

WellSense Clarity plans Formulary (List of Covered Drugs)

Thank you for being a WellSense member. We're committed to providing comprehensive prescription drug coverage. This document is the complete list of pharmacy drugs and supplies, also called a formulary, that are covered by WellSense under your plan. It can help you and your healthcare providers understand your prescription drug coverage.

Inclusion of a pharmacy drug or item in this formulary doesn't guarantee coverage. A medicine listed in this guide doesn't mean we'll pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths.

This drug list is effective for plan year 2025.

It's updated monthly and the last update was on April 1, 2025.

The prescription drugs in this list have been added to the WellSense Clarity plans formulary for their reported medical effectiveness, safety and value. All the drugs in this formulary are approved by the U.S. Food and Drug Administration (FDA) and have been reviewed by our Pharmacy and Therapeutics Committee, a group of medical practitioners with expertise in evaluating the effectiveness of drugs in treating various conditions.

What's a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost and effectiveness. The formulary lists medications by categories or classes and also sorts them into cost levels known as tiers. This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, their safety and their overall value in treating a specific condition.

Your plan's formulary may change over time, such as when new drugs and generics become available, existing medications are approved for new disease categories, drugs



have been withdrawn from the market for safety reasons or a medication becomes available without a prescription.

Which drugs are included in the formulary?

This formulary is a complete list of prescription drugs that are included under your pharmacy plan.

Our list of covered drugs includes both brand-name and generic drugs. Brand-name drugs have the name the drug company that developed the drug gave it. Brand-name and generic drugs are functionally identical, but generic drugs generally cost less. For example, simvastatin is a commonly prescribed drug used to help control cholesterol. It's sold both as a generic and under the brand name Zocor. You can learn more about generic drugs on [the FDA's website](#).

How do I use the formulary?

You can look for your drug by searching the drug name within the document or using the index at the end of this document. If you already know what your drug is used for, you can also look for the relevant section in the Table of Contents.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under "Cardiovascular, Hypertension & Lipids." The first column of the chart lists the drug name. Brand-name drugs are upper-case (e.g., ELIQUIS). Generic drugs are shown in lower-case italics (e.g., *atenolol*).

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index of your formulary if you do not find your particular medication in the class/condition section that corresponds to your use.

What are tiers?

This formulary contains tiers that will help you find out how we cover a drug. Each drug on the formulary is in a tier. Each tier represents a different cost level for what you pay for a medication (what you pay for a given drug is also called your cost share). Locate your drug in the formulary and check the coverage information to the right of the drug name. This information will tell you what tier your drug falls in as well as any special requirements/limits on that drug. In most cases, they're structured in a general order from lowest to highest level of cost-share.



Below is a summary of tiers and the types of drugs included in each tier. Please refer to your plan documents to determine your copay level for Tiers 1 – 4. .

Tier	What drugs are included
Tier 1	Most generic drugs
Tier 2	Some generic drugs and preferred* brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs**

*Preferred brand drugs are brand name drugs determined by the Pharmacy and Therapeutics Committee to be among the most effective and cost effective.

**Specialty drugs are drugs filled by a specialty pharmacy and limited to a 30-day supply. These are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist.

Glossary

Below is list of common abbreviations and their meaning.

ACA: Affordable Care Act

Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventative Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail order pharmacy. These medications may have specific requirements for age, condition and the way they're being used.

LA: Limited availability

For some medications, you need to use specified pharmacies to fill your prescription because the drug is only made available by the manufacturer to very limited pharmacies. Some of these medicines may be specialty medicines filled at a specialty pharmacy that specializes in particular classes of medication and health conditions.

MB: Medical benefit

Some medications are covered under your medical benefit. These medications are



typically physician administered. Prior authorization may be required apply, please refer to your plan.

OC: Oral chemotherapy drugs

Oral chemotherapy drugs are medications used to treat different types of cancer. They're taken in the form of pills, capsules or liquids.

OTC : Over-the-counter

An OTC drug is a non-prescription drug.

PA: Prior authorization

Prior authorization is the requirement that your healthcare provider obtain approval for coverage or payment for prescription drugs from us before you fill your prescription. Without prior authorization, your prescription won't be covered at a pharmacy.

QL: Quantity limit

We limit the amount that we'll cover for certain drugs. These limits are designed to allow a sufficient supply of medication based on FDA-approved maximum daily doses, standard dosing and/or length of therapy of a drug.

SP : Specialty drugs

Specialty drugs are generally drugs used to treat rare, complex or chronic diseases; have complex storage and/or shipping requirements; or require comprehensive patient monitoring and/or education. We usually require that you fill specialty drugs at a designated specialty pharmacy.

ST: Step therapy

In some cases, the plan requires you to first try certain drugs to treat your medical condition before we'll 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 doesn't work for you, we'll then cover Drug B.

Are over-the-counter (OTC) drugs covered?

In general, over-the-counter (OTC) drugs are not included in the pharmacy benefit. However, there are certain OTC drugs that are covered with a prescription. These drugs will be listed on the formulary. Examples of OTC drugs covered on the formulary include diabetic test strips and certain preventive medications under the ACA, such as insulin and smoking cessation products. Please note that only certain OTC drugs listed



in the formulary are covered by the plan. These drugs can be identified when you see OTC under the Requirements/Limits section next to the drug name. All other OTC medications aren't covered.

Are there any drug exclusions on my formulary?

Our pharmacy program doesn't cover all drugs and prescriptions. Some exclusions on this plan include, but are not limited to: experimental or investigational drugs, drugs that haven't been approved by the FDA, drugs to treat sexual dysfunction, drugs used for fertility, drugs used primarily for cosmetic purposes, weight loss drugs and prescription drugs used primarily for the treatment of the symptoms of a cough or cold.

What if I don't see the drug I need?

If your doctor decides it's medically necessary for you to take a drug not listed, they can submit a coverage request to WellSense Health Plan through the ePA portal, via fax to 833-951-1680 or by calling 877-417-0528

Can I receive a 90-day supply of my medication?

Our members may choose to have 90-day supplies of certain drugs, known as maintenance medications, sent to their homes instead of filling prescriptions at a local retail pharmacy. Maintenance drugs are medications filled regularly for conditions like diabetes, asthma, high cholesterol or high blood pressure.

Members can obtain a 90-day supply of most maintenance drugs at each fill by signing up for our mail order program with Cornerstone Health Solutions. Getting these medications delivered to your home costs less than picking them up at the pharmacy and means you won't have to visit the pharmacy to get your prescriptions.

To use the mail order service, you must first enroll with Cornerstone Health Solutions. To enroll in this service and begin getting medications in the mail you can:

- Call Cornerstone Health Solutions at 844-319-7588



- Complete the [mail order enrollment form and follow the instructions available on our website](#).

Your prescribing provider may also call Cornerstone Health Solutions at 844-319-7588 or fax your prescription to 781-805-8221.

Once you've enrolled, you can refill prescriptions by mail, phone [or online](#).

Once Cornerstone has your prescription and enrollment information, you can expect to receive your medications in 5-7 business days.

Can the formulary change?

Yes. We review and update the formulary as needed. New medicines may be added, and medicines deemed unsafe by the FDA or a medication's manufacturer are immediately removed.

Appealing a decision

If a request for prior authorization or exception results in a denial, you, your appointed representative or your prescribing provider (if granted your consent) may file an appeal. Both you and your provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. We recommend that your provider be involved in any appeal to provide additional information that may be needed.



