posaconazole oral suspension	1	PA
posaconazole oral tablet,delayed release (dr/ec)	1	PA
SPORANOX ORAL CAPSULE	3	QL (30 per 30 days)
SPORANOX ORAL SOLUTION	3	QL (300 per 30 days)
terbinafine hcl oral tablet	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	
VFEND ORAL TABLET	3	
voriconazole oral suspension for reconstitution	1	
voriconazole oral tablet	1	
ANTIVIRALS		
abacavir oral solution	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
abacavir oral tablet	1	
abacavir-lamivudine oral tablet	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir oral tablet	1	
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
APTIVUS ORAL CAPSULE	2	PA; QL (120 per 30 days)
atazanavir oral capsule	1	
BARACLUDE ORAL SOLUTION	2	PA
BIKTARVY ORAL TABLET	2	
darunavir oral tablet	1	
DESCOVY ORAL TABLET	2	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	
DOVATO ORAL TABLET	2	
EDURANT ORAL TABLET	2	PA; QL (30 per 30 days)
efavirenz oral tablet	1	
efavirenz-emtricitabin-tenofov oral tablet	1	
efavirenz-lamivu-tenofov disop oral tablet	1	
emtricitabine oral capsule	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	ACA
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
entecavir oral tablet	1	
EPCLUSA ORAL TABLET	5	PA; QL (84 per 365 days)
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
etravirine oral tablet	1	PA
EVOTAZ ORAL TABLET	3	
famciclovir oral tablet 125 mg, 500 mg	1	QL (21 per 30 days)
famciclovir oral tablet 250 mg	1	QL (60 per 30 days)
FLUMADINE ORAL TABLET	3	
fosamprenavir oral tablet	1	PA

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Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN	2	
GENVOYA ORAL TABLET	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (56 per 365 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (112 per 365 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (112 per 365 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (56 per 365 days)
HEPSERA ORAL TABLET	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PA
INTELENCE ORAL TABLET 25 MG	2	PA
ISENTRESS HD ORAL TABLET	2	
ISENTRESS ORAL POWDER IN PACKET	2	
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET,CHEWABLE	2	
JULUCA ORAL TABLET	2	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	3	
LAGEVRIO (EUA) ORAL CAPSULE	2	QL (40 per 180 days)
lamivudine oral solution	1	
lamivudine oral tablet	1	
lamivudine-zidovudine oral tablet	1	
LIVTENCITY ORAL TABLET	3	ST; QL (112 per 30 days)
lopinavir-ritonavir oral solution	1	
lopinavir-ritonavir oral tablet	1	
maraviroc oral tablet 150 mg	1	PA; QL (60 per 30 days)
maraviroc oral tablet 300 mg	1	PA; QL (120 per 30 days)
nevirapine oral suspension	1	
nevirapine oral tablet	1	
nevirapine oral tablet extended release 24 hr	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY ORAL TABLET	2	PA; QL (30 per 30 days)
oseltamivir oral capsule 30 mg	1	QL (40 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 per 365 days)
oseltamivir oral suspension for reconstitution	1	PA; QL (360 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 180 days)
PREVYMIS ORAL TABLET	2	PA; QL (100 per 365 days)
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL (40 per 365 days)
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
rimantadine oral tablet	1	
ritonavir oral tablet	1	
SELZENTRY ORAL SOLUTION	2	PA; QL (920 per 30 days)
SELZENTRY ORAL TABLET 150 MG	3	PA; QL (60 per 30 days)
SELZENTRY ORAL TABLET 300 MG	3	PA; QL (120 per 30 days)
stavudine oral capsule 40 mg	1	
SYMFI LO ORAL TABLET	2	
SYMFI ORAL TABLET	2	
SYMTUZA ORAL TABLET	2	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (40 per 365 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (20 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (360 per 365 days)
tenofovir disoproxil fumarate oral tablet	1	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION	2	
TRIUMEQ ORAL TABLET	2	
TYBOST ORAL TABLET	3	PA; QL (30 per 30 days)
valacyclovir oral tablet	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
VALCYTE ORAL RECON SOLN	3	
VALCYTE ORAL TABLET	3	
valganciclovir oral recon soln	1	
valganciclovir oral tablet	1	
VEMLIDY ORAL TABLET	2	
VIRACEPT ORAL TABLET	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET	5	PA; QL (84 per 365 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (2 per 365 days)
ZEPATIER ORAL TABLET	5	PA; QL (84 per 365 days)
ZIAGEN ORAL SOLUTION	3	PA
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
CEPHALOSPORINS		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir oral capsule	1	
cefdinir oral suspension for reconstitution	1	
cefixime oral capsule	1	
cefixime oral suspension for reconstitution	1	
cefpodoxime oral suspension for reconstitution	1	
cefpodoxime oral tablet	1	
cefprozil oral suspension for reconstitution	1	
cefprozil oral tablet	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	

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Drug Name	Drug Tier	Requirements / Limits
cephalexin oral suspension for reconstitution	1	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral packet	1	
azithromycin oral suspension for reconstitution	1	
azithromycin oral tablet	1	
clarithromycin oral suspension for reconstitution	1	PA
clarithromycin oral tablet	1	
clarithromycin oral tablet extended release 24 hr	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (1 per 30 days)
DIFICID ORAL TABLET	3	QL (20 per 30 days)
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythromycin ethylsuccinate oral suspension for reconstitution	1	PA
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet,delayed release (dr/ec)	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX Z-PAK ORAL TABLET	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL (12 per 30 days)
albendazole oral tablet	1	PA; QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (360 per 30 days)
ARAKODA ORAL TABLET	3	QL (20 per 365 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; QL (252 per 30 days)
atovaquone oral suspension	1	
atovaquone-proguanil oral tablet 250-100 mg	1	QL (60 per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (180 per 180 days)
BENZNIDAZOLE ORAL TABLET	2	PA; QL (720 per 365 days)
BILTRICIDE ORAL TABLET	3	PA; QL (1 per 365 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; QL (84 per 30 days)
chloroquine phosphate oral tablet	1	
CLEOCIN HCL ORAL CAPSULE	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
clindamycin hcl oral capsule	1	
clindamycin pediatric oral recon soln	1	
COARTEM ORAL TABLET	2	QL (24 per 30 days)
CYCLOSERINE ORAL CAPSULE	3	PA; QL (120 per 30 days)
dapsone oral tablet	1	
DARAPRIM ORAL TABLET	6	PA; QL (30 per 30 days)
ethambutol oral tablet	1	
HUMATIN ORAL CAPSULE	6	
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	3	
hydroxychloroquine oral tablet 200 mg	1	
IMPAVIDO ORAL CAPSULE	2	PA; QL (84 per 30 days)
isoniazid oral solution	1	
isoniazid oral tablet	1	
ivermectin oral tablet	1	QL (20 per 30 days)
KRINTAFEL ORAL TABLET	3	QL (2 per 30 days)
linezolid oral suspension for reconstitution	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
linezolid oral tablet	1	
MALARONE ORAL TABLET	3	QL (60 per 180 days)
MALARONE PEDIATRIC ORAL TABLET	3	QL (180 per 180 days)
mefloquine oral tablet	1	QL (13 per 180 days)
MEPRON ORAL SUSPENSION	3	
metronidazole oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
NEBUPENT INHALATION RECON SOLN	3	QL (1 per 28 days)
neomycin oral tablet	1	
nitazoxanide oral tablet	1	QL (14 per 30 days)
paromomycin oral capsule	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	PA; QL (90 per 30 days)
pentamidine inhalation recon soln	1	QL (1 per 28 days)
praziquantel oral tablet	1	PA; QL (1 per 365 days)
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	
primaquine oral tablet	2	QL (120 per 180 days)
pyrazinamide oral tablet	1	
pyrimethamine oral tablet	4	PA; QL (30 per 30 days)
QUALAQUIN ORAL CAPSULE	3	QL (42 per 30 days)
quinine sulfate oral capsule	1	QL (42 per 30 days)
rifabutin oral capsule	1	
rifampin oral capsule	1	
SIRTURO ORAL TABLET	2	PA; QL (68 per 28 days)
STROMECTOL ORAL TABLET	3	QL (20 per 30 days)
tinidazole oral tablet 250 mg	1	QL (40 per 30 days)
tinidazole oral tablet 500 mg	1	QL (20 per 30 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (224 per 30 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization	4	PA; QL (280 per 30 days)
TRECATOR ORAL TABLET	3	
XENLETA ORAL TABLET	3	PA
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ZYVOX ORAL TABLET	3	
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	PA
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
dicloxacillin oral capsule	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
penicillin v potassium oral recon soln	1	
penicillin v potassium oral tablet	1	
QUINOLONES		
BAXDELA ORAL TABLET	2	PA; QL (28 per 30 days)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension,microcapsule recon	1	
FACTIVE ORAL TABLET	3	

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

Drug Name	Drug Tier	Requirements / Limits
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin oral tablet	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim oral suspension	1	
TETRACYCLINES		
avidoxy oral tablet	1	
demeclocycline oral tablet	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
mondoxyne nl oral capsule 100 mg	1	
morgidox oral capsule 100 mg	1	
NUZYRA ORAL TABLET	3	PA; QL (24 per 30 days)
tetracycline oral capsule	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet	1	
FURADANTIN ORAL SUSPENSION	3	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1	
methenamine mandelate oral tablet	1	
nitrofurantoin macrocrystal oral capsule	1	

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

Drug Name	Drug Tier	Requirements / Limits
nitrofurantoin monohyd/m-cryst oral capsule	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	
PRIMSOL ORAL SOLUTION	3	
trimethoprim oral tablet	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG	3	ST; QL (40 per 30 days)
VANCOCIN ORAL CAPSULE 250 MG	3	ST; QL (80 per 30 days)
vancomycin oral capsule 125 mg	1	ST; QL (40 per 30 days)
vancomycin oral capsule 250 mg	1	ST; QL (80 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet	1	
MESNEX ORAL TABLET	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	QL (120 per 30 days)
ALECENSA ORAL CAPSULE	5	PA; QL (240 per 30 days)
ALKERAN ORAL TABLET	3	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 30 days)
anastrozole oral tablet	1	MO; ACA
AROMASIN ORAL TABLET	3	MO
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
AYVAKIT ORAL TABLET	6	PA; QL (30 per 30 days)
azacitidine injection recon soln	4	
azathioprine oral tablet	1	
BALVERSA ORAL TABLET	5	PA
bexarotene oral capsule	4	PA
bexarotene topical gel	4	PA; QL (60 per 30 days)
bicalutamide oral tablet	1	MO
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
BRUKINSA ORAL CAPSULE	6	PA; QL (120 per 30 days)
CABOMETYX ORAL TABLET	5	PA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	ST; QL (60 per 30 days)
capecitabine oral tablet 150 mg	4	QL (56 per 30 days)
capecitabine oral tablet 500 mg	4	QL (140 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days)
CASODEX ORAL TABLET	3	MO
CELLCEPT ORAL CAPSULE	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	
CELLCEPT ORAL TABLET	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56 per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112 per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84 per 30 days)
COPIKTRA ORAL CAPSULE 15 MG	6	PA; QL (56 per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	6	PA; QL (60 per 30 days)
COTELLIC ORAL TABLET	5	PA; QL (63 per 30 days)
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
cyclosporine modified oral capsule	1	
cyclosporine modified oral solution	1	
cyclosporine oral capsule	1	
DAURISMO ORAL TABLET 100 MG	6	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	6	PA; QL (60 per 30 days)
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	5	PA; QL (1 per 90 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	5	PA; QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	5	PA; QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE	5	PA; QL (1 per 28 days)
EMCYT ORAL CAPSULE	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
ERIVEDGE ORAL CAPSULE	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	4	PA; QL (30 per 30 days)
erlotinib oral tablet 25 mg	4	PA; QL (60 per 30 days)
etoposide oral capsule	1	
everolimus (antineoplastic) oral tablet	4	PA; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension	4	PA; QL (30 per 30 days)
everolimus (immunosuppressive) oral tablet	1	
exemestane oral tablet	1	MO; ACA
EXKIVITY ORAL CAPSULE	5	ST; QL (120 per 30 days)
FARESTON ORAL TABLET	3	PA; MO; QL (30 per 30 days)
FEMARA ORAL TABLET	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	5	
GAVRETO ORAL CAPSULE	5	PA; QL (120 per 30 days)
gefitinib oral tablet	4	PA; QL (30 per 30 days)
gengraf oral capsule	1	
gengraf oral solution	1	
GILOTRIF ORAL TABLET	5	PA; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE	2	PA
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1	
ICLUSIG ORAL TABLET	5	PA; QL (30 per 30 days)
IDHIFA ORAL TABLET	5	PA; QL (30 per 30 days)
imatinib oral tablet 100 mg	4	PA; QL (180 per 30 days)
imatinib oral tablet 400 mg	4	PA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 420 MG	5	PA; QL (30 per 30 days)
IMURAN ORAL TABLET	3	
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days)
IRESSA ORAL TABLET	5	PA; QL (30 per 30 days)
JAKAFI ORAL TABLET	5	PA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
JYLAMVO ORAL SOLUTION	3	
lapatinib oral tablet	4	PA; QL (180 per 30 days)
lenalidomide oral capsule	4	PA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	5	PA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60 per 30 days)
LENVIMA ORAL CAPSULE 4 MG	5	PA; QL (15 per 30 days)
letrozole oral tablet	1	MO
LEUKERAN ORAL TABLET	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	PA
leuprolide subcutaneous kit	4	PA; QL (11 per 14 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (2400 per 24 days)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET	6	PA; QL (240 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	6	PA; QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	6	PA; QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA; QL (1 per 90 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	6	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; QL (1 per 90 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	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
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days)
LYSODREN ORAL TABLET	5	
MATULANE ORAL CAPSULE	5	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet	1	
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days)
melphalan oral tablet	1	
mercaptopurine oral tablet	1	
methotrexate sodium (pf) injection recon soln	1	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral tablet	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral suspension for reconstitution	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium oral tablet,delayed release (dr/ec)	1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
MYLERAN ORAL TABLET	2	
NEORAL ORAL CAPSULE	3	
NEORAL ORAL SOLUTION	3	
NERLYNX ORAL TABLET	5	PA; QL (180 per 30 days)
NEXAVAR ORAL TABLET	5	PA; QL (120 per 30 days)
NILANDRON ORAL TABLET	3	PA; MO; QL (30 per 30 days)
nilutamide oral tablet	1	PA; MO; QL (30 per 30 days)
NINLARO ORAL CAPSULE	5	PA; QL (3 per 30 days)
NUBEQA ORAL TABLET	5	PA; QL (120 per 30 days)
octreotide acetate injection solution	4	
octreotide acetate injection syringe	4	