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

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List of Abbreviations

1: Generic

2: Preferred Brand

3: Non Preferred Brand

4: Specialty

MB: Medical Benefit. These drugs are covered through the medical benefit. Prior authorization may apply. Refer to the WellSense website.

ACA: Affordable Care Act.

DS: Day Supply. These are drugs that are limited to 30-day supply on your plan

HCV: Hepatitis C. For members in Bronze 6500, Silver Zero, Silver Zero Core 1, Silver Zero Core 2, and Silver Zero Core 3 these drugs are covered at the Tier 2 co-insurance.

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.

SP: Specialty. For certain specialty drugs, the Plan requires you to fill your prescription through our preferred specialty pharmacy partners.

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.

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Drug Name	Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS	MB	
AMBISOME INTRAVENOUS	MB	
<i>amphotericin b liposome intravenous</i>	MB	
<i>clotrimazole mucous membrane</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS	MB	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	2	
<i>griseofulvin microsize oral</i>	2	
<i>griseofulvin ultramicrosize oral</i>	2	
<i>itraconazole oral</i>	2	PA
<i>ketoconazole oral</i>	1	
MYCAMINE INTRAVENOUS	MB	
<i>nystatin oral</i>	1	
<i>posaconazole oral</i>	2	PA
<i>terbinafine hcl oral</i>	1	
<i>voriconazole oral suspension for reconstitution</i>	2	PA; QL (10 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (6 per 1 day)
ANTIVIRALS		

Drug Name	Tier	Requirements / Limits
<i>abacavir oral</i>	2	
<i>abacavir-lamivudine oral</i>	4	DS
<i>acyclovir oral</i>	1	
<i>adefovir oral</i>	4	DS
<i>amantadine hcl oral</i>	2	
APRETUDE INTRAMUSCULAR	MB	DS; ACA; QL (0.11 per 1 day)
APTIVUS ORAL	4	DS
<i>atazanavir oral</i>	4	DS
BARACLUDGE ORAL	4	DS
<i>darunavir oral</i>	3	
DOVATO ORAL	4	DS
EDURANT ORAL	4	DS
<i>efavirenz oral</i>	4	DS
<i>efavirenz-emtricitabin-tenofovir oral</i>	2	QL (1 per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral</i>	4	DS
<i>emtricitabine oral</i>	4	DS
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	DS; QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	DS; ACA; QL (1 per 1 day)
EMTRIVA ORAL	4	DS
<i>entecavir oral</i>	4	DS
<i>etravirine oral</i>	4	DS
EVOTAZ ORAL	4	DS

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

Drug Name	Tier	Requirements / Limits
<i>famciclovir oral</i>	1	
<i>foscarnet intravenous</i>	MB	
FOSCAVIR INTRAVENOUS	MB	
GENVOYA ORAL	4	DS
INTELENCE ORAL	4	DS
ISENTRESS ORAL	4	DS
LAGEVRIO (EUA) ORAL	3	QL (40 per 180 days)
<i>lamivudine oral</i>	2	
<i>lamivudine-zidovudine oral</i>	4	DS
LEDIPASVIR-SOFOSBUVIR ORAL	3	PA; SP; HCV; DS
<i>lopinavir-ritonavir oral</i>	4	DS
<i>maraviroc oral</i>	4	DS
<i>nevirapine oral</i>	2	
<i>oseltamivir oral</i>	2	
PAXLOVID ORAL	3	QL (30 per 180 days)
PREZISTA ORAL	4	DS
RAPIVAB (PF) INTRAVENOUS	MB	
RELENZA DISKHALER INHALATION	2	
<i>ribavirin oral</i>	2	SP; DS
<i>rimantadine oral</i>	1	
<i>ritonavir oral</i>	4	DS
SELZENTRY ORAL	3	

Drug Name	Tier	Requirements / Limits
SOFOSBUVIR-VELPATASVIR ORAL	3	PA; SP; HCV; DS
STRIBILD ORAL	4	DS
<i>tenofovir disoproxil fumarate oral</i>	4	DS
TIVICAY ORAL	4	DS
TRIUMEQ ORAL	4	DS
TRIUMEQ PD ORAL	4	DS; QL (6 per 1 day)
<i>valacyclovir oral</i>	1	
<i>valganciclovir oral</i>	4	DS
VIRACEPT ORAL	4	DS
VIREAD ORAL	4	DS
XOFLUZA ORAL	3	
<i>zidovudine oral</i>	2	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS	MB	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous</i>	MB	
CEFAZOLIN IN STERILE WATER INTRAVENOUS	MB	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 3 gram, 300 gram, 500 mg</i>	MB	

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Drug Name	Tier	Requirements / Limits
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	MB	
<i>cefazolin intravenous</i>	MB	
<i>cefdinir oral</i>	1	
<i>cefixime oral</i>	2	
<i>cefotetan intravenous</i>	MB	
<i>cefpodoxime oral</i>	2	
<i>cefprozil oral</i>	1	
<i>cefuroxime axetil oral</i>	1	
<i>cephalexin oral</i>	1	
<i>tazicef intravenous</i>	MB	
TEFLARO INTRAVENOUS	MB	
ZERBAXA INTRAVENOUS	MB	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous</i>	MB	
<i>azithromycin oral</i>	1	
<i>clarithromycin oral</i>	1	
DIFICID ORAL	3	PA; QL (2 per 1 day)
<i>e.e.s. 400 oral</i>	2	
<i>ery-tab oral</i>	1	
<i>erythrocin (as stearate) oral</i>	1	
ERYTHROCIN INTRAVENOUS	MB	
<i>erythromycin ethylsuccinate oral</i>	2	

Drug Name	Tier	Requirements / Limits
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
ZITHROMAX INTRAVENOUS	MB	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral</i>	2	PA; QL (4 per 1 day)
ALINIA ORAL	3	
<i>atovaquone oral</i>	2	
<i>atovaquone-proguanil oral</i>	2	
<i>chloramphenicol sod succinate intravenous</i>	MB	
<i>chloroquine phosphate oral</i>	1	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin pediatric oral</i>	1	
COARTEM ORAL	3	
DALVANCE INTRAVENOUS	MB	
<i>dapsone oral</i>	2	
<i>ertapenem injection</i>	2	
<i>ethambutol oral</i>	2	

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

Drug Name	Tier	Requirements / Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/100 ml, 80 mg/50 ml</i>	MB	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	MB	
<i>gentamicin sulfate (ped) (pf) injection</i>	MB	
<i>hydroxychloroquine oral</i>	1	
<i>isoniazid injection</i>	MB	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	2	QL (9 per 90 days)
KIMYRSA INTRAVENOUS	MB	
<i>linezolid oral</i>	2	
<i>mefloquine oral</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	MB	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	MB	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS	MB	
<i>metronidazole oral</i>	1	
<i>neomycin oral</i>	1	
<i>nitazoxanide oral</i>	2	