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

Drug Name	Drug Tier	Requirements / Limits
ODOMZO ORAL CAPSULE	5	PA; QL (30 per 30 days)
ORGOVYX ORAL TABLET	6	PA; QL (30 per 30 days)
pazopanib oral tablet	4	PA; QL (120 per 30 days)
PEMAZYRE ORAL TABLET	5	PA; QL (14 per 30 days)
POMALYST ORAL CAPSULE	5	PA; QL (21 per 28 days)
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	PA
PURIXAN ORAL SUSPENSION	5	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	3	
RETEVMO ORAL CAPSULE 40 MG	6	PA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	6	PA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE	5	PA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days)
RUBRACA ORAL TABLET	5	PA; QL (120 per 30 days)
RYDAPT ORAL CAPSULE	5	PA; QL (56 per 28 days)
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 per 30 days)
sirolimus oral solution	1	
sirolimus oral tablet	1	
SOLTAMOX ORAL SOLUTION	3	MO; ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA; QL (0.5 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA; QL (0.2 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA; QL (0.3 per 30 days)
sorafenib oral tablet	4	PA; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; QL (84 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
sunitinib malate oral capsule 12.5 mg	4	PA; QL (90 per 30 days)
sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg	4	PA; QL (30 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	6	PA; QL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	6	PA; QL (30 per 30 days)
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	5	PA; QL (120 per 30 days)
tacrolimus oral capsule	1	
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days)
TAGRISSO ORAL TABLET	5	PA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days)
tamoxifen oral tablet	1	MO; ACA
TARCEVA ORAL TABLET 100 MG, 150 MG	6	PA; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	6	PA; QL (60 per 30 days)
TARGRETIN TOPICAL GEL	5	PA; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112 per 30 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
TAZVERIK ORAL TABLET	6	PA; QL (240 per 30 days)
temozolomide oral capsule	4	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days)
TIBSOVO ORAL TABLET	5	PA; QL (60 per 30 days)
toremifene oral tablet	1	PA; MO; QL (30 per 30 days)
tretinoin (antineoplastic) oral capsule	1	PA
TREXALL ORAL TABLET	3	
TUKYSA ORAL TABLET 150 MG	6	PA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	6	PA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	6	PA; QL (120 per 30 days)
TYKERB ORAL TABLET	6	PA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	5	PA; QL (56 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; QL (42 per 30 days)
VERZENIO ORAL TABLET	5	PA; QL (60 per 30 days)
VIDAZA INJECTION RECON SOLN	6	
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	5	PA; QL (30 per 30 days)
VOTRIENT ORAL TABLET	5	PA; QL (120 per 30 days)
WELIREG ORAL TABLET	6	PA; QL (90 per 30 days)
XALKORI ORAL CAPSULE	5	PA; QL (60 per 30 days)
XELODA ORAL TABLET 150 MG	6	QL (56 per 30 days)
XELODA ORAL TABLET 500 MG	6	QL (140 per 30 days)
XERMELO ORAL TABLET	5	PA; QL (90 per 30 days)
XOSPATA ORAL TABLET	5	PA; QL (90 per 30 days)
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
ZELBORAF ORAL TABLET	5	PA; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE	5	PA; QL (120 per 30 days)
ZORTRESS ORAL TABLET	3	
ZYDELIG ORAL TABLET	5	PA; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; QL (150 per 30 days)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION	3	PA; QL (450 per 30 days)
BRIVIACT ORAL TABLET	3	
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
CELONTIN ORAL CAPSULE 300 MG	2	
clobazam oral suspension	1	

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

Drug Name	Drug Tier	Requirements / Limits
clobazam oral tablet	1	
clonazepam oral tablet	1	
clonazepam oral tablet,disintegrating	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT	3	
DIASTAT RECTAL KIT	3	
diazepam rectal kit	1	
DILANTIN EXTENDED ORAL CAPSULE	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	
divalproex oral capsule, delayed rel sprinkle	1	
divalproex oral tablet extended release 24 hr	1	
divalproex oral tablet,delayed release (dr/ec)	1	
EPIDIOLEX ORAL SOLUTION	5	PA
epitol oral tablet	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
felbamate oral tablet	1	
FELBATOL ORAL TABLET	3	
FYCOMPA ORAL SUSPENSION	2	PA; QL (224 per 30 days)
FYCOMPA ORAL TABLET	2	
gabapentin oral capsule	1	

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

Drug Name	Drug Tier	Requirements / Limits
gabapentin oral solution 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral tablet	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet extended release 24hr	1	
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet,disintegrating	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
methsuximide oral capsule	1	
MYSOLINE ORAL TABLET	3	
NAYZILAM NASAL SPRAY,NON-AEROSOL	2	QL (2 per 30 days)
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK ORAL CAPSULE	3	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended oral capsule	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension	1	
rufinamide oral tablet	1	
subvenite oral tablet	1	
SYMPAZAN ORAL FILM	3	PA; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	

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

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
tiagabine oral tablet	1	
topiramate oral capsule, sprinkle	1	
topiramate oral capsule,extended release 24hr	1	ST; QL (30 per 30 days)
topiramate oral capsule,sprinkle,er 24hr	1	ST
topiramate oral tablet	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; QL (30 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule	1	
VALTOCO NASAL SPRAY,NON-AEROSOL	3	QL (2 per 30 days)
vigabatrin oral powder in packet	4	QL (99 per 99 days)
vigabatrin oral tablet	4	QL (99 per 99 days)
vigadrone oral powder in packet	4	QL (99 per 99 days)
vigadrone oral tablet	4	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL (56 per 30 days)
XCOPRI ORAL TABLET	3	QL (30 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	QL (56 per 30 days)
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
zonisamide oral capsule	1	
ANTIPARKINSONISM AGENTS		
AZILECT ORAL TABLET	3	ST; MO
benztropine oral tablet	1	
bromocriptine oral capsule	1	MO
bromocriptine oral tablet	1	MO
carbidopa oral tablet	1	MO
carbidopa-levodopa oral tablet	1	MO
carbidopa-levodopa oral tablet extended release	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
carbidopa-levodopa oral tablet,disintegrating	1	MO
carbidopa-levodopa-entacapone oral tablet	1	MO
COMTAN ORAL TABLET	3	MO
DHIVY ORAL TABLET	3	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	6	PA; QL (100 per 30 days)
entacapone oral tablet	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days)
LODOSYN ORAL TABLET	3	MO
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	2	MO
NOURIANZ ORAL TABLET	6	PA; QL (30 per 30 days)
PARLODEL ORAL CAPSULE	3	MO
PARLODEL ORAL TABLET	3	MO
pramipexole oral tablet	1	MO
pramipexole oral tablet extended release 24 hr	1	MO
rasagiline oral tablet	1	MO
ropinirole oral tablet	1	MO
ropinirole oral tablet extended release 24 hr	1	MO
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	MO
selegiline hcl oral capsule	1	MO
selegiline hcl oral tablet	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100 ORAL TABLET	3	MO
STALEVO 125 ORAL TABLET	3	MO
STALEVO 150 ORAL TABLET	3	MO
STALEVO 200 ORAL TABLET	3	MO
STALEVO 50 ORAL TABLET	3	MO
STALEVO 75 ORAL TABLET	3	MO
trihexyphenidyl oral elixir	1	
trihexyphenidyl oral tablet	1	
MIGRAINE & CLUSTER HEADACHE 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
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL (1 per 30 days)
almotriptan malate oral tablet 12.5 mg	1	QL (24 per 28 days)
almotriptan malate oral tablet 6.25 mg	1	QL (18 per 28 days)
dihydroergotamine injection solution	1	
dihydroergotamine nasal spray,non-aerosol	1	QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL (1 per 30 days)
ERGOMAR SUBLINGUAL TABLET	3	
ergotamine-caffeine oral tablet	1	
FROVA ORAL TABLET	3	QL (27 per 28 days)
frovatriptan oral tablet	1	QL (27 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 100 MG	3	QL (16 per 28 days)
REYVOW ORAL TABLET 50 MG	3	QL (8 per 28 days)
rizatriptan oral tablet	1	QL (36 per 28 days)
rizatriptan oral tablet,disintegrating	1	QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (36 per 30 days)
sumatriptan succinate oral tablet	1	QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	QL (8 per 30 days)
sumatriptan succinate subcutaneous pen injector	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	QL (8 per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	1	QL (18 per 21 days)
zolmitriptan oral tablet	1	QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating	1	QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT ORAL TABLET	3	MO

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

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 per 30 days)
dalfampridine oral tablet extended release 12 hr	4	PA; QL (60 per 30 days)
donepezil oral tablet	1	MO
donepezil oral tablet,disintegrating	1	MO
EVRYSDI ORAL RECON SOLN	6	PA; QL (240 per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	MO
galantamine oral capsule,ext rel. pellets 24 hr	1	MO
galantamine oral solution	1	MO
galantamine oral tablet	1	MO
memantine oral capsule,sprinkle,er 24hr	1	MO
memantine oral tablet	1	MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA ORAL TABLET	3	MO
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	MO
NUEDEXTA ORAL CAPSULE	2	PA; QL (60 per 30 days)
rivastigmine tartrate oral capsule	1	MO
rivastigmine transdermal patch 24 hour	1	MO
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; QL (6 per 28 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (120 per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; QL (60 per 30 days)
ZEPOSIA ORAL CAPSULE	5	ST; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	5	ST
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	5	ST; QL (7 per 30 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral tablet	1	

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

Drug Name	Drug Tier	Requirements / Limits
carisoprodol oral tablet	1	
carisoprodol-aspirin oral tablet	1	
carisoprodol-aspirin-codeine oral tablet	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene oral capsule	1	
meprobamate oral tablet	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC ORAL TABLET	3	
orphenadrine citrate oral tablet extended release	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	
pyridostigmine bromide oral syrup	1	PA; MO; QL (1500 per 30 days)
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	MO
SOMA ORAL TABLET	3	
tizanidine oral tablet	1	
vanadom oral tablet	1	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1	
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	ST
acetaminophen-codeine oral tablet	1	
ascomp with codeine oral capsule	1	
buprenorphine hcl sublingual tablet	1	PA; QL (90 per 30 days)
buprenorphine transdermal patch weekly	1	
butalbital compound w/codeine oral capsule	1	
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-acetaminophen-caff oral tablet	1	
butalbital-aspirin-caffeine oral capsule	1	
butalbital-aspirin-caffeine oral tablet	1	
codeine sulfate oral tablet	1	
codeine-butalbital-asa-caff oral capsule	1	

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

Drug Name	Drug Tier	Requirements / Limits
DILAUDID ORAL LIQUID	3	
DILAUDID ORAL TABLET	3	
diskets oral tablet,soluble	1	
endocet oral tablet	1	
ESGIC ORAL TABLET	3	
fentanyl citrate buccal lozenge on a handle	1	PA; QL (90 per 90 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL (15 per 30 days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	1	PA; QL (60 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet	1	
hydromorphone oral liquid	1	
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr	1	PA; QL (60 per 30 days)
hydromorphone rectal suppository	1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	2	PA; QL (60 per 30 days)
meperidine oral solution	1	
meperidine oral tablet 50 mg	1	
methadone oral concentrate	1	
methadone oral solution	1	
methadone oral tablet	1	
methadone oral tablet,soluble	1	
methadose oral concentrate	1	
methadose oral tablet,soluble	1	
morphine concentrate oral solution	1	
morphine oral capsule, er multiphase 24 hr	1	QL (60 per 30 days)
morphine oral solution	1	
morphine oral tablet	1	
morphine oral tablet extended release	1	QL (120 per 30 days)
morphine rectal suppository	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
oxycodone oral capsule	1	
oxycodone oral concentrate	1	
oxycodone oral solution	1	
oxycodone oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	QL (90 per 30 days)
oxymorphone oral tablet	1	
oxymorphone oral tablet extended release 12 hr	1	QL (90 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
tencon oral tablet	1	
TREZIX ORAL CAPSULE	3	
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec)	1	$0 for ages 45 through 79 years; ACA; OTC
ANAPROX DS ORAL TABLET	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	
aspirin childrens oral tablet,chewable	1	$0 for ages 45 through 79 years; ACA; OTC
aspirin oral tablet,chewable	1	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	1	$0 for ages 45 through 79 years; ACA; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec)	1	$0 for ages 45 through 79 years; ACA; OTC
buprenorphine-naloxone sublingual film	1	PA
buprenorphine-naloxone sublingual tablet	1	PA
butorphanol injection solution	1	
butorphanol nasal spray,non-aerosol	1	QL (5 per 28 days)
celecoxib oral capsule	1	ST
DAYPRO ORAL TABLET	3	
diclofenac potassium oral tablet 50 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
diclofenac sodium oral tablet extended release 24 hr	1	
diclofenac sodium oral tablet,delayed release (dr/ec)	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	1	
diflunisal oral tablet	1	
DISALCID ORAL TABLET	3	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
ecotrin low strength oral tablet,delayed release (dr/ec)	1	$0 for ages 45 through 79 years; ACA; OTC
etodolac oral capsule	1	
etodolac oral tablet	1	
etodolac oral tablet extended release 24 hr	1	
FELDENE ORAL CAPSULE	3	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	
indomethacin rectal suppository 50 mg	1	
ketorolac oral tablet	1	QL (20 per 30 days)
KLOXXADO NASAL SPRAY,NON-AEROSOL	2	QL (2 per 30 days)
LODINE ORAL TABLET	3	
meclofenamate oral capsule	1	
meloxicam oral tablet	1	QL (30 per 30 days)
nabumetone oral tablet	1	
naloxone injection solution	1	
naloxone injection syringe	1	
naloxone nasal spray,non-aerosol	1	QL (2 per 30 days)
naltrexone oral tablet	1	MO
NAPROSYN ORAL SUSPENSION	3	PA; QL (1000 per 25 days)
NAPROSYN ORAL TABLET 500 MG	3	
naproxen oral suspension	1	PA; QL (1000 per 30 days)
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	

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

Drug Name	Drug Tier	Requirements / Limits
naproxen sodium oral tablet 275 mg, 550 mg	1	
NARCAN NASAL SPRAY,NON-AEROSOL	2	QL (2 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	2	QL (60 per 30 days)
NUCYNTA ORAL TABLET	2	QL (181 per 30 days)
oxaprozin oral tablet	1	
pentazocine-naloxone oral tablet	1	
piroxicam oral capsule	1	
salsalate oral tablet	1	
st joseph aspirin oral tablet,chewable	1	$0 for ages 45 through 79 years; ACA; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec)	1	ACA; OTC
sulindac oral tablet	1	
tolmetin oral capsule	1	
tolmetin oral tablet 600 mg	1	
tramadol oral tablet 50 mg	1	QL (240 per 30 days)
tramadol oral tablet extended release 24 hr	1	QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	QL (30 per 30 days)
tramadol-acetaminophen oral tablet	1	QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	
ZUBSOLV SUBLINGUAL TABLET	2	PA
PSYCHOTHERAPEUTIC DRUGS		
alprazolam intensol oral concentrate	1	
alprazolam oral tablet	1	
alprazolam oral tablet extended release 24 hr	1	
alprazolam oral tablet,disintegrating	1	
amitriptyline oral tablet	1	
amitriptyline-chlordiazepoxide oral tablet	1	
amoxapine oral tablet	1	
ANAFRANIL ORAL CAPSULE	3	
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST
aripiprazole oral solution	1	PA
aripiprazole oral tablet	1	QL (30 per 30 days)
armodafinil oral tablet	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
asenapine maleate sublingual tablet	1	QL (60 per 30 days)
ATIVAN ORAL TABLET	3	
atomoxetine oral capsule	1	MO
AZSTARYS ORAL CAPSULE	3	ST
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	ST; QL (15 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone oral tablet	1	MO
CAPLYTA ORAL CAPSULE	3	QL (30 per 30 days)
chlordiazepoxide hcl oral capsule	1	
chlorpromazine oral tablet	1	
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine oral capsule	1	
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet	1	
clozapine oral tablet	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
DAYTRANA TRANSDERMAL PATCH 24 HOUR	2	ST
desipramine oral tablet	1	
DESOXYN ORAL TABLET	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO; QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr	1	ST; MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST
dexmethylphenidate oral capsule,er biphasic 50-50	1	
dexmethylphenidate oral tablet	1	
dextroamphetamine sulfate oral capsule, extended release	1	
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	
dextroamphetamine-amphetamine oral tablet	1	
diazepam intensol oral concentrate	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	
doxepin oral capsule	1	
doxepin oral concentrate	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
ergoloid oral tablet	1	MO
escitalopram oxalate oral solution	1	ST; MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
estazolam oral tablet	1	QL (15 per 30 days)
eszopiclone oral tablet	1	QL (15 per 30 days)
FANAPT ORAL TABLET	3	QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	QL (8 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; QL (28 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; MO; QL (30 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	ST; MO; QL (4 per 30 days)
fluoxetine oral solution	1	MO
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
flurazepam oral capsule	1	QL (15 per 28 days)
fluvoxamine oral capsule,extended release 24hr	1	ST; MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE	3	QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr	1	MO
HALCION ORAL TABLET 0.25 MG	3	QL (15 per 30 days)
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
imipramine hcl oral tablet	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	QL (60 per 30 days)
lisdexamfetamine oral capsule	1	
lisdexamfetamine oral tablet,chewable	1	ST
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium carbonate oral tablet extended release	1	
lithium citrate oral solution	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
loxapine succinate oral capsule	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	QL (60 per 30 days)
MARPLAN ORAL TABLET	3	
methamphetamine oral tablet	1	
METHYLIN ORAL SOLUTION	3	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70	1	
methylphenidate hcl oral capsule,er biphasic 50-50	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	

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

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet extended release	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl oral tablet,chewable	1	
methylphenidate transdermal patch 24 hour	1	ST
mirtazapine oral tablet	1	MO
mirtazapine oral tablet,disintegrating	1	MO
modafinil oral tablet 100 mg	1	QL (30 per 30 days)
modafinil oral tablet 200 mg	1	QL (60 per 30 days)
NARDIL ORAL TABLET	3	
nefazodone oral tablet	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline oral capsule	1	
nortriptyline oral solution	1	
NUPLAZID ORAL CAPSULE	6	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET	6	PA; QL (60 per 30 days)
olanzapine oral tablet	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating	1	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule	1	
oxazepam oral capsule	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 per 30 days)
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
paroxetine hcl oral suspension	1	ST; MO
paroxetine hcl oral tablet 10 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 20 mg, 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	ST; MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym) oral capsule	1	ST; MO; QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	ST; MO
PAXIL ORAL TABLET 10 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
PAXIL ORAL TABLET 20 MG, 30 MG	3	ST; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
perphenazine oral tablet	1	
perphenazine-amitriptyline oral tablet	1	
phenelzine oral tablet	1	
pimozide oral tablet	1	
procentra oral solution	1	
protriptyline oral tablet	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	MO
RESTORIL ORAL CAPSULE	3	QL (15 per 30 days)
REXULTI ORAL TABLET	3	QL (30 per 30 days)
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (60 per 30 days)
risperidone oral solution	1	
risperidone oral tablet	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating	1	QL (60 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	6	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (45 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	5	PA; QL (765 per 30 days)
SUNOSI ORAL TABLET	2	PA; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
temazepam oral capsule	1	QL (15 per 30 days)
thioridazine oral tablet	1	
thiothixene oral capsule	1	

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

Drug Name	Drug Tier	Requirements / Limits
tranylcypromine oral tablet	1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO
triazolam oral tablet	1	QL (15 per 30 days)
trifluoperazine oral tablet	1	
trimipramine oral capsule	1	
TRINTELLIX ORAL TABLET	3	ST; MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	3	
vilazodone oral tablet	1	ST; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 per 30 days)
zaleplon oral capsule	1	QL (15 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
ziprasidone hcl oral capsule	1	QL (60 per 30 days)
zolpidem oral tablet	1	QL (15 per 30 days)
zolpidem oral tablet,ext release multiphase	1	QL (15 per 30 days)
ZYPREXA ORAL TABLET	3	QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet	1	MO
BETAPACE AF ORAL TABLET	3	ST; MO
BETAPACE ORAL TABLET	3	ST; MO
disopyramide phosphate oral capsule	1	MO
dofetilide oral capsule	1	
flecainide oral tablet	1	MO
mexiletine oral capsule	1	MO
MULTAQ ORAL TABLET	3	MO

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

Drug Name	Drug Tier	Requirements / Limits
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone oral capsule,extended release 12 hr	1	MO
propafenone oral tablet	1	MO
quinidine gluconate oral tablet extended release	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR	3	MO
sotalol af oral tablet	1	MO
sotalol oral tablet	1	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	MO
ACCURETIC ORAL TABLET	3	MO
acebutolol oral capsule	1	MO
ALDACTONE ORAL TABLET	3	MO
aliskiren oral tablet	1	MO; QL (30 per 30 days)
ALTACE ORAL CAPSULE	3	MO
amiloride oral tablet	1	MO
amiloride-hydrochlorothiazide oral tablet	1	MO
amlodipine oral tablet	1	MO
amlodipine-benazepril oral capsule	1	MO
amlodipine-olmesartan oral tablet	1	MO
amlodipine-valsartan oral tablet	1	MO
amlodipine-valsartan-hcthiazid oral tablet	1	MO
atenolol oral tablet	1	MO
atenolol-chlorthalidone oral tablet	1	MO
benazepril oral tablet	1	MO
benazepril-hydrochlorothiazide oral tablet	1	MO
betaxolol oral tablet	1	MO
bisoprolol fumarate oral tablet	1	MO
bisoprolol-hydrochlorothiazide oral tablet	1	MO
bumetanide oral tablet	1	MO
BYSTOLIC ORAL TABLET	3	ST; MO
candesartan oral tablet	1	MO
candesartan-hydrochlorothiazid oral tablet	1	MO
captopril oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
captopril-hydrochlorothiazide oral tablet	1	MO
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	MO; QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)
cartia xt oral capsule,extended release 24hr	1	MO
carvedilol oral tablet	1	MO
carvedilol phosphate oral capsule, er multiphase 24 hr	1	MO
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 21 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 21 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 21 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine hcl oral tablet	1	MO
clonidine transdermal patch weekly	1	MO; QL (4 per 28 days)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST; MO
diltiazem hcl oral capsule,ext.rel 24h degradable	1	MO
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO
diltiazem hcl oral tablet	1	MO
dilt-xr oral capsule,ext.rel 24h degradable	1	MO
DIURIL ORAL SUSPENSION	3	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DYRENIUM ORAL CAPSULE	3	MO
enalapril maleate oral solution	1	MO
enalapril maleate oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
enalapril-hydrochlorothiazide oral tablet	1	MO
eplerenone oral tablet	1	MO
eprosartan oral tablet	1	MO
felodipine oral tablet extended release 24 hr	1	MO
fosinopril oral tablet	1	MO
fosinopril-hydrochlorothiazide oral tablet	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
guanfacine oral tablet	1	MO
hydralazine oral tablet	1	MO
hydrochlorothiazide oral capsule	1	MO
hydrochlorothiazide oral tablet	1	MO
indapamide oral tablet	1	MO
INSPRA ORAL TABLET	3	MO
irbesartan oral tablet	1	MO
irbesartan-hydrochlorothiazide oral tablet	1	MO
isradipine oral capsule	1	MO
labetalol oral tablet	1	MO
LASIX ORAL TABLET	3	MO
lisinopril oral tablet	1	MO
lisinopril-hydrochlorothiazide oral tablet	1	MO
LOPRESSOR ORAL TABLET	3	ST; MO
losartan oral tablet	1	MO
losartan-hydrochlorothiazide oral tablet	1	MO
LOTENSIN HCT ORAL TABLET	3	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
MAXZIDE ORAL TABLET	3	MO
MAXZIDE-25MG ORAL TABLET	3	MO
methyldopa oral tablet	1	MO
methyldopa-hydrochlorothiazide oral tablet	1	MO
metolazone oral tablet	1	MO
metoprolol succinate oral tablet extended release 24 hr	1	MO
metoprolol ta-hydrochlorothiaz oral tablet	1	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
MINIPRESS ORAL CAPSULE	3	MO
minoxidil oral tablet	1	MO
moexipril oral tablet	1	MO
nadolol oral tablet	1	MO
nebivolol oral tablet	1	MO
nicardipine oral capsule	1	MO
nifedipine oral capsule	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine oral capsule	1	
nisoldipine oral tablet extended release 24 hr	1	MO
NYMALIZE ORAL SOLUTION	3	PA
NYMALIZE ORAL SYRINGE	3	PA
olmesartan oral tablet	1	MO
olmesartan-amlodipin-hcthiazid oral tablet	1	MO
olmesartan-hydrochlorothiazide oral tablet	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE	6	PA; QL (90 per 30 days)
perindopril erbumine oral tablet	1	MO
pindolol oral tablet	1	MO
prazosin oral capsule	1	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO
propranolol oral capsule,extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO
propranolol-hydrochlorothiazid oral tablet	1	MO
quinapril oral tablet	1	MO
quinapril-hydrochlorothiazide oral tablet	1	MO
ramipril oral capsule	1	MO
REMODULIN INJECTION SOLUTION	6	PA
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz oral tablet	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; MO
taztia xt oral capsule,extended release 24 hr	1	MO