Drug Name	Tier	Requirements / Limits
ORBACTIV INTRAVENOUS	MB	
<i>paromomycin oral</i>	4	DS
PASER ORAL	4	DS
<i>pentamidine inhalation</i>	2	
<i>polymyxin b sulfate injection</i>	MB	
<i>praziquantel oral</i>	2	
PRIFTIN ORAL	3	
<i>primaquine oral</i>	3	
<i>pyrazinamide oral</i>	2	
<i>pyrimethamine oral</i>	4	PA; SP; DS
<i>quinine sulfate oral</i>	2	PA
<i>rifabutin oral</i>	2	
<i>rifampin oral</i>	2	
SIRTURO ORAL	4	PA; DS
<i>tinidazole oral</i>	1	
<i>tobramycin in 0.225 % nacl inhalation</i>	4	SP; DS
<i>tobramycin sulfate injection</i>	MB	
TRECTOR ORAL	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI INTRAVENOUS	MB	
PENICILLINS		
<i>amoxicillin oral</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>ampicillin sodium injection</i>	MB	
<i>dicloxacillin oral</i>	1	
<i>nafcillin in dextrose iso-osm intravenous</i>	MB	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS	MB	
<i>penicillin g sodium injection</i>	MB	
<i>penicillin v potassium oral</i>	1	
<i>piperacillin-tazobactam intravenous</i>	MB	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS	MB	
QUINOLONES		
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral</i>	2	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS	MB	
<i>ofloxacin oral</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
TETRACYCLINES		
<i>demeclocycline oral</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	

Drug Name	Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	3	
<i>doxycycline monohydrate oral</i>	2	
MINOCIN INTRAVENOUS	MB	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	2	
<i>minocycline oral tablet extended release 24 hr</i>	3	
<i>tetracycline oral</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral</i>	3	
<i>methenamine hippurate oral</i>	2	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral</i>	1	
<i>nitrofurantoin oral</i>	2	
<i>trimethoprim oral</i>	1	
VANCOMYCIN		
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	MB	

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Drug Name	Tier	Requirements / Limits
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 2 gram/500 ml</i>	MB	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML	MB	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS	MB	
<i>vancomycin oral</i>	2	PA
VIBATIV INTRAVENOUS	MB	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous</i>	MB	SP; DS
ELITEK INTRAVENOUS	MB	SP; DS
ETHYOL INTRAVENOUS	MB	SP; DS
KEPIVANCE INTRAVENOUS	MB	SP; DS
<i>leucovorin calcium injection</i>	MB	
<i>leucovorin calcium oral</i>	2	
<i>levoleucovorin calcium intravenous recon soln</i>	MB	SP; DS

Drug Name	Tier	Requirements / Limits
<i>levoleucovorin calcium intravenous solution</i>	MB	
<i>mesna intravenous</i>	MB	
MESNEX INTRAVENOUS	MB	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS	MB	DS
<i>abiraterone oral</i>	4	PA; SP; DS
ABRAXANE INTRAVENOUS	MB	SP; DS
ADCETRIS INTRAVENOUS	MB	SP; DS
<i>adrucil intravenous</i>	MB	SP; DS
ALIMTA INTRAVENOUS	MB	SP; DS
ALKERAN (AS HCL) INTRAVENOUS	MB	SP
<i>anastrozole oral</i>	2	
ARRANON INTRAVENOUS	MB	SP; DS
<i>arsenic trioxide intravenous</i>	MB	SP; DS
AVASTIN INTRAVENOUS	MB	SP; DS
<i>azacitidine injection</i>	MB	SP; DS
<i>azathioprine oral</i>	2	
<i>azathioprine sodium injection</i>	MB	
BAVENCIO INTRAVENOUS	MB	SP; DS
BELEODAQ INTRAVENOUS	MB	SP; DS

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Drug Name	Tier	Requirements / Limits
<i>bendamustine intravenous</i>	MB	SP; DS
BENDEKA INTRAVENOUS	MB	SP; DS
<i>bexarotene oral</i>	4	PA; SP; DS
<i>bexarotene topical</i>	4	PA; SP; DS
<i>bicalutamide oral</i>	4	SP; DS
BICNU INTRAVENOUS	MB	SP; DS
<i>bleomycin injection</i>	MB	SP; DS
BLINCYTO INTRAVENOUS	MB	SP; DS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	MB	SP; DS
<i>bortezomib injection recon soln 3.5 mg</i>	MB	SP; DS
BORTEZOMIB INTRAVENOUS	MB	SP; DS
BORUZU INJECTION	MB	SP; DS
BOSULIF ORAL	4	PA; SP; DS
BUSULFEX INTRAVENOUS	MB	SP; DS
CAMPTOSAR INTRAVENOUS	MB	SP; DS
<i>capecitabine oral</i>	4	PA; SP; DS
CAPRELSA ORAL	4	PA; DS
<i>carboplatin intravenous</i>	MB	SP; DS
<i>carmustine intravenous recon soln 100 mg</i>	MB	SP; DS

Drug Name	Tier	Requirements / Limits
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG	MB	SP; DS
<i>cisplatin intravenous</i>	MB	SP; DS
<i>cladribine intravenous</i>	MB	SP; DS
<i>clofarabine intravenous</i>	MB	SP; DS
COMETRIQ ORAL	4	PA; SP; DS
<i>cyclophosphamide intravenous</i>	MB	SP; DS
<i>cyclophosphamide oral</i>	4	SP; DS
<i>cyclosporine modified oral</i>	4	DS
<i>cyclosporine oral</i>	4	DS
CYRAMZA INTRAVENOUS	MB	SP; DS
<i>cytarabine (pf) injection</i>	MB	SP; DS
<i>cytarabine injection</i>	MB	SP; DS
<i>dacarbazine intravenous</i>	MB	SP; DS
<i>dactinomycin intravenous</i>	MB	SP; DS
DANYELZA INTRAVENOUS	MB	SP; DS
DARZALEX FASPRO SUBCUTANEOUS	MB	SP; DS
DARZALEX INTRAVENOUS	MB	SP; DS
<i>daunorubicin intravenous</i>	MB	SP; DS
<i>decitabine intravenous</i>	MB	SP; DS

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Drug Name	Tier	Requirements / Limits
<i>docetaxel intravenous</i>	MB	SP; DS
DOCIVYX INTRAVENOUS	MB	SP; DS
DOXIL INTRAVENOUS	MB	SP; DS
<i>doxorubicin intravenous</i>	MB	SP; DS
<i>doxorubicin, peg-liposomal intravenous</i>	MB	SP; DS
DROXIA ORAL	4	SP; DS
ELAHERE INTRAVENOUS	MB	SP; DS
ELLECE INTRAVENOUS	MB	SP; DS
ELZONRIS INTRAVENOUS	MB	DS
EMPLICITI INTRAVENOUS	MB	SP; DS
ENHERTU INTRAVENOUS	MB	SP; DS
<i>epirubicin intravenous</i>	MB	SP; DS
ERBITUX INTRAVENOUS	4	PA; SP; DS
<i>eribulin intravenous</i>	MB	SP; DS
ERIVEDGE ORAL	4	PA; SP; DS
<i>erlotinib oral</i>	4	PA; SP; DS
ERWINASE INJECTION	MB	DS
ETOPOPHOS INTRAVENOUS	MB	SP; DS
<i>etoposide intravenous</i>	MB	SP; DS
<i>etoposide oral</i>	4	SP; DS