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Drug Name	Drug Tier	Requirements / Limits
telmisartan oral tablet	1	MO
telmisartan-amlodipine oral tablet	1	MO
telmisartan-hydrochlorothiazid oral tablet	1	MO
TENORETIC 100 ORAL TABLET	3	ST; MO
TENORETIC 50 ORAL TABLET	3	ST; MO
TENORMIN ORAL TABLET	3	ST; MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er oral capsule,extended release 24 hr	1	MO
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO
timolol maleate oral tablet	1	MO
torsemide oral tablet	1	MO
trandolapril oral tablet	1	MO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	1	MO
treprostinil sodium injection solution	4	PA
triamterene oral capsule	1	MO
triamterene-hydrochlorothiazid oral capsule	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI ORAL TABLET	5	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; QL (200 per 28 days)
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide oral tablet	1	MO
VASERETIC ORAL TABLET	3	MO
VASOTEC ORAL TABLET	3	MO
verapamil oral capsule, 24 hr er pellet ct	1	MO
verapamil oral capsule,ext rel. pellets 24 hr	1	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	1	MO
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	ST; MO
ZESTORETIC ORAL TABLET	3	MO
ZESTRIL ORAL TABLET	3	MO
CARDIAC GLYCOSIDES		
digox oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
digoxin oral solution	1	MO
digoxin oral tablet	1	MO
LANOXIN ORAL TABLET	3	MO
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
ARIXTRA SUBCUTANEOUS SYRINGE	6	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1	MO
BRILINTA ORAL TABLET	2	MO
cilostazol oral tablet	1	MO
clopidogrel oral tablet 300 mg	1	
clopidogrel oral tablet 75 mg	1	MO
dabigatran etexilate oral capsule	1	MO
dipyridamole oral tablet	1	MO
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; QL (15 per 30 days)
EFFIENT ORAL TABLET	3	MO
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
ELIQUIS ORAL TABLET	2	MO
enoxaparin subcutaneous solution	4	
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe	4	
FRAGMIN SUBCUTANEOUS SOLUTION	5	
FRAGMIN SUBCUTANEOUS SYRINGE	5	
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
jantoven oral tablet	1	
NPLATE SUBCUTANEOUS RECON SOLN	5	PA; QL (8 per 28 days)
pentoxifylline oral tablet extended release	1	MO
prasugrel oral tablet	1	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET	5	PA; QL (30 per 30 days)
TAVALISSE ORAL TABLET	5	PA; QL (60 per 30 days)
warfarin oral tablet	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO
XARELTO ORAL TABLET	2	MO
ZONTIVITY ORAL TABLET	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet	1	MO; QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (30 per 30 days)
atorvastatin oral tablet 40 mg, 80 mg	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET	3	ST; MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder	1	MO
cholestyramine (with sugar) oral powder in packet	1	MO
cholestyramine light oral powder	1	MO
cholestyramine light oral powder in packet	1	MO
colesevelam oral powder in packet	1	MO
colesevelam oral tablet	1	MO
COLESTID FLAVORED ORAL PACKET	3	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral granules	1	MO
colestipol oral packet	1	MO
colestipol oral tablet	1	MO
ezetimibe oral tablet	1	MO

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Drug Name	Drug Tier	Requirements / Limits
ezetimibe-simvastatin oral tablet	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	MO
fenofibrate nanocrystallized oral tablet	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec)	1	MO
fenofibric acid oral tablet	1	MO
FIBRICOR ORAL TABLET	3	ST; MO
fluvastatin oral capsule 20 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	$0 for ages 40 through 75 years; MO; ACA; QL (30 per 30 days)
gemfibrozil oral tablet	1	MO
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO; QL (30 per 30 days)
LIVALO ORAL TABLET	2	ST; MO; QL (30 per 30 days)
LOPID ORAL TABLET	3	MO
lovastatin oral tablet 10 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (60 per 30 days)
NEXLETOL ORAL TABLET	2	PA; MO; QL (30 per 30 days)
NEXLIZET ORAL TABLET	2	PA; MO; QL (30 per 30 days)
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
omega-3 acid ethyl esters oral capsule	1	MO
pitavastatin calcium oral tablet	1	MO; ACA; QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (30 per 30 days)
pravastatin oral tablet 80 mg	1	MO; ACA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
prevalite oral powder	1	MO
prevalite oral powder in packet	1	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
QUESTRAN ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
rosuvastatin oral tablet 10 mg, 5 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (30 per 30 days)
rosuvastatin oral tablet 20 mg, 40 mg	1	MO; QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	$0 for ages 40 through 75 years; MO; ACA; QL (30 per 30 days)
simvastatin oral tablet 80 mg	1	MO; QL (30 per 30 days)
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; MO
ZYPITAMAG ORAL TABLET	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO ORAL TABLET	2	MO; QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr	1	MO
VERQUVO ORAL TABLET	2	MO; QL (30 per 30 days)
NITRATES		
ISORDIL ORAL TABLET	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate oral tablet	1	MO
isosorbide mononitrate oral tablet extended release 24 hr	1	MO
nitro-bid transdermal ointment	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	MO
nitroglycerin sublingual tablet	1	
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual spray,non-aerosol	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	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
NITROSTAT SUBLINGUAL TABLET	3	
nitro-time oral capsule, extended release	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule	1	
ANALPRAM-HC TOPICAL LOTION	3	
calcipotriene scalp solution	1	QL (120 per 30 days)
calcipotriene topical cream	1	QL (120 per 30 days)
calcipotriene topical ointment	1	QL (120 per 30 days)
calcipotriene-betamethasone topical ointment	1	QL (60 per 30 days)
calcipotriene-betamethasone topical suspension	1	QL (60 per 30 days)
calcitriol topical ointment	1	
ENSTILAR TOPICAL FOAM	2	QL (60 per 30 days)
EPIFOAM TOPICAL FOAM	3	
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
OVACE PLUS TOPICAL LOTION	3	
PRAMOSONE TOPICAL CREAM	3	
PRAMOSONE TOPICAL LOTION	3	
PRAMOSONE TOPICAL OINTMENT	3	
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	ST; QL (150 per 90 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	ST; QL (150 per 90 days)
STELARA INTRAVENOUS SOLUTION	6	ST; QL (52 per 56 days)
STELARA SUBCUTANEOUS SOLUTION	5	ST; QL (1 per 56 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	ST; QL (1 per 90 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	ST; QL (2 per 90 days)
sulfacetamide sodium topical cleanser	1	
TACLONEX TOPICAL SUSPENSION	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	ST; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	ST; QL (1 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	ST; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	ST; QL (1 per 28 days)
TERSI FOAM TOPICAL FOAM	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	ST; QL (1 per 52 days)
TREMFYA SUBCUTANEOUS SYRINGE	5	ST; QL (1 per 52 days)
VECTICAL TOPICAL OINTMENT	3	
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	
silver sulfadiazine topical cream	1	
ssd topical cream	1	
MISCELLANEOUS DERMATOLOGICALS		
CORTANE-B TOPICAL LOTION	3	

Drug Name	Drug Tier	Requirements / Limits
diclofenac sodium topical gel 3 %	1	PA; QL (100 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	ST; QL (400 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	ST; QL (600 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	ST; QL (400 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	ST; QL (600 per 28 days)
EFUDEX TOPICAL CREAM	3	
EUCRISA TOPICAL OINTMENT	3	ST; QL (120 per 30 days)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
iodine-sodium iodide topical tincture 2 %	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
PANRETIN TOPICAL GEL	3	
podofilox topical solution	1	

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Drug Name	Drug Tier	Requirements / Limits
REGRANEX TOPICAL GEL	2	QL (15 per 30 days)
tacrolimus topical ointment	1	ST; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	5	PA; QL (60 per 30 days)
THERAPY FOR ACNE		
accutane oral capsule	1	
adapalene topical gel 0.3 %	1	PA
amnesteem oral capsule	1	
avar topical cleanser	1	
avita topical cream	1	PA
azelaic acid topical gel	1	
claravis oral capsule	1	
clindacin topical foam	1	QL (100 per 30 days)
clindamycin phosphate topical gel	1	QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	QL (150 per 30 days)
clindamycin phosphate topical lotion	1	QL (120 per 30 days)
clindamycin phosphate topical solution	1	QL (120 per 30 days)
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	1	
ery pads topical swab	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
FINACEA TOPICAL FOAM	2	
ivermectin topical cream	1	QL (60 per 30 days)
metronidazole topical cream	1	
metronidazole topical gel	1	
metronidazole topical lotion	1	
neuac topical gel	1	
rosadan topical cream	1	
rosadan topical gel	1	
SOOLANTRA TOPICAL CREAM	3	QL (60 per 30 days)
sss 10-5 topical foam	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %	1	

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

Drug Name	Drug Tier	Requirements / Limits
tretinoin topical cream	1	PA
tretinoin topical gel 0.01 %, 0.025 %	1	PA
zenatane oral capsule	1	
TOPICAL ANESTHETICS		
dermacinrx lidocan topical adhesive patch,medicated	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated 5 %	1	
lidocaine topical ointment	1	QL (50 per 28 days)
lidocaine viscous mucous membrane solution	1	
lidocaine-prilocaine topical cream	1	QL (30 per 30 days)
lidocort topical cream	1	
TOPICAL ANTIBACTERIALS		
CENTANY TOPICAL OINTMENT	3	ST; QL (30 per 30 days)
gentamicin topical cream	1	QL (60 per 30 days)
gentamicin topical ointment	1	QL (60 per 30 days)
KLARON TOPICAL SUSPENSION	3	
mupirocin topical ointment	1	QL (44 per 30 days)
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
sulfacetamide sodium (acne) topical suspension	1	
XEPI TOPICAL CREAM	3	ST; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	
ciclodan topical cream	1	QL (90 per 28 days)
ciclodan topical solution	1	
ciclopirox topical cream	1	QL (90 per 28 days)
ciclopirox topical gel	1	QL (45 per 28 days)
ciclopirox topical shampoo	1	QL (120 per 30 days)
ciclopirox topical solution	1	
ciclopirox topical suspension	1	QL (60 per 28 days)
ciclopirox-ure-camph-menth-euc topical solution	1	
clotrimazole-betamethasone topical cream	1	QL (45 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
clotrimazole-betamethasone topical lotion	1	QL (60 per 28 days)
econazole topical cream	1	QL (85 per 30 days)
ketoconazole topical cream	1	QL (60 per 28 days)
ketoconazole topical shampoo	1	QL (120 per 28 days)
ketodan kit topical combo pack	1	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	QL (90 per 28 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL (60 per 28 days)
nyamyc topical powder	1	QL (180 per 30 days)
nystatin topical cream	1	QL (60 per 30 days)
nystatin topical ointment	1	QL (30 per 28 days)
nystatin topical powder	1	QL (180 per 30 days)
nystatin-triamcinolone topical cream	1	QL (60 per 30 days)
nystatin-triamcinolone topical ointment	1	QL (60 per 28 days)
nystop topical powder	1	QL (180 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		