Drug Name	Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral</i>	4	PA; SP; DS
<i>exemestane oral</i>	4	SP; DS
FASLODEX INTRAMUSCULAR	MB	SP; DS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS	4	PA; SP; DS
<i>floxuridine injection</i>	MB	SP; DS
<i>fludarabine intravenous</i>	MB	SP; DS
<i>fluorouracil intravenous</i>	MB	SP; DS
FOLOTYN INTRAVENOUS	MB	SP; DS
GAZYVA INTRAVENOUS	MB	SP; DS
<i>gemcitabine intravenous</i>	MB	SP; DS
<i>gengraf oral</i>	4	DS
GILOTRIF ORAL	4	PA; SP; DS
GLEOSTINE ORAL	4	PA; SP; DS
HALAVEN INTRAVENOUS	MB	SP; DS
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL	MB	DS
HYCAMTIN ORAL	4	PA; SP; DS
<i>hydroxyurea oral</i>	4	DS
IBRANCE ORAL	4	PA; SP; DS
ICLUSIG ORAL	4	PA; DS
IDAMYCIN PFS INTRAVENOUS	MB	SP; DS
<i>idarubicin intravenous</i>	MB	SP; DS

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Drug Name	Tier	Requirements / Limits
IFEX INTRAVENOUS	MB	SP; DS
<i>ifosfamide intravenous</i>	MB	SP; DS
<i>imatinib oral tablet 100 mg</i>	4	PA; SP; DS; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
IMBRUVICA ORAL	4	PA; SP; DS
IMFINZI INTRAVENOUS	MB	SP; DS
IMJUDO INTRAVENOUS	MB	SP; DS
IMLYGIC INJECTION	MB	DS
INLYTA ORAL	4	PA; SP; DS
<i>irinotecan intravenous</i>	MB	SP; DS
ISTODAX INTRAVENOUS	MB	SP; DS
IXEMPRA INTRAVENOUS	MB	SP; DS
JAKAFI ORAL	4	PA; SP; DS
JELMYTO INTRAPYELOCALYCEAL	MB	DS
JEVTANA INTRAVENOUS	MB	SP; DS
KADCYLA INTRAVENOUS	MB	SP; DS
<i>kemoplant intravenous</i>	MB	SP; DS
KEYTRUDA INTRAVENOUS	MB	DS

Drug Name	Tier	Requirements / Limits
KIMMTRAK INTRAVENOUS	MB	DS
KYMRIAH INTRAVENOUS	MB	DS
KYPROLIS INTRAVENOUS	MB	SP; DS
<i>lapatinib oral</i>	4	PA; SP; DS
<i>lenalidomide oral</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>letrozole oral</i>	2	
LEUKERAN ORAL	4	SP; DS
<i>leuprolide subcutaneous</i>	4	PA; SP; DS
LUNSUMIO INTRAVENOUS	MB	SP; DS
LYNPARZA ORAL	4	PA; SP; DS
LYSODREN ORAL	4	DS
MATULANE ORAL	4	DS
MEKINIST ORAL	4	PA; SP; DS
<i>melphalan hcl intravenous</i>	MB	SP
<i>mercaptopurine oral</i>	4	SP; DS
<i>methotrexate sodium (pf) injection</i>	MB	SP; DS
<i>methotrexate sodium injection</i>	MB	
<i>methotrexate sodium oral</i>	2	
<i>mitomycin intravenous</i>	MB	SP; DS
<i>mitoxantrone intravenous</i>	MB	SP; DS
<i>mycophenolate mofetil oral</i>	4	DS

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Drug Name	Tier	Requirements / Limits
<i>mycophenolate sodium oral</i>	4	DS
MYLERAN ORAL	4	SP; DS
<i>nelarabine intravenous</i>	MB	SP; DS
<i>nilutamide oral</i>	4	SP; DS
NIPENT INTRAVENOUS	MB	SP; DS
<i>octreotide acetate injection</i>	MB	SP; DS
ONCASPAR INJECTION	MB	SP; DS
ONIVYDE INTRAVENOUS	MB	SP; DS
OPDIVO INTRAVENOUS	MB	SP; DS
OPDIVO QVANTIG SUBCUTANEOUS	MB	SP; DS
OPDUALAG INTRAVENOUS	MB	SP; DS
<i>oxaliplatin intravenous</i>	MB	SP; DS
<i>paclitaxel intravenous</i>	MB	SP; DS
<i>paclitaxel protein-bound intravenous</i>	MB	SP; DS
<i>pazopanib oral</i>	4	PA; SP; DS
<i>pemetrexed disodium intravenous recon soln</i>	MB	SP; DS
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	MB	SP; DS
PEMRYDI RTU INTRAVENOUS	MB	SP; DS

Drug Name	Tier	Requirements / Limits
PERJETA INTRAVENOUS	MB	SP; DS
PHESGO SUBCUTANEOUS	MB	SP; DS
PHOTOFRIN INTRAVENOUS	MB	SP; DS
POMALYST ORAL	4	PA; SP; DS
PRALATREXATE INTRAVENOUS	MB	SP; DS
REVLIMID ORAL	4	PA; SP; DS; QL (1 per 1 day)
RIABNI INTRAVENOUS	MB	SP; DS
<i>romidepsin intravenous</i>	MB	SP; DS
RYBREXANT INTRAVENOUS	MB	SP; DS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 30 MG	4	PA; SP; DS; QL (0.036 per 1 day)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 20 MG	4	PA; SP; DS; QL (0.071 per 1 day)
<i>sirolimus oral</i>	4	DS
SOMATULINE DEPOT SUBCUTANEOUS	4	PA; SP; DS
<i>sorafenib oral</i>	4	PA; SP; DS
SPRYCEL ORAL	4	PA; SP; DS

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Drug Name	Tier	Requirements / Limits
STIVARGA ORAL	4	PA; SP; DS
<i>sunitinib malate oral</i>	4	PA; SP; DS
SYLVANT INTRAVENOUS	MB	SP; DS
TABLOID ORAL	4	SP; DS
<i>tacrolimus oral</i>	4	DS
TAFINLAR ORAL	4	PA; SP; DS
<i>tamoxifen oral</i>	2	
TASIGNA ORAL	4	PA; SP; DS
TECENTRIQ INTRAVENOUS	MB	SP; DS
TEMODAR INTRAVENOUS	MB	SP; DS
<i>temozolomide oral</i>	4	PA; SP; DS
TEPADINA INJECTION	MB	SP; DS
THALOMID ORAL	4	PA; SP; DS
<i>thiotepa injection</i>	MB	SP; DS
<i>topotecan intravenous</i>	MB	SP; DS
<i>toremifene oral</i>	4	SP; DS
TREANDA INTRAVENOUS	MB	SP; DS
TRELSTAR INTRAMUSCULAR	MB	DS
<i>tretinoin (antineoplastic) oral</i>	4	SP; DS
TRODELVY INTRAVENOUS	MB	SP; DS
UNITUXIN INTRAVENOUS	MB	DS
VECTIBIX INTRAVENOUS	MB	SP; DS
VELCADE INJECTION	MB	SP; DS

Drug Name	Tier	Requirements / Limits
VIDAZA INJECTION	MB	SP; DS
<i>vinblastine intravenous</i>	MB	SP; DS
<i>vincasar pfs intravenous</i>	MB	SP; DS
<i>vincristine intravenous</i>	MB	SP; DS
<i>vinorelbine intravenous</i>	MB	SP; DS
VOTRIENT ORAL	4	PA; SP; DS
XALKORI ORAL	4	PA; SP; DS
XTANDI ORAL	4	PA; SP; DS; QL (4 per 1 day)
YERVOY INTRAVENOUS	MB	SP; DS
YESCARTA INTRAVENOUS	MB	DS
YONDELIS INTRAVENOUS	MB	DS
ZALTRAP INTRAVENOUS	MB	SP; DS
ZELBORAF ORAL	4	PA; SP; DS
ZOLINZA ORAL	4	PA; SP; DS
ZYDELIG ORAL	4	PA; SP; DS

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>carbamazepine oral</i>	1	
<i>clonazepam oral</i>	1	
DILANTIN ORAL	3	
<i>divalproex oral</i>	2	
<i>epitol oral</i>	1	
<i>ethosuximide oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>felbamate oral</i>	2	
<i>gabapentin oral</i>	2	
<i>lacosamide oral solution</i>	2	QL (40 per 1 day)
<i>lacosamide oral tablet 100 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>lacosamide oral tablet 150 mg, 200 mg</i>	2	QL (3 per 1 day)
<i>lamotrigine oral</i>	1	
<i>levetiracetam oral</i>	2	
<i>methsuximide oral</i>	3	
<i>oxcarbazepine oral</i>	2	
<i>phenobarbital oral</i>	1	
<i>phenytoin oral</i>	1	
<i>phenytoin sodium extended oral</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (3 per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (2 per 1 day)
<i>pregabalin oral solution</i>	2	QL (30 per 1 day)
<i>primidone oral</i>	1	
<i>rufinamide oral</i>	2	
<i>tiagabine oral</i>	2	
<i>topiramate oral</i>	1	
<i>valproic acid (as sodium salt) oral</i>	1	
<i>valproic acid oral</i>	1	
<i>vigabatrin oral</i>	4	SP; DS
<i>vigadrone oral</i>	4	DS
<i>zonisamide oral</i>	2	

Drug Name	Tier	Requirements / Limits
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS	4	PA; SP; DS; QL (2 per 1 day)
<i>apomorphine subcutaneous</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine oral capsule</i>	2	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral</i>	2	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>entacapone oral</i>	2	QL (8 per 1 day)
<i>pramipexole oral</i>	2	QL (3 per 1 day)
<i>rasagiline oral</i>	2	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 5 mg</i>	1	QL (4 per 1 day)
<i>ropinirole oral tablet 1 mg, 2 mg</i>	1	QL (3 per 1 day)
<i>ropinirole oral tablet 3 mg, 4 mg</i>	1	QL (6 per 1 day)
<i>ropinirole oral tablet extended release 24 hr</i>	2	QL (1 per 1 day)

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

Drug Name	Tier	Requirements / Limits
<i>selegiline hcl oral</i>	2	QL (2 per 1 day)
<i>tolcapone oral</i>	3	PA; QL (6 per 1 day)
<i>trihexyphenidyl oral</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral</i>	1	ST; QL (0.2 per 1 day)
<i>dihydroergotamine nasal</i>	3	ST; QL (0.29 per 1 day)
<i>eletriptan oral</i>	2	ST; QL (0.2 per 1 day)
EMGALITY PEN SUBCUTANEOUS	4	PA; SP; DS; QL (0.08 per 1 day)
EMGALITY SYRINGE SUBCUTANEOUS	4	PA; SP; DS; QL (0.08 per 1 day)
ERGOMAR SUBLINGUAL	3	
<i>ergotamine-caffeine oral</i>	1	
<i>frovatriptan oral</i>	2	ST; QL (0.3 per 1 day)
<i>naratriptan oral</i>	1	QL (0.3 per 1 day)
<i>rizatriptan oral tablet 10 mg</i>	1	QL (60 per 1 day)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (0.3 per 1 day)
<i>rizatriptan oral tablet, disintegrating</i>	1	QL (0.3 per 1 day)
<i>sumatriptan succinate oral</i>	1	QL (0.3 per 1 day)
<i>sumatriptan succinate subcutaneous</i>	2	ST; QL (0.1 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>zolmitriptan oral</i>	1	QL (0.2 per 1 day)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>donepezil oral</i>	2	
<i>galantamine oral</i>	2	
<i>memantine oral solution</i>	2	
<i>memantine oral tablet</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK	2	
NULIBRY INTRAVENOUS	MB	DS
ONPATTRO INTRAVENOUS	MB	SP; DS
<i>rivastigmine tartrate oral</i>	2	QL (2 per 1 day)
TYSABRI INTRAVENOUS	MB	SP; DS
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	1	
BLOXIVERZ INTRAVENOUS	MB	
BRIDION INTRAVENOUS	MB	
<i>carisoprodol oral</i>	1	QL (84 per 68 days)
<i>chlorzoxazone oral</i>	1	
<i>cyclobenzaprine oral</i>	1	
<i>dantrolene oral</i>	2	

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Drug Name	Tier	Requirements / Limits
<i>meprobamate oral</i>	1	
<i>metaxalone oral</i>	1	ST; QL (4 per 1 day)
<i>methocarbamol oral</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	MB	
<i>neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)</i>	MB	
<i>orphenadrine citrate oral</i>	1	
<i>pyridostigmine bromide oral</i>	2	
RYANODEX INTRAVENOUS	MB	
<i>tizanidine oral</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution</i>	1	PA; QL (30 per 1 day)
<i>acetaminophen-codeine oral tablet</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine oral</i>	1	PA; QL (6 per 1 day)
BRIXADI SUBCUTANEOUS	MB	SP; DS
<i>buprenorphine hcl injection</i>	MB	
<i>buprenorphine hcl sublingual</i>	2	QL (4 per 90 days)
<i>buprenorphine transdermal</i>	2	PA; QL (4 per 21 days)

Drug Name	Tier	Requirements / Limits
<i>butalbital-acetaminop-caf-cod oral</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral</i>	1	
<i>butalbital-aspirin-caffeine oral</i>	1	QL (6 per 1 day)
<i>codeine sulfate oral</i>	2	PA; QL (6 per 1 day)
<i>codeine-butalbital-asa-caff oral</i>	1	PA; QL (6 per 1 day)
DEMEROL (PF) INJECTION	MB	QL (99 per 99 days)
DEMEROL INJECTION	MB	QL (99 per 99 days)
DILAUDID (PF) INJECTION	MB	QL (99 per 99 days)
DSUVIA SUBLINGUAL	MB	
<i>duramorph (pf) injection</i>	MB	QL (99 per 99 days)
<i>endocet oral</i>	2	QL (6 per 1 day)
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION PREFILLED PUMP RESERVOIR	MB	QL (99 per 99 days)
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.125 %</i>	MB	QL (99 per 99 days)

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

Drug Name	Tier	Requirements / Limits
FENTANYL (PF)- BUPIVACAINE- NACL INJECTION SOLUTION 2 MCG/ML- 0.1 %, 4 MCG/ML- 0.125 %	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir</i>	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)- 0.9%NACL INJECTION PREFILLED PUMP RESERVOIR	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)- 0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)- 0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)- 0.9%NACL INJECTION SOLUTION	MB	QL (99 per 99 days)

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Drug Name	Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,000 MCG/50 ML (20 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 20 mcg/ml, 5 mcg/ml</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 16 MCG/ML, 50 MCG/ML	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 100 MCG/2 ML (50 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl transdermal</i>	2	PA; QL (0.34 per 1 day)
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR	MB	QL (99 per 99 days)
<i>fentanyl-ropivacaine-nacl (pf) injection solution</i>	MB	QL (99 per 99 days)
<i>hydrocodone bitartrate oral</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone-acetaminophen oral solution</i>	1	QL (90 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral</i>	1	QL (5 per 1 day)