Drug Name	Drug Tier	Requirements / Limits
alclometasone topical cream	1	
alclometasone topical ointment	1	
betamethasone dipropionate topical cream	1	
betamethasone dipropionate topical lotion	1	
betamethasone dipropionate topical ointment	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	1	
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical gel	1	
betamethasone, augmented topical lotion	1	
betamethasone, augmented topical ointment	1	
CAPEX TOPICAL SHAMPOO	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
clobetasol scalp solution	1	QL (100 per 30 days)
clobetasol topical cream	1	QL (120 per 30 days)
clobetasol topical gel	1	QL (120 per 30 days)
clobetasol topical lotion	1	QL (118 per 30 days)
clobetasol topical ointment	1	QL (120 per 30 days)
clobetasol topical shampoo	1	QL (236 per 30 days)
clobetasol-emollient topical cream	1	QL (120 per 30 days)
CLOBEX TOPICAL SHAMPOO	3	QL (236 per 30 days)
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	3	QL (2 per 30 days)
clodan topical shampoo	1	QL (236 per 30 days)
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL	3	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL	3	
desoximetasone topical cream 0.25 %	1	
desoximetasone topical ointment 0.25 %	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	
fluocinolone and shower cap scalp oil	1	
fluocinolone topical cream	1	
fluocinolone topical oil	1	
fluocinolone topical ointment	1	
fluocinolone topical solution	1	
fluocinonide topical cream 0.05 %	1	QL (120 per 30 days)
fluocinonide topical gel	1	QL (120 per 30 days)
fluocinonide topical ointment	1	QL (120 per 30 days)
fluocinonide topical solution	1	QL (120 per 30 days)
fluocinonide-e topical cream	1	QL (120 per 30 days)
fluticasone propionate topical cream	1	
fluticasone propionate topical ointment	1	
halobetasol propionate topical cream	1	
halobetasol propionate topical ointment	1	
hydrocortisone butyrate topical solution	1	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
mometasone topical cream	1	
mometasone topical ointment	1	
mometasone topical solution	1	
prednicarbate topical cream	1	
prednicarbate topical ointment	1	
SCALACORT DK TOPICAL COMBO PACK	3	
SYNALAR TOPICAL CREAM	3	
SYNALAR TOPICAL OINTMENT	3	
SYNALAR TOPICAL SOLUTION	3	
TEMOVATE TOPICAL OINTMENT	3	QL (120 per 30 days)
TEXACORT TOPICAL SOLUTION	3	
TOPICORT TOPICAL CREAM 0.25 %	3	
TOPICORT TOPICAL OINTMENT 0.25 %	3	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	2	QL (180 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE TOPICAL CREAM	3	
malathion topical lotion	1	
OVIDE TOPICAL LOTION	3	
permethrin topical cream	1	
spinosad topical suspension	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1	

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

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin b gu irrigation solution	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
tis-u-sol pentalyte irrigation irrigation solution	1	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec)	1	
acetic acid irrigation solution	1	
AGRYLIN ORAL CAPSULE	3	MO
anagrelide oral capsule	1	MO
ARALAST NP INTRAVENOUS RECON SOLN	5	PA
caffeine citrate oral solution	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	5	
carglumic acid oral tablet, dispersible	4	
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	MO
CARNITOR ORAL SOLUTION	3	MO
cevimeline oral capsule	1	MO
CHEMET ORAL CAPSULE	2	
deferasirox oral tablet	4	
deferasirox oral tablet, dispersible	4	PA
disulfiram oral tablet	1	
droxidopa oral capsule 100 mg	4	PA; QL (450 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days)
EVOXAC ORAL CAPSULE	3	MO
GLASSIA INTRAVENOUS SOLUTION	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; QL (36 per 30 days)
levocarnitine (with sugar) oral solution	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
LITHOSTAT ORAL TABLET	3	

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

Drug Name	Drug Tier	Requirements / Limits
midodrine oral tablet	1	
pilocarpine hcl oral tablet 5 mg	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
RADIOGARDASE ORAL CAPSULE	3	
RILUTEK ORAL TABLET	3	MO
riluzole oral tablet	1	MO
risedronate oral tablet 30 mg	1	QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	MO
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride injection syringe	1	
SYPRINE ORAL CAPSULE	3	PA; MO; QL (240 per 30 days)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	6	PA; QL (300 per 30 days)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	6	PA; QL (90 per 30 days)
tiopronin oral tablet	4	PA; QL (300 per 30 days)
trientine oral capsule 250 mg	1	PA; MO; QL (240 per 30 days)
TRIENTINE ORAL CAPSULE 500 MG	3	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1	$0 for ages 18 years and older; ACA
nicorette buccal gum 4 mg	2	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal gum	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal lozenge	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal mini lozenge	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
nicotine transdermal patch 24 hour	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
nicotine transdermal patch, td daily, sequential	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
quit 2 buccal gum	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
quit 2 buccal lozenge	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
quit 4 buccal gum	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
quit 4 buccal lozenge	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
stop smoking aid buccal lozenge	1	$0 for ages 18 years and older; ACA; OTC; QL (180 per 365 days)
varenicline oral tablet	1	$0 for ages 18 years and older; ACA
varenicline oral tablets,dose pack	1	$0 for ages 18 years and older; ACA

Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	MO; QL (30 per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (30 per 30 days)
kourzeq dental paste	1	
MUGARD MUCOUS MEMBRANE SOLUTION	3	
oralone dental paste	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
periogard mucous membrane mouthwash	1	
pilocarpine hcl oral tablet 7.5 mg	1	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	MO

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

Drug Name	Drug Tier	Requirements / Limits
triamcinolone acetonide dental paste	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution	1	
ciprofloxacin hcl otic (ear) dropperette	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	
flac otic oil otic (ear) drops	1	
fluocinolone acetonide oil otic (ear) drops	1	
hydrocortisone-acetic acid otic (ear) drops	1	
ofloxacin otic (ear) drops	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
neomycin-polymyxin-hc otic (ear) drops,suspension	1	
neomycin-polymyxin-hc otic (ear) solution	1	

Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
CORTEF ORAL TABLET	3	
cortisone oral tablet	1	
dexamethasone intensol oral drops	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone oral tablet	1	MO
hydrocortisone oral tablet	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
methylprednisolone oral tablet	1	
methylprednisolone oral tablets,dose pack	1	
millipred dp oral tablets,dose pack	1	
millipred oral tablet	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
prednisolone oral solution	1	

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

Drug Name	Drug Tier	Requirements / Limits
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablets,dose pack	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
potassium iodide oral solution	1	
propylthiouracil oral tablet	1	MO
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL	2	QL (2 per 30 days)
diazoxide oral suspension	1	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL (2 per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	2	QL (2 per 30 days)
PROGLYCEM ORAL SUSPENSION	3	MO
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	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
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	3	OTC
AGAMATRIX CONTROL HIGH SOLUTION	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	OTC
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CARESENS CONTROL A AND B SOLUTION	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	3	OTC
DEXCOM G6 RECEIVER	2	ST
DEXCOM G6 SENSOR DEVICE	2	ST; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	2	ST; QL (1 per 90 days)
DEXCOM G7 RECEIVER	2	ST
DEXCOM G7 SENSOR DEVICE	2	ST
DIATRUE CONTROL SOLN NORMAL SOLUTION	3	OTC
EASY PLUS II HIGH CONTROL SOLUTION	3	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
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	3	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	3	OTC
EASY TRAK LOW CONTROL SOLUTION	3	OTC
EASYMAX 15 LEVEL 2 SOLUTION	3	OTC
EASYMAX NORMAL CONTROL SOLUTION	3	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	OTC
ELEMENT NORMAL CONTROL SOLUTION	3	OTC
EMBRACE EVO LEVEL 1 SOLUTION	3	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	OTC
EVOLUTION NORMAL CONTROL SOLUTION	3	OTC
FORA NORMAL CONTROL SOLUTION	3	OTC
FORACARE GDH LOW CONTROL SOLUTION	3	OTC
FORTISCARE NORMAL SOLUTION	3	OTC
FREESTYLE CONTROL SOLUTION	2	OTC
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	ST
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	ST; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	2	ST
FREESTYLE LIBRE 2 SENSOR KIT	2	ST
FREESTYLE LIBRE 3 SENSOR DEVICE	2	ST
FREESTYLE LITE METER KIT	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	3	OTC
GLUCOSE CONTROL SOLUTION	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	3	OTC
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	3	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC
MEDISENSE COMBO PACK	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	3	OTC
NOVA MAX GLUCOSE CONTROL SOLUTION	3	OTC
NOVAMAX PLUS GLU-KET SOLUTION	3	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
ON CALL EXPRESS CONTROL SOLUTION	3	OTC
ON CALL PLUS CONTROL SOLUTION	3	OTC
ON CALL VIVID CONTROL SOLUTION	3	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
ONETOUCH ULTRA CONTROL SOLUTION	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	OTC
PRECISION XTRA MONITOR	2	OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION	3	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	OTC
SMARTEST CONTROL SOLUTION	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
TELCARE CONTROL SOLUTION	3	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
UNISTRIP LOW CONTROL SOLUTION	3	OTC
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	3	OTC
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO

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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	2	MO
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	2	MO
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	MO; QL (15 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	MO
MISCELLANEOUS HORMONES		

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

Drug Name	Drug Tier	Requirements / Limits
cabergoline oral tablet	1	MO; QL (8 per 28 days)
calcitonin (salmon) injection solution	1	
calcitonin (salmon) nasal spray,non-aerosol	1	MO
calcitriol oral capsule 0.5 mcg	1	
calcitriol oral solution	1	
CERDELGA ORAL CAPSULE	5	PA; QL (30 per 30 days)
CETROTIDE SUBCUTANEOUS KIT	5	
cinacalcet oral tablet	1	PA; MO; QL (120 per 30 days)
clomid oral tablet	1	
clomiphene citrate oral tablet	1	
danazol oral capsule	1	
DDAVP ORAL TABLET	3	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	
desmopressin injection solution	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	MO
desmopressin oral tablet	1	MO
doxercalciferol oral capsule	1	MO
FABRAZYME INTRAVENOUS RECON SOLN	5	PA
fyremadel subcutaneous syringe	4	
GALAFOLD ORAL CAPSULE	6	PA; QL (15 per 30 days)
ganirelix subcutaneous syringe	4	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	5	
GONAL-F RFF SUBCUTANEOUS RECON SOLN	5	
GONAL-F SUBCUTANEOUS RECON SOLN	5	
javygtor oral powder in packet 100 mg	4	PA; QL (270 per 30 days)
javygtor oral powder in packet 500 mg	4	PA; QL (120 per 30 days)
javygtor oral tablet,soluble	4	PA; QL (270 per 30 days)
MENOPUR SUBCUTANEOUS RECON SOLN	5	
MIACALCIN INJECTION SOLUTION	3	
miglustat oral capsule	4	PA; QL (90 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN	5	

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

Drug Name	Drug Tier	Requirements / Limits
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	5	QL (3 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	QL (6 per 30 days)
ORILISSA ORAL TABLET 150 MG	2	PA; MO; QL (180 per 365 days)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (360 per 365 days)
OVIDREL SUBCUTANEOUS SYRINGE	5	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (30 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; QL (8 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (60 per 30 days)
paricalcitol oral capsule	1	MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; MO; QL (60 per 24 days)
sapropterin oral powder in packet 100 mg	4	PA; QL (270 per 30 days)
sapropterin oral powder in packet 500 mg	4	PA; QL (120 per 30 days)
sapropterin oral tablet,soluble	4	PA; QL (270 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; QL (30 per 30 days)
testosterone cypionate intramuscular oil	1	
testosterone enanthate intramuscular oil	1	QL (5 per 28 days)
testosterone transdermal gel	1	PA; QL (60 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; QL (75 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (60 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; QL (180 per 30 days)
tolvaptan oral tablet 15 mg	4	QL (30 per 30 days)
tolvaptan oral tablet 30 mg	4	QL (60 per 30 days)
VOGELXO TRANSDERMAL GEL	3	PA; QL (60 per 30 days)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet	1	MO
ACTOS ORAL TABLET	3	MO; QL (30 per 30 days)
CYCLOSET ORAL TABLET	3	MO
FARXIGA ORAL TABLET	2	ST; MO; QL (30 per 30 days)
glimepiride oral tablet	1	MO
glipizide oral tablet 10 mg, 5 mg	1	MO
GLIPIZIDE ORAL TABLET 2.5 MG	3	MO
glipizide oral tablet extended release 24hr	1	MO
glipizide-metformin oral tablet	1	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	MO
glyburide micronized oral tablet	1	MO
glyburide oral tablet	1	MO
glyburide-metformin oral tablet	1	MO
GLYNASE ORAL TABLET	3	MO
GLYXAMBI ORAL TABLET	2	ST; MO; QL (30 per 30 days)
JANUMET ORAL TABLET	2	ST; MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	2	ST; MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	2	ST; MO; QL (30 per 30 days)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	MO
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
miglitol oral tablet	1	MO
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; ST; QL (4 per 30 days)
nateglinide oral tablet	1	MO
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; MO; QL (30 per 30 days)
pioglitazone oral tablet	1	MO; QL (30 per 30 days)
PRECOSE ORAL TABLET	3	MO
repaglinide oral tablet	1	MO
saxagliptin oral tablet	1	ST; MO; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	ST; MO; QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	ST; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET	2	ST; MO; QL (60 per 30 days)
STEGLATRO ORAL TABLET	2	ST; MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	MO; QL (19 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	MO; QL (11 per 30 days)
SYNJARDY ORAL TABLET	2	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	ST; MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; MO
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; ST; QL (2 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; MO; QL (60 per 30 days)
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET	2	MO
euthyrox oral tablet	1	MO
levo-t oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
levothyroxine oral tablet	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral tablet	1	MO
niva thyroid oral tablet	1	MO
np thyroid oral tablet	1	MO
SYNTHROID ORAL TABLET	2	MO
thyroid (pork) oral tablet	1	MO
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	3	MO
TIROSINT-SOL ORAL SOLUTION	2	MO
unithroid oral tablet	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz oral tablet,disintegrating	1	

Drug Name	Drug Tier	Requirements / Limits
belladonna alkaloids-opium rectal suppository	1	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
ed-spaz oral tablet,disintegrating	1	
glycopyrrolate oral solution	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
hyoscyamine sulfate oral drops	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet extended release 12 hr	1	
hyoscyamine sulfate oral tablet,disintegrating	1	
hyoscyamine sulfate sublingual tablet	1	

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

Drug Name	Drug Tier	Requirements / Limits
hyosyne oral drops	1	
hyosyne oral elixir	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	
LEVSIN ORAL TABLET	3	
LEVSIN/SL SUBLINGUAL TABLET	3	
LOMOTIL ORAL TABLET	3	
methscopolamine oral tablet	1	
NULEV ORAL TABLET,DISINTEGRATING	3	
opium tincture oral tincture	1	
oscimin oral tablet	1	
oscimin sl sublingual tablet	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet	1	
phenohytro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	1	
phenohytro oral tablet	1	
ROBINUL FORTE ORAL TABLET	3	MO
ROBINUL ORAL TABLET	3	MO
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
symax fastabs oral tablet,disintegrating	1	
symax-sl sublingual tablet	1	
symax-sr oral tablet extended release 12 hr	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	3	
lanthanum oral tablet,chewable	1	QL (90 per 30 days)
LOKELMA ORAL POWDER IN PACKET	2	PA; QL (30 per 30 days)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (180 per 30 days)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (90 per 30 days)
RENVELA ORAL TABLET	3	QL (270 per 30 days)
sevelamer carbonate oral powder in packet 0.8 gram	1	QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	QL (90 per 30 days)
sevelamer carbonate oral tablet	1	QL (270 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
sevelamer hcl oral tablet 400 mg	1	QL (90 per 30 days)
sevelamer hcl oral tablet 800 mg	1	QL (180 per 30 days)
sodium polystyrene sulfonate oral powder	1	
sps (with sorbitol) oral suspension	1	
sps (with sorbitol) rectal enema	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL (120 per 30 days)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet	1	
ANALPRAM-HC RECTAL CREAM	3	
ANALPRAM-HC SINGLES RECTAL CREAM	3	
anucort-hc rectal suppository	1	
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 per 30 days)
aprepitant oral capsule 80 mg	1	QL (2 per 30 days)
aprepitant oral capsule,dose pack	1	QL (3 per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
AZULFIDINE ORAL TABLET	3	MO
balsalazide oral capsule	1	
budesonide oral capsule,delayed,extend.release	1	
budesonide oral tablet,delayed and ext.release	1	
budesonide rectal foam	1	
citrate of magnesia oral solution	1	$0 for ages 50 through 75 years; ACA; OTC
citroma oral solution	1	$0 for ages 50 through 75 years; ACA; OTC
clearlax oral powder	1	$0 for ages 50 through 75 years; ACA; OTC
COLAZAL ORAL CAPSULE	3	
COMPAZINE ORAL TABLET	3	
COMPAZINE RECTAL SUPPOSITORY	3	
compro rectal suppository	1	
constulose oral solution	1	

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

Drug Name	Drug Tier	Requirements / Limits
CORTENEMA RECTAL ENEMA	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
cromolyn oral concentrate	1	MO
dronabinol oral capsule	1	
dulcolax (magnesium hydroxide) oral suspension	1	$0 for ages 50 through 75 years; ACA; OTC
enulose oral solution	1	
GASTROCROM ORAL CONCENTRATE	3	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	6	PA; QL (30 per 30 days)
gavilax oral powder	1	ACA; OTC
gavilyte-c oral recon soln	1	$0 for ages 50 through 75 years; ACA
gavilyte-g oral recon soln	1	$0 for ages 50 through 75 years; ACA
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec)	1	ACA; OTC
gentlelax oral powder	1	ACA; OTC
GOLYTELY ORAL RECON SOLN	3	
granisetron hcl oral tablet	1	QL (6 per 30 days)
hemmorex-hc rectal suppository	1	
hydrocortisone acetate rectal suppository	1	
hydrocortisone rectal enema	1	
hydrocortisone topical cream with perineal applicator 2.5 %	1	
hydrocortisone-pramoxine rectal cream	1	
lactulose oral solution 10 gram/15 ml	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec)	1	ACA; OTC
laxative peg 3350 oral powder	1	$0 for ages 50 through 75 years; ACA; OTC
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-1 % (7 gram)	1	
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
lubiprostone oral capsule	1	MO; QL (60 per 30 days)
magnesium citrate oral solution	1	$0 for ages 50 through 75 years; ACA; OTC
MARINOL ORAL CAPSULE	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
mesalamine oral capsule (with del rel tablets)	1	MO
mesalamine oral capsule, extended release	1	MO
mesalamine oral capsule,extended release 24hr	1	MO
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
mesalamine with cleansing wipe rectal enema kit	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
milk of magnesia concentrated oral suspension	1	$0 for ages 50 through 75 years; ACA; OTC
milk of magnesia oral suspension	1	$0 for ages 50 through 75 years; ACA; OTC
MOVANTIK ORAL TABLET	2	QL (30 per 30 days)
natura-lax oral powder	1	$0 for ages 50 through 75 years; ACA; OTC
ondansetron hcl oral solution	1	QL (100 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 per 30 days)
ondansetron oral tablet,disintegrating	1	QL (9 per 30 days)
onelax magnesium citrate oral solution	1	ACA; OTC
oral saline laxative oral liquid	1	$0 for ages 50 through 75 years; ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
peg 3350-electrolytes oral recon soln	1	$0 for ages 50 through 75 years; ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet	1	$0 for ages 50 through 75 years; ACA
peg-electrolyte soln oral recon soln	1	$0 for ages 50 through 75 years; ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	MO

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Drug Name	Drug Tier	Requirements / Limits
phosphate laxative oral liquid	1	$0 for ages 50 through 75 years; ACA; OTC
polyethylene glycol 3350 oral powder	1	ACA; OTC
powderlax oral powder	1	$0 for ages 50 through 75 years; ACA; OTC
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	
PROCTOFOAM HC RECTAL FOAM	2	
procto-med hc topical cream with perineal applicator	1	
proctosol hc topical cream with perineal applicator	1	
proctozone-hc topical cream with perineal applicator	1	
purelax oral powder	1	ACA; OTC
RECTIV RECTAL OINTMENT	2	
REGLAN ORAL TABLET	3	
RELISTOR ORAL TABLET	2	PA; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	2	PA; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	PA; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	PA; QL (12 per 30 days)
ROWASA RECTAL ENEMA KIT	3	
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL (1 per 30 days)
scopolamine base transdermal patch 3 day	1	
SFROWASA RECTAL ENEMA	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	ST
smoothlax oral powder	1	ACA; OTC
SUCRAID ORAL SOLUTION	5	PA; QL (240 per 30 days)
sulfasalazine oral tablet	1	MO
sulfasalazine oral tablet,delayed release (dr/ec)	1	MO
trimethobenzamide oral capsule	1	
TRULANCE ORAL TABLET	2	MO

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Drug Name	Drug Tier	Requirements / Limits
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	2	
URSO 250 ORAL TABLET	3	MO
URSO FORTE ORAL TABLET	3	MO
ursodiol oral capsule	1	MO
ursodiol oral tablet	1	MO
VARUBI ORAL TABLET	2	PA; QL (2 per 30 days)
VIBERZI ORAL TABLET	2	PA
VIOKACE ORAL TABLET	2	
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)	1	$0 for ages 50 through 75 years; ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
ULCER THERAPY		
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	MO
CYTOTEC ORAL TABLET	3	MO
esomeprazole magnesium oral granules dr for susp in packet 10 mg	1	PA; MO; QL (30 per 30 days)
famotidine oral suspension	1	
famotidine oral tablet 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol oral tablet	1	MO
nizatidine oral capsule	1	MO
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL TABLET 40 MG	3	MO
rabeprazole oral tablet,delayed release (dr/ec)	1	MO
sucralfate oral suspension	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
sucralfate oral tablet	1	MO
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN	6	PA; QL (4 per 28 days)
PROCRIT INJECTION SOLUTION	5	PA
RETACRIT INJECTION SOLUTION	5	PA
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	5	PA; QL (60 per 30 days)
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)	5	PA; QL (15 per 30 days)
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	5	PA; QL (30 per 30 days)
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; QL (18 per 30 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; QL (30 per 30 days)
INTERFERONS		
ALFERON N INJECTION SOLUTION	2	
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; QL (2 per 28 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	6	PA; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	6	PA; QL (12 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec)	4	PA; QL (60 per 30 days)
fingolimod oral capsule	4	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	4	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PA; QL (12 per 30 days)
glatopa subcutaneous syringe 20 mg/ml	4	PA; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	4	PA; QL (12 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1 per 28 days)
teriflunomide oral tablet	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; QL (120 per 30 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO INTRAMUSCULAR RECON SOLN	2	ACA
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE	2	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION	2	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION	2	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	2	ACA
CUVITRU SUBCUTANEOUS SOLUTION	6	PA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE	2	ACA
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	2	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	2	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	2	ACA
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	2	ACA
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	2	ACA
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE	2	ACA
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	2	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	2	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements / Limits
GAMASTAN S/D INTRAMUSCULAR SOLUTION	5	PA
GAMMAGARD LIQUID INJECTION SOLUTION	5	
GAMUNEX-C INJECTION SOLUTION	5	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	ACA
HYQVIA SUBCUTANEOUS SOLUTION	6	PA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	2	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION	2	ACA
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION	2	ACA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	5	PA; QL (30 per 30 days)
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	2	ACA
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	ACA
RAGWITEK SUBLINGUAL TABLET	2	PA; MO; QL (30 per 30 days)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION	2	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE	2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	ACA
XEMBIFY SUBCUTANEOUS SOLUTION	5	PA
IMMUNOLOGY		
INTERLEUKINS		
imiquimod topical cream in packet 5 %	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
colchicine oral tablet	1	
febuxostat oral tablet	1	ST; MO
probenecid oral tablet	1	MO
probenecid-colchicine oral tablet	1	MO
ZYLOPRIM ORAL TABLET 100 MG	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
alendronate oral solution	1	MO; QL (4 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg	1	MO; QL (4 per 30 days)
alendronate oral tablet 70 mg	1	MO; QL (4 per 28 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; MO; QL (4 per 28 days)
EVISTA ORAL TABLET	3	MO
FORTEO SUBCUTANEOUS PEN INJECTOR	5	PA; QL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; MO; QL (4 per 28 days)
ibandronate oral tablet	1	MO; QL (1 per 30 days)
raloxifene oral tablet	1	MO; ACA
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)	4	PA; QL (1 per 21 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	6	PA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	ST; QL (2 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	5	ST; QL (2 per 28 days)
ARAVA ORAL TABLET	3	MO; QL (30 per 30 days)
BENLYSTA INTRAVENOUS RECON SOLN	5	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; QL (4 per 28 days)
DEPEN TITRATABS ORAL TABLET	3	PA; MO; QL (180 per 30 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	ST; QL (4 per 30 days)
ENBREL SUBCUTANEOUS SOLUTION	5	ST; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	ST; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	ST; QL (4 per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	ST; QL (4 per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	5	ST; QL (6 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	ST; QL (4 per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	5	ST; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	ST; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	ST; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	ST; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	ST; QL (3 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	5	ST
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	ST; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	ST; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	5	ST; QL (2 per 28 days)
leflunomide oral tablet	1	MO; QL (30 per 30 days)
OTEZLA ORAL TABLET	5	ST; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	ST; QL (55 per 28 days)
penicillamine oral tablet	1	PA; MO; QL (180 per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST; MO
RIDAURA ORAL CAPSULE	2	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	ST
SAVELLA ORAL TABLET	2	ST; MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL (55 per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	6	ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	ST; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	ST; QL (1 per 30 days)
XELJANZ ORAL SOLUTION	5	ST; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	ST; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	ST; QL (30 per 30 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
DUREX AVANTI BARE REAL FEEL	3	ACA; OTC
FC2 FEMALE CONDOM	2	ACA; OTC
TRUSTEX LUBRICATED CONDOMS DEVICE	2	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
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	2	ACA; OTC
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	3	MO
amabelz oral tablet	1	MO
ANGELIQ ORAL TABLET	3	MO
camila oral tablet	1	$0 for ages 50 years and younger; MO; ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	MO
covaryx h.s. oral tablet	1	
covaryx oral tablet	1	
deblitane oral tablet	1	$0 for ages 50 years and younger; MO; ACA
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ST; MO; ACA; QL (1 per 90 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	ST; MO; ACA; QL (1 per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	ST; MO; ACA; QL (1 per 90 days)
dotti transdermal patch semiweekly	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	2	MO
eemt hs oral tablet	1	
eemt oral tablet	1	
ENDOMETRIN VAGINAL INSERT	5	
errin oral tablet	1	$0 for ages 50 years and younger; MO; ACA
ESTRACE ORAL TABLET	3	MO
estradiol oral tablet	1	MO
estradiol transdermal patch semiweekly	1	MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	MO; QL (4 per 28 days)
estradiol vaginal cream	1	MO
estradiol vaginal tablet	1	MO
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	MO
ESTRING VAGINAL RING	3	MO