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

Drug Name	Tier	Requirements / Limits
HYDROMORPHONE (PF) IN WATER INJECTION	MB	QL (99 per 99 days)
HYDROMORPHONE (PF) IN WATER INTRAVENOUS	MB	QL (99 per 99 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	MB	QL (99 per 99 days)
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	MB	QL (99 per 99 days)
<i>hydromorphone (pf) injection syringe</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	MB	QL (99 per 99 days)
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE	MB	QL (99 per 99 days)
<i>hydromorphone injection solution</i>	MB	QL (99 per 99 days)
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	MB	QL (99 per 99 days)

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

Drug Name	Tier	Requirements / Limits
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	MB	QL (99 per 99 days)
<i>hydromorphone oral liquid</i>	1	QL (24 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	QL (8 per 1 day)
<i>hydromorphone oral tablet 4 mg, 8 mg</i>	1	QL (4 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION	MB	QL (99 per 99 days)
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	MB	QL (99 per 99 days)
<i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)</i>	MB	QL (99 per 99 days)
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION	MB	QL (99 per 99 days)
INFUMORPH P/F INJECTION	MB	QL (99 per 99 days)
<i>levorphanol tartrate oral</i>	3	PA; QL (6 per 1 day)
<i>meperidine (pf) injection</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>meperidine oral solution</i>	1	QL (99 per 99 days)
<i>meperidine oral tablet</i>	1	QL (6 per 1 day)
METHADONE IN 0.9 % SOD.CHLORID INTRAVENOUS	MB	QL (99 per 99 days)
<i>methadone intravenous</i>	MB	QL (99 per 99 days)
<i>methadone oral concentrate</i>	1	PA; QL (2 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (10 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (20 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (2 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (4 per 1 day)
<i>methadone oral tablet,soluble</i>	1	PA; QL (1 per 1 day)
<i>methadose oral concentrate</i>	1	PA; QL (2 per 1 day)
<i>methadose oral tablet,soluble</i>	1	PA; QL (1 per 1 day)
MITIGO (PF) INJECTION	MB	QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION	MB	QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	MB	QL (99 per 99 days)

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Drug Name	Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR	MB	QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 150 MG/30 ML (5 MG/ML), 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	MB	QL (99 per 99 days)
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
<i>morphine (pf) in 0.9 % sod chl intravenous solution</i>	MB	QL (99 per 99 days)
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	MB	QL (99 per 99 days)
<i>morphine (pf) injection</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>morphine (pf) intravenous patient control.analgesia soln</i>	MB	QL (99 per 99 days)
MORPHINE (PF) INTRAVENOUS SYRINGE	MB	QL (99 per 99 days)
<i>morphine concentrate oral</i>	1	QL (6 per 1 day)
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION	MB	QL (99 per 99 days)
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir</i>	MB	QL (99 per 99 days)
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe</i>	MB	QL (99 per 99 days)
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	MB	QL (99 per 99 days)
MORPHINE INJECTION SOLUTION	MB	QL (99 per 99 days)
MORPHINE INJECTION SYRINGE 2 MG/ML	MB	QL (99 per 99 days)
<i>morphine injection syringe 4 mg/ml</i>	MB	QL (99 per 99 days)
MORPHINE INTRAMUSCULAR	MB	QL (99 per 99 days)

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Drug Name	Tier	Requirements / Limits
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	MB	QL (99 per 99 days)
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	MB	QL (99 per 99 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	MB	QL (99 per 99 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	MB	QL (99 per 99 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg</i>	2	PA; QL (2 per 1 day)
<i>morphine oral capsule, extend. release pellets 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QL (1 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (4 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (4 per 99 days)
<i>morphine oral tablet</i>	1	QL (4 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral capsule</i>	2	QL (6 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>oxycodone oral concentrate</i>	2	QL (6 per 1 day)
<i>oxycodone oral solution</i>	2	QL (30 per 1 day)
<i>oxycodone oral tablet</i>	2	QL (6 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg</i>	1	QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (8 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	2	QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	2	QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS	MB	SP; DS
<i>tencon oral</i>	1	QL (6 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral</i>	1	ACA; OTC
<i>aspirin childrens oral</i>	1	ACA; OTC
<i>aspirin oral</i>	1	ACA; OTC

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Drug Name	Tier	Requirements / Limits
<i>bayer low dose aspirin oral</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet</i>	1	QL (4 per 1 day)
<i>butorphanol injection</i>	MB	QL (99 per 99 days)
<i>butorphanol nasal</i>	1	QL (5 per 23 days)
<i>celecoxib oral</i>	2	ST; QL (2 per 1 day)
<i>diclofenac potassium oral</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral</i>	1	
<i>diflunisal oral</i>	1	
<i>ecotrin low strength oral</i>	1	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	2	
<i>fenoprofen oral</i>	3	QL (4 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>flurbiprofen oral</i>	1	QL (3 per 1 day)
<i>ibuprofen oral</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketoprofen oral capsule</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	3	
<i>ketorolac injection</i>	MB	
<i>ketorolac intramuscular</i>	MB	
<i>ketorolac oral</i>	1	QL (20 per 23 days)
KLOXXADO NASAL	2	QL (6 per 90 days)
<i>meclofenamate oral</i>	2	
<i>mefenamic acid oral</i>	1	QL (29 per 30 days)
<i>meloxicam oral</i>	1	
<i>nabumetone oral</i>	1	
<i>nalbuphine injection</i>	MB	QL (99 per 99 days)
<i>naloxone injection solution</i>	2	QL (6 per 68 days)
<i>naloxone injection syringe 0.4 mg/ml</i>	2	QL (6 per 68 days)
<i>naloxone injection syringe 1 mg/ml</i>	2	QL (12 per 68 days)
<i>naltrexone oral</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>naproxen oral tablet 250 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	QL (4 per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1	QL (2 per 1 day)
OLINVYK INTRAVENOUS	MB	
<i>oxaprozin oral</i>	2	
<i>pentazocine-naloxone oral</i>	1	QL (6 per 1 day)
<i>piroxicam oral</i>	1	
<i>st joseph aspirin oral</i>	1	ACA; OTC
<i>st. joseph aspirin oral</i>	1	ACA; OTC
<i>sulindac oral</i>	1	
<i>tramadol oral tablet</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen oral</i>	1	PA; QL (8 per 1 day)
PSYCHOTHERAPEUTIC DRUGS		
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	

Drug Name	Tier	Requirements / Limits
<i>alprazolam oral tablet, disintegrating</i>	2	
<i>amitriptyline oral</i>	1	
<i>amoxapine oral</i>	1	
<i>amphetamine sulfate oral</i>	2	PA
<i>aripiprazole oral</i>	2	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 per 1 day)
<i>asenapine maleate sublingual</i>	2	PA
<i>atomoxetine oral</i>	2	
<i>bupropion hcl oral</i>	1	
<i>buspirone oral</i>	1	
<i>chlordiazepoxide hcl oral</i>	1	
<i>chlorpromazine oral</i>	2	PA
<i>citalopram oral</i>	1	
<i>clomipramine oral</i>	2	
<i>clonidine hcl oral</i>	2	
<i>clozapine oral</i>	2	PA
<i>desipramine oral</i>	2	
<i>desvenlafaxine succinate oral</i>	2	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA
<i>dexmethylphenidate oral tablet</i>	1	PA
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	PA