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

Drug Name	Drug Tier	Requirements / Limits
estrogens-methyltestosterone oral tablet	1	
fyavolv oral tablet	1	MO
heather oral tablet	1	$0 for ages 50 years and younger; MO; ACA
incassia oral tablet	1	$0 for ages 50 years and younger; MO; ACA
jencycla oral tablet	1	$0 for ages 50 years and younger; MO; ACA
jinteli oral tablet	1	MO
lyleq oral tablet	1	$0 for ages 50 years and younger; MO; ACA
lyllana transdermal patch semiweekly	1	MO; QL (8 per 28 days)
lyza oral tablet	1	$0 for ages 50 years and younger; MO; ACA
medroxyprogesterone intramuscular suspension	1	$0 for ages 50 years and younger; MO; ACA; QL (1 per 90 days)
medroxyprogesterone intramuscular syringe	1	$0 for ages 50 years and younger; MO; ACA; QL (1 per 90 days)
medroxyprogesterone oral tablet	1	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 28 days)
mimvey oral tablet	1	MO
nora-be oral tablet	1	$0 for ages 50 years and younger; MO; ACA
norethindrone (contraceptive) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
norethindrone acetate oral tablet	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
PREMARIN ORAL TABLET	3	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	3	MO
progesterone intramuscular oil	4	
progesterone micronized oral capsule	1	
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	MO
sharobel oral tablet	1	$0 for ages 50 years and younger; MO; 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
tulana oral tablet	1	$0 for ages 50 years and younger; MO; ACA
yuvafem vaginal tablet	1	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin phosphate vaginal cream	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
eluryng vaginal ring	1	$0 for ages 50 years and younger; MO; ACA
enilloring vaginal ring	1	MO; ACA
etonogestrel-ethinyl estradiol vaginal ring	1	$0 for ages 50 years and younger; MO; ACA
fem ph vaginal gel	1	
GYNAZOLE-1 VAGINAL CREAM	3	
haloette vaginal ring	1	MO; ACA
INTRAROSA VAGINAL INSERT	2	
metronidazole vaginal gel	1	
miconazole-3 vaginal suppository	1	
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	PA; MO
RELAGARD VAGINAL GEL	3	
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
tranexamic acid oral tablet	1	
vandazole vaginal gel	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	2	$0 for ages 50 years and younger; ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	2	$0 for ages 50 years and younger; ACA; OTC
xulane transdermal patch weekly	1	$0 for ages 50 years and younger; MO; ACA
zafemy transdermal patch weekly	1	$0 for ages 50 years and younger; MO; ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet	1	$0 for ages 50 years and younger; MO; ACA

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Drug Name	Drug Tier	Requirements / Limits
after pill oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
AFTERA ORAL TABLET	3	ST; ACA; OTC; QL (1 per 30 days)
altavera (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
alyacen 1/35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
alyacen 7/7/7 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
amethia oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
amethyst (28) oral tablet	1	MO; ACA
apri oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aranelle (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
ashlyna oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
aubra eq oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aubra oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aurovela 1.5/30 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aurovela 1/20 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aurovela 24 fe oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aurovela fe 1.5/30 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aurovela fe 1-20 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
aviane oral tablet	1	$0 for ages 50 years and younger; MO; ACA
ayuna oral tablet	1	$0 for ages 50 years and younger; MO; ACA
azurette (28) oral tablet	1	MO; ACA

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Drug Name	Drug Tier	Requirements / Limits
balziva (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
BEYAZ ORAL TABLET	3	ST; MO; ACA
blisovi 24 fe oral tablet	1	$0 for ages 50 years and younger; MO; ACA
blisovi fe 1.5/30 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
blisovi fe 1/20 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
briellyn oral tablet	1	$0 for ages 50 years and younger; MO; ACA
camrese lo oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
camrese oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
caziant (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
charlotte 24 fe oral tablet,chewable	1	$0 for ages 50 years and younger; MO; ACA
chateal (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
chateal eq (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
cryselle (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
cyred eq oral tablet	1	$0 for ages 50 years and younger; MO; ACA
cyred oral tablet	1	$0 for ages 50 years and younger; MO; ACA
dasetta 1/35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
dasetta 7/7/7 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
daysee oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
desog-e.estradiol/e.estradiol oral tablet	1	$0 for ages 50 years and younger; MO; ACA
dolishale oral tablet	1	$0 for ages 50 years and younger; MO; ACA

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Drug Name	Drug Tier	Requirements / Limits
drospirenone-e.estradiol-lm.fa oral tablet	1	$0 for ages 50 years and younger; MO; ACA
drospirenone-ethinyl estradiol oral tablet	1	$0 for ages 50 years and younger; MO; ACA
econtra ez oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
econtra one-step oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
elinest oral tablet	1	$0 for ages 50 years and younger; MO; ACA
ELLA ORAL TABLET	2	ST; $0 for ages 50 years and younger; ACA; QL (1 per 30 days)
enpresse oral tablet	1	$0 for ages 50 years and younger; MO; ACA
enskyce oral tablet	1	$0 for ages 50 years and younger; MO; ACA
estarylla oral tablet	1	$0 for ages 50 years and younger; MO; ACA
ethynodiol diac-eth estradiol oral tablet	1	$0 for ages 50 years and younger; MO; ACA
falmina (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
finzala oral tablet,chewable	1	MO; ACA
gemmily oral capsule	1	$0 for ages 50 years and younger; MO; ACA
hailey 24 fe oral tablet	1	$0 for ages 50 years and younger; MO; ACA
hailey fe 1.5/30 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
hailey fe 1/20 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
hailey oral tablet	1	$0 for ages 50 years and younger; MO; ACA
her style oral tablet	1	ACA; OTC; QL (1 per 30 days)
iclevia oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
isibloom oral tablet	1	$0 for ages 50 years and younger; MO; ACA

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Drug Name	Drug Tier	Requirements / Limits
jaimiess oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
jasmiel (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
jolessa oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
joyeaux oral tablet	1	MO; ACA
juleber oral tablet	1	$0 for ages 50 years and younger; MO; ACA
junel 1.5/30 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
junel 1/20 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
junel fe 1.5/30 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
junel fe 1/20 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
junel fe 24 oral tablet	1	$0 for ages 50 years and younger; MO; ACA
kaitlib fe oral tablet,chewable	1	$0 for ages 50 years and younger; MO; ACA
kalliga oral tablet	1	$0 for ages 50 years and younger; MO; ACA
kariva (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
kelnor 1/35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
kelnor 1-50 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
kurvelo (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
larin 1.5/30 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
larin 1/20 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
larin 24 fe oral tablet	1	$0 for ages 50 years and younger; MO; ACA
larin fe 1.5/30 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA

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Drug Name	Drug Tier	Requirements / Limits
larin fe 1/20 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
layolis fe oral tablet,chewable	1	$0 for ages 50 years and younger; MO; ACA
leena 28 oral tablet	1	$0 for ages 50 years and younger; MO; ACA
lessina oral tablet	1	$0 for ages 50 years and younger; MO; ACA
levonest (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
levonorgest-eth.estradiol-iron oral tablet	1	MO; ACA
levonorgestrel oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
levonorgestrel-ethinyl estrad oral tablet	1	$0 for ages 50 years and younger; MO; ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
levonorg-eth estrad triphasic oral tablet	1	$0 for ages 50 years and younger; MO; ACA
levora-28 oral tablet	1	$0 for ages 50 years and younger; MO; ACA
lojaimiess oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
loryna (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
low-ogestrel (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
lo-zumandimine (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
lutera (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
marlissa (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
merzee oral capsule	1	$0 for ages 50 years and younger; MO; ACA
mibelas 24 fe oral tablet,chewable	1	$0 for ages 50 years and younger; MO; ACA
microgestin 1.5/30 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA

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

Drug Name	Drug Tier	Requirements / Limits
microgestin 1/20 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
microgestin 24 fe oral tablet	1	MO; ACA
microgestin fe 1.5/30 (28) oral tablet	1	MO; ACA
microgestin fe 1/20 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
mili oral tablet	1	$0 for ages 50 years and younger; MO; ACA
mono-linyah oral tablet	1	$0 for ages 50 years and younger; MO; ACA
my choice oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
my way oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
necon 0.5/35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
new day oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
nikki (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
noreth-ethinyl estradiol-iron oral tablet,chewable	1	$0 for ages 50 years and younger; MO; ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	$0 for ages 50 years and younger; MO; ACA
norethindrone-e.estradiol-iron oral capsule	1	$0 for ages 50 years and younger; MO; ACA
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	$0 for ages 50 years and younger; MO; ACA
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO; ACA
norethindrone-e.estradiol-iron oral tablet,chewable	1	MO; ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	1	MO; ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1	$0 for ages 50 years and younger; MO; 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
nortrel 0.5/35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
nortrel 1/35 (21) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
nortrel 1/35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
nortrel 7/7/7 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
nylia 1/35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
nylia 7/7/7 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
nymyo oral tablet	1	$0 for ages 50 years and younger; MO; ACA
ocella oral tablet	1	$0 for ages 50 years and younger; MO; ACA
opcicon one-step oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
option-2 oral tablet	1	$0 for ages 50 years and younger; ACA; OTC; QL (1 per 30 days)
philith oral tablet	1	$0 for ages 50 years and younger; MO; ACA
pimtrea (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
PLAN B ONE-STEP ORAL TABLET	2	ST; ACA; OTC; QL (1 per 30 days)
portia 28 oral tablet	1	$0 for ages 50 years and younger; MO; ACA
reclipsen (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
rivelsa oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
setlakin oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA
simliya (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
simpesse oral tablets,dose pack,3 month	1	$0 for ages 50 years and younger; MO; ACA

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Drug Name	Drug Tier	Requirements / Limits
SLYND ORAL TABLET	2	ST; MO; ACA
sprintec (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
sronyx oral tablet	1	$0 for ages 50 years and younger; MO; ACA
syeda oral tablet	1	$0 for ages 50 years and younger; MO; ACA
TAKE ACTION ORAL TABLET	3	ST; ACA; OTC; QL (1 per 30 days)
tarina 24 fe oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tarina fe 1/20 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
taysofy oral capsule	1	MO; ACA
tilia fe oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-estarylla oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-legest fe oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-linyah oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-lo-estarylla oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-lo-marzia oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-lo-mili oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-lo-sprintec oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-mili oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-nymyo oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-sprintec (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
trivora (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
tri-vylibra lo oral tablet	1	$0 for ages 50 years and younger; MO; ACA