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Drug Name	Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral solution</i>	2	PA
<i>dextroamphetamine sulfate oral tablet</i>	1	PA
<i>dextroamphetamine-amphetamine oral</i>	1	PA
<i>diazepam intensol oral</i>	1	
<i>diazepam oral</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	2	ST
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (30 per 30 days)
EMSAM TRANSDERMAL	3	ST
<i>ergoloid oral</i>	2	
<i>escitalopram oxalate oral</i>	1	
<i>estazolam oral</i>	1	QL (1 per 1 day)
<i>eszopiclone oral</i>	1	QL (1 per 1 day)
FANAPT ORAL TABLET	3	PA; QL (2 per 1 day)
FANAPT ORAL TABLETS, DOSE PACK	3	PA; QL (8 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	2	PA; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	PA
<i>fluphenazine decanoate injection</i>	MB	
<i>fluphenazine hcl injection</i>	MB	
<i>fluphenazine hcl oral</i>	1	PA
<i>fluvoxamine oral</i>	1	
<i>guanfacine oral</i>	1	
<i>haloperidol lactate injection</i>	MB	
<i>haloperidol oral</i>	1	PA
<i>imipramine hcl oral</i>	1	
<i>lisdexamphetamine oral</i>	2	PA; QL (1 per 1 day)
<i>lithium carbonate oral</i>	1	
<i>lithium citrate oral</i>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate oral</i>	1	PA; QL (4 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
MARPLAN ORAL	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	Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	PA
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	1	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA; QL (2 per 1 day)
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS	MB	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS	MB	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS	MB	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS	MB	
<i>midazolam oral</i>	1	QL (10 per 30 days)
<i>mirtazapine oral</i>	1	
<i>modafinil oral</i>	2	PA; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>nefazodone oral</i>	2	
<i>nortriptyline oral</i>	1	
<i>olanzapine oral</i>	2	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i>	2	PA; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	
<i>perphenazine oral</i>	1	PA
<i>phenelzine oral</i>	1	
<i>pimozide oral</i>	2	PA
<i>protriptyline oral</i>	2	
<i>quetiapine oral tablet</i>	2	PA
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	2	PA; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	2	PA; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	2	PA; QL (3 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	2	PA; QL (4 per 1 day)

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

Drug Name	Tier	Requirements / Limits
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	2	PA; QL (2 per 1 day)
<i>ramelteon oral</i>	2	PA; QL (2 per 1 day)
<i>risperidone oral solution</i>	1	PA
<i>risperidone oral tablet</i>	1	PA
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 2 mg, 4 mg</i>	2	PA; QL (2 per 1 day)
<i>risperidone oral tablet, disintegrating 1 mg, 3 mg</i>	2	PA; QL (60 per 30 days)
<i>sertraline oral</i>	1	
SUNOSI ORAL	3	PA; QL (1 per 1 day)
<i>temazepam oral</i>	1	QL (1 per 1 day)
<i>thioridazine oral</i>	1	
<i>thiothixene oral</i>	1	PA
<i>tranlycypromine oral</i>	2	
<i>trazodone oral</i>	1	
<i>triazolam oral</i>	1	QL (1 per 1 day)
<i>trifluoperazine oral</i>	1	PA
<i>trimipramine oral</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	QL (6 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (90 per 30 days)
<i>vilazodone oral</i>	3	QL (1 per 1 day)
VYVANSE ORAL	3	PA; QL (1 per 1 day)
<i>zaleplon oral capsule 10 mg</i>	1	QL (100 per 1 day)
<i>zaleplon oral capsule 5 mg</i>	1	QL (10 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	2	PA; QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	2	PA; QL (2 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase</i>	2	QL (1 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INTRAVENOUS	MB	SP; DS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	2	PA; SP; DS; QL (60 per 720 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	2	PA; SP; DS; QL (2 per 1 day)

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

Drug Name	Tier	Requirements / Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; SP; DS; QL (0.43 per 1 day)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; SP; DS; QL (0.43 per 1 day)
LEMTRADA INTRAVENOUS	MB	SP; DS
OCREVUS INTRAVENOUS	MB	SP; DS; QL (0.12 per 1 day)
PLEGRIDY INTRAMUSCULAR	4	PA; SP; DS; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS	4	PA; SP; DS; QL (0.4 per 1 day)
REBIF (WITH ALBUMIN) SUBCUTANEOUS	4	PA; SP; DS; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; DS; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; DS; QL (1 per 720 days)
REBIF TITRATION PACK SUBCUTANEOUS	4	PA; SP; DS; QL (1 per 720 days)

Drug Name	Tier	Requirements / Limits
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	1	
<i>disopyramide phosphate oral</i>	2	
<i>dofetilide oral</i>	2	
<i>flecainide oral</i>	2	
<i>lidocaine (pf) intravenous</i>	MB	
<i>mexiletine oral</i>	2	
MULTAQ ORAL	3	
NEXTERONE INTRAVENOUS	MB	
<i>pacerone oral</i>	1	
<i>propafenone oral</i>	2	
<i>quinidine sulfate oral</i>	1	
<i>sotalol af oral</i>	2	
<i>sotalol oral</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral</i>	1	
<i>aliskiren oral</i>	2	
<i>amiloride oral</i>	2	
<i>amlodipine oral</i>	1	
<i>amlodipine-benazepril oral</i>	1	
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone oral</i>	1	
<i>benazepril oral</i>	1	
<i>benazepril-hydrochlorothiazide oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>bisoprolol-hydrochlorothiazide oral</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan oral</i>	1	
<i>candesartan-hydrochlorothiazid oral</i>	1	
<i>captopril oral</i>	2	
<i>captopril-hydrochlorothiazide oral</i>	2	
<i>cartia xt oral</i>	1	
<i>carvedilol oral</i>	1	
<i>chlorthalidone oral</i>	1	
<i>clonidine hcl oral</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>doxazosin oral</i>	1	
<i>enalapril maleate oral</i>	1	
<i>enalapril-hydrochlorothiazide oral</i>	1	
<i>eplerenone oral</i>	2	
<i>ethacrynic acid oral</i>	2	
<i>felodipine oral</i>	1	
<i>fosinopril oral</i>	1	
<i>fosinopril-hydrochlorothiazide oral</i>	1	
<i>furosemide oral</i>	1	
<i>guanfacine oral</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>indapamide oral</i>	1	
<i>irbesartan oral</i>	1	
<i>irbesartan-hydrochlorothiazide oral</i>	1	
<i>isradipine oral</i>	1	
<i>labetalol oral</i>	1	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide oral</i>	1	
<i>losartan oral</i>	1	
<i>losartan-hydrochlorothiazide oral</i>	1	
<i>matzim la oral</i>	1	
<i>methyldopa oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>methyldopate intravenous</i>	MB	
<i>metolazone oral</i>	1	
<i>metoprolol succinate oral</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>minoxidil oral</i>	1	
<i>moexipril oral</i>	1	
<i>nadolol oral</i>	2	
<i>nebivolol oral</i>	2	
<i>nicardipine oral</i>	2	
<i>nifedipine oral</i>	2	
<i>nimodipine oral</i>	2	
<i>nisoldipine oral</i>	2	
<i>olmesartan oral</i>	2	
<i>perindopril erbumine oral</i>	1	
<i>phenoxybenzamine oral</i>	2	PA
<i>pindolol oral</i>	2	
<i>prazosin oral</i>	1	
<i>propranolol oral</i>	1	
<i>quinapril oral</i>	1	
<i>quinapril-hydrochlorothiazide oral</i>	1	
<i>ramipril oral</i>	1	
<i>spironolactone oral</i>	1	
<i>spironolacton-hydrochlorothiaz oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>telmisartan oral</i>	1	
<i>telmisartan-hydrochlorothiazid oral</i>	1	
<i>terazosin oral</i>	1	
<i>tiadylt er oral</i>	1	
<i>timolol maleate oral</i>	1	
<i>torseamide oral</i>	1	
<i>trandolapril oral</i>	1	
<i>trandolapril-verapamil oral</i>	1	
<i>triamterene oral</i>	2	
<i>triamterene-hydrochlorothiazid oral</i>	1	
<i>valsartan oral</i>	1	
<i>valsartan-hydrochlorothiazide oral</i>	1	
<i>verapamil oral</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	2	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral</i>	2	
BRILINTA ORAL	3	
<i>cilostazol oral</i>	2	
<i>clopidogrel oral</i>	2	
DEFITELIO INTRAVENOUS	MB	