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

Drug Name	Drug Tier	Requirements / Limits
tri-vylibra oral tablet	1	$0 for ages 50 years and younger; MO; ACA
turqoz (28) oral tablet	1	MO; ACA
tydemy oral tablet	1	$0 for ages 50 years and younger; MO; ACA
velivet triphasic regimen (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
vestura (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
vienva oral tablet	1	$0 for ages 50 years and younger; MO; ACA
viorele (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
volnea (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
vyfemla (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
vylibra oral tablet	1	$0 for ages 50 years and younger; MO; ACA
wera (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
wymzya fe oral tablet,chewable	1	$0 for ages 50 years and younger; MO; ACA
YAZ (28) ORAL TABLET	3	ST; MO; ACA
zarah oral tablet	1	$0 for ages 50 years and younger; MO; ACA
zovia 1-35 (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
zumandimine (28) oral tablet	1	$0 for ages 50 years and younger; MO; ACA
OXYTOCICS		
methylergonovine oral tablet	1	QL (28 per 30 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye) ointment	1	
bacitracin-polymyxin b ophthalmic (eye) ointment	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	

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

Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin hcl ophthalmic (eye) drops	1	
erythromycin ophthalmic (eye) ointment	1	
gatifloxacin ophthalmic (eye) drops	1	
gentamicin ophthalmic (eye) drops	1	
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1	
neo-polycin ophthalmic (eye) ointment	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	
ofloxacin ophthalmic (eye) drops	1	
polycin ophthalmic (eye) ointment	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1	
tobramycin ophthalmic (eye) drops	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	
ZYMAXID OPHTHALMIC (EYE) DROPS	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops	1	MO
carteolol ophthalmic (eye) drops	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
timolol maleate (pf) ophthalmic (eye) dropperette	1	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) gel forming solution	1	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	5	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops	1	
atropine ophthalmic (eye) ointment	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	
cyclopentolate ophthalmic (eye) drops 1 %	1	
homatropaire ophthalmic (eye) drops	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	
tropicamide ophthalmic (eye) drops	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OPHTHALMOLOGICS		
ALCAINE OPHTHALMIC (EYE) DROPS	3	
altacaine ophthalmic (eye) drops	1	
azelastine ophthalmic (eye) drops	1	
cromolyn ophthalmic (eye) drops	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS	3	
cyclosporine ophthalmic (eye) dropperette	1	PA; MO; QL (60 per 30 days)
epinastine ophthalmic (eye) drops	1	
LACRISERT OPHTHALMIC (EYE) INSERT	3	PA; QL (60 per 30 days)
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS	3	

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

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
proparacaine ophthalmic (eye) drops	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
tetracaine hcl ophthalmic (eye) drops	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	
ACULAR OPHTHALMIC (EYE) DROPS	3	
bromfenac ophthalmic (eye) drops 0.09 %	1	
diclofenac sodium ophthalmic (eye) drops	1	
flurbiprofen sodium ophthalmic (eye) drops	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
ketorolac ophthalmic (eye) drops	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release	1	MO
acetazolamide oral tablet	1	MO
methazolamide oral tablet	1	MO
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops	1	MO
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
brimonidine-timolol ophthalmic (eye) drops	1	MO
brinzolamide ophthalmic (eye) drops,suspension	1	MO
COMBIGAN OPHTHALMIC (EYE) DROPS	3	MO
dorzolamide ophthalmic (eye) drops	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
dorzolamide-timolol ophthalmic (eye) drops	1	MO
latanoprost ophthalmic (eye) drops	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	3	
travoprost ophthalmic (eye) drops	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1	
neo-polycin hc ophthalmic (eye) ointment	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops	1	
difluprednate ophthalmic (eye) drops	1	
fluorometholone ophthalmic (eye) drops,suspension	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	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
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	
loteprednol etabonate ophthalmic (eye) drops,gel	1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
prednisolone acetate ophthalmic (eye) drops,suspension	1	
prednisolone sodium phosphate ophthalmic (eye) drops	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops	1	
sulfacetamide sodium ophthalmic (eye) ointment	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	MO
apraclonidine ophthalmic (eye) drops	1	
brimonidine ophthalmic (eye) drops	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
phenylephrine hcl ophthalmic (eye) drops	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup	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
cyproheptadine oral tablet	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (2 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR	2	QL (2 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR	2	QL (2 per 30 days)
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ST
promethazine oral syrup	1	
promethazine oral tablet	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository	1	
SYMJEPI INJECTION SYRINGE	2	QL (2 per 30 days)
VISTARIL ORAL CAPSULE 25 MG	3	
COUGH & COLD THERAPY		
benzonatate oral capsule	1	
BROMFED DM ORAL SYRUP	3	
brompheniramine-pseudoeph-dm oral syrup	1	
CODITUSSIN AC ORAL LIQUID	3	
g tussin ac oral liquid	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1	
hydrocodone-homatropine oral tablet	1	
hydromet oral syrup	1	
maxi-tuss ac oral liquid	1	
MAXI-TUSS CD ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
promethazine vc oral syrup	1	
promethazine vc-codeine oral syrup	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
promethazine-codeine oral syrup	1	
promethazine-dm oral syrup	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	MO
acetylcysteine solution	1	
ADEMPAS ORAL TABLET	5	PA; QL (90 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (1 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler	1	QL (17 per 30 days)
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
albuterol sulfate oral tablet extended release 12 hr	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (13 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (7 per 30 days)
alyq oral tablet	4	PA; QL (60 per 30 days)
ambrisentan oral tablet	4	PA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
arformoterol inhalation solution for nebulization	1	MO; QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	MO; QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	MO; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	MO; QL (26 per 30 days)
bosentan oral tablet	4	PA; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	MO; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	MO
breyna inhalation hfa aerosol inhaler	1	MO; QL (11 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	MO; QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler	1	MO
CINRYZE INTRAVENOUS RECON SOLN	5	PA; QL (20 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST	2	MO; QL (8 per 30 days)
cromolyn inhalation solution for nebulization	1	MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	MO; QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (1 per 56 days)
FASENRA SUBCUTANEOUS SYRINGE	5	PA; QL (1 per 56 days)

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

Drug Name	Drug Tier	Requirements / Limits
fluticasone propion-salmeterol inhalation blister with device	1	MO; QL (1 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
formoterol fumarate inhalation solution for nebulization	1	MO; QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	6	PA; QL (16 per 28 days)
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
icatibant subcutaneous syringe	4	PA
ipratropium bromide inhalation solution	1	MO
ipratropium-albuterol inhalation solution for nebulization	1	MO; QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	5	PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; QL (56 per 30 days)
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	2	QL (30 per 30 days)
montelukast oral granules in packet	1	MO
montelukast oral tablet	1	MO
montelukast oral tablet,chewable	1	MO
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
OFEV ORAL CAPSULE	5	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; QL (56 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	5	PA; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (112 per 30 days)
ORLADEYO ORAL CAPSULE	6	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
pirfenidone oral capsule	4	PA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	4	PA; QL (270 per 30 days)
pirfenidone oral tablet 801 mg	4	PA; QL (90 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL (2 per 30 days)
pulmosal inhalation solution for nebulization	1	
PULMOZYME INHALATION SOLUTION	5	PA; QL (75 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (22 per 30 days)
REVATIO ORAL TABLET	6	PA; QL (90 per 30 days)
roflumilast oral tablet 500 mcg	1	MO
RUCONEST INTRAVENOUS RECON SOLN	5	PA; QL (4 per 30 days)
sajazir subcutaneous syringe	4	PA
sildenafil (pulm.hypertension) oral tablet	4	PA; QL (90 per 30 days)
sodium chloride inhalation solution for nebulization	1	
SPIRIVA RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; QL (56 per 30 days)
tadalafil (pulm. hypertension) oral tablet	4	PA; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; QL (4 per 28 days)
terbutaline oral tablet	1	MO

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Drug Name	Drug Tier	Requirements / Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG	3	MO
theophylline oral elixir	1	MO
theophylline oral solution	1	MO
theophylline oral tablet extended release 12 hr	1	MO
theophylline oral tablet extended release 24 hr	1	MO
tiotropium bromide inhalation capsule, w/inhalation device	1	MO
TRACLEER ORAL TABLET	6	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; QL (120 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	MO; QL (28 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	5	PA; QL (84 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	6	PA
wixela inhub inhalation blister with device	1	QL (1 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	PA; MO; QL (32 per 30 days)
zafirlukast oral tablet	1	MO
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr	1	MO
fesoterodine oral tablet extended release 24 hr	1	MO
flavoxate oral tablet	1	MO
oxybutynin chloride oral syrup	1	MO
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	ST; MO
oxybutynin chloride oral tablet 5 mg	1	MO

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

Drug Name	Drug Tier	Requirements / Limits
oxybutynin chloride oral tablet extended release 24hr	1	MO
solifenacin oral tablet	1	MO
tolterodine oral capsule,extended release 24hr	1	MO
tolterodine oral tablet	1	MO
trospium oral capsule,extended release 24hr	1	MO
trospium oral tablet	1	MO
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr	1	MO
dutasteride oral capsule	1	MO
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1	MO
finasteride oral tablet 5 mg	1	MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; MO; QL (30 per 30 days)
tamsulosin oral capsule	1	MO
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet	1	MO
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE	5	
ELMIRON ORAL CAPSULE	2	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
methen-sod phos-meth blue-hyos oral tablet	1	
ORACIT ORAL SOLUTION	3	
potassium citrate oral tablet extended release	1	MO
RENACIDIN IRRIGATION SOLUTION	2	
URELLE ORAL TABLET	3	
uretron d-s oral tablet	1	
URIBEL ORAL CAPSULE	3	
URIBEL TABS ORAL TABLET	3	
uro-458 oral tablet	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	MO
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	MO
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	MO

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Drug Name	Drug Tier	Requirements / Limits
urogesic-blue oral tablet	1	
uro-mp oral capsule	1	
UROQID-ACID NO.2 ORAL TABLET	3	
uro-sp oral capsule	1	
uryl oral tablet	1	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule	1	QL (360 per 30 days)
calcium acetate(phosphat bind) oral tablet	1	QL (360 per 30 days)
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO
effer-k oral tablet, effervescent 25 meq	1	MO
GALZIN ORAL CAPSULE	3	
klor-con 10 oral tablet extended release	1	MO
klor-con 8 oral tablet extended release	1	MO
klor-con m10 oral tablet,er particles/crystals	1	MO
klor-con m15 oral tablet,er particles/crystals	1	MO
klor-con m20 oral tablet,er particles/crystals	1	MO
klor-con oral packet	1	MO
klor-con/ef oral tablet, effervescent	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	MO
lugols oral solution	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral tablet extended release	1	MO
potassium chloride oral tablet,er particles/crystals	1	MO
strong iodine oral solution	1	
VITAMINS & HEMATINICS		
b complex 1 (with folic acid) oral tablet	1	ACA; OTC
b complex-vitamin c-folic acid oral tablet	1	ACA; OTC
balanced b-100 oral tablet	1	ACA; OTC
c-nate dha oral capsule	1	MO
completenate oral tablet,chewable	1	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
dialyvite 800 oral tablet	1	ACA; OTC
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	MO
ferocon oral capsule	1	ACA; OTC
fluoride (sodium) oral drops	1	$0 for ages 6 mo through 6 years; ACA; OTC
fluoride (sodium) oral tablet,chewable	1	$0 for ages 6 mo through 6 years; ACA; OTC
folic acid oral tablet 1 mg	1	MO
folic acid oral tablet 400 mcg, 800 mcg	1	$0 for ages 50 years and younger; ACA; OTC
full spectrum b-vitamin c oral tablet	1	ACA; OTC
hydroxocobalamin intramuscular solution	1	
kobee oral tablet	1	ACA; OTC
ludent fluoride oral tablet,chewable	1	$0 for ages 6 mo through 6 years; ACA; OTC
m-natal plus oral tablet	1	MO
NASCOBAL NASAL SPRAY,NON-AEROSOL	2	PA; MO; QL (4 per 30 days)
nephronex-sl oral tablet,disintegrating	1	ACA; OTC
OB COMPLETE PETITE ORAL CAPSULE	3	MO
pnv-dha oral capsule	1	MO
pnv-select oral tablet	1	MO
prena1 pearl oral capsule,ir - delay rel,biphase	1	MO
prenatabs rx oral tablet	1	MO
prenatal 19 oral tablet,chewable	1	OTC
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	MO
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	MO
PRENATE PIXIE ORAL CAPSULE	3	MO
rena-vite oral tablet	1	ACA; OTC
SELECT-OB + DHA ORAL COMBO PACK	3	MO
se-natal 19 chewable oral tablet,chewable	1	MO
super b maxi complex oral tablet	1	ACA; OTC
super quints oral tablet	1	ACA; OTC
taron-c dha oral capsule	1	MO
tricon oral capsule	1	ACA; OTC
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	MO

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

Drug Name	Drug Tier	Requirements / Limits
VITAFOL ULTRA ORAL CAPSULE	3	MO
VITAFOL-OB+DHA ORAL COMBO PACK	3	MO
VITAFOL-ONE ORAL CAPSULE	3	MO
vitamin b complex-folic acid oral tablet	1	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	MO
westab plus oral tablet	1	MO

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

Index

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

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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