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

Drug Name	Tier	Requirements / Limits
<i>dipyridamole oral</i>	2	
ELIQUIS DVT-PE TREAT 30D START ORAL	3	QL (74 per 365 days)
ELIQUIS ORAL	3	QL (2 per 1 day)
<i>enoxaparin subcutaneous</i>	4	DS
<i>fondaparinux subcutaneous</i>	4	DS
FRAGMIN SUBCUTANEOUS	4	DS
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS	MB	
<i>heparin (porcine) in 5 % dex intravenous</i>	MB	
<i>heparin (porcine) in nacl (pf) intravenous</i>	MB	
<i>heparin (porcine) injection</i>	1	
<i>heparin lock flush (porcine) intravenous</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous</i>	MB	
<i>jantoven oral</i>	1	
KENGREAL INTRAVENOUS	MB	
<i>pentoxifylline oral</i>	1	
<i>prasugrel hcl oral</i>	2	
PRAXBIND INTRAVENOUS	MB	
PROMACTA ORAL	4	PA; SP; DS
<i>warfarin oral</i>	1	

Drug Name	Tier	Requirements / Limits
XARELTO DVT-PE TREAT 30D START ORAL	3	QL (51 per 365 days)
XARELTO ORAL	3	QL (2 per 1 day)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral</i>	2	
<i>cholestyramine light oral</i>	2	
<i>colesevelam oral</i>	2	
<i>colestipol oral</i>	1	
<i>ezetimibe oral</i>	1	
<i>fenofibrate micronized oral capsule 130 mg</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral</i>	1	
<i>fenofibrate oral</i>	1	
<i>fenofibric acid (choline) oral</i>	1	
<i>fenofibric acid oral</i>	1	
<i>fluvastatin oral capsule</i>	1	ACA

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

Drug Name	Tier	Requirements / Limits
<i>fluvastatin oral tablet extended release 24 hr</i>	2	ACA
<i>gemfibrozil oral</i>	1	
<i>lovastatin oral</i>	1	ACA
<i>niacin oral</i>	1	
<i>pravastatin oral</i>	1	ACA
<i>prevalite oral</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS	4	PA; SP; DS; QL (3.5 per 21 days)
REPATHA SURECLICK SUBCUTANEOUS	4	PA; SP; DS; QL (3 per 23 days)
REPATHA SYRINGE SUBCUTANEOUS	4	PA; SP; DS; QL (3 per 23 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	2	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
GIAPREZA INTRAVENOUS	MB	
<i>ranolazine oral</i>	2	
NITRATES		
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide mononitrate oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>nitro-bid transdermal</i>	3	
<i>nitroglycerin sublingual</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral</i>	4	SP; DS
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical</i>	2	
<i>calcipotriene-betamethasone topical</i>	2	
<i>calcitriol topical</i>	2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX PEN (2 PENS) SUBCUTANEOUS	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX PEN SUBCUTANEOUS	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; DS; QL (0.08 per 1 day)
<i>selenium sulfide topical</i>	1	
STELARA INTRAVENOUS	MB	PA; SP; DS; QL (1.86 per 1 day)

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

Drug Name	Tier	Requirements / Limits
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; DS; QL (0.02 per 1 day)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; DS; QL (0.02 per 1 day)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; DS; QL (0.04 per 1 day)
BURN THERAPY		
<i>silver sulfadiazine topical</i>	1	
<i>ssd topical</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical</i>	1	
<i>diclofenac sodium topical</i>	2	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; DS; QL (0.09 per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; DS; QL (0.15 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; DS; QL (0.09 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; DS; QL (0.15 per 1 day)
<i>fluorouracil topical</i>	4	PA; SP; DS

Drug Name	Tier	Requirements / Limits
<i>methoxsalen oral</i>	2	
<i>pimecrolimus topical</i>	2	PA; QL (100 per 23 days)
<i>podofilox topical</i>	1	
REGRANEX TOPICAL	3	
<i>tacrolimus topical</i>	2	PA; QL (30 per 180 days)
THERAPY FOR ACNE		
<i>adapalene topical</i>	2	PA
<i>adapalene-benzoyl peroxide topical</i>	2	PA
<i>amneesteem oral</i>	2	PA
<i>azelaic acid topical</i>	2	
<i>claravis oral</i>	2	PA
<i>clindamycin phosphate topical</i>	1	
<i>clindamycin-benzoyl peroxide topical</i>	3	
<i>ery pads topical</i>	1	
<i>erythromycin with ethanol topical</i>	1	
<i>erythromycin-benzoyl peroxide topical</i>	1	
<i>ivermectin topical</i>	3	QL (1.5 per 1 day)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	2	
<i>metronidazole topical gel with pump</i>	2	
<i>metronidazole topical lotion</i>	2	

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

Drug Name	Tier	Requirements / Limits
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	
<i>tazarotene topical cream</i>	2	PA
<i>tazarotene topical gel</i>	3	PA
<i>tretinoin topical cream</i>	2	PA
<i>tretinoin topical gel</i>	1	PA
<i>zenatane oral</i>	2	PA
TOPICAL ANESTHETICS		
<i>bupivacaine (pf) injection</i>	MB	
<i>bupivacaine-epinephrine (pf) injection</i>	MB	
EXPAREL (PF) LOCAL INFILTRATION	MB	
<i>lidocaine (pf) injection</i>	MB	
<i>lidocaine hcl injection</i>	MB	
<i>lidocaine topical</i>	1	QL (50 per 23 days)
<i>lidocaine-prilocaine topical</i>	1	QL (1 per 1 day)
<i>ropivacaine (pf) injection</i>	MB	
XARACOLL IMPLANT	MB	
XYLOCAINE- MPF/EPINEPHRIN E INJECTION	MB	
TOPICAL ANTIBACTERIALS		

Drug Name	Tier	Requirements / Limits
ALTABAX TOPICAL	3	
<i>mafenide acetate topical</i>	2	
<i>mupirocin topical</i>	1	
SULFAMYLON TOPICAL	3	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical gel</i>	1	
<i>ciclopirox topical shampoo</i>	2	
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical</i>	1	
<i>clotrimazole topical</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	2	
<i>econazole nitrate topical</i>	1	
ERTACZO TOPICAL	3	
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical foam</i>	3	
<i>ketoconazole topical shampoo</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>klayesta topical</i>	1	
<i>naftifine topical</i>	2	
<i>nyamyc topical</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone topical cream</i>	2	
<i>nystatin-triamcinolone topical ointment</i>	1	
<i>nystop topical</i>	1	
<i>oxiconazole topical</i>	2	
OXISTAT TOPICAL	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	QL (1 per 23 days)
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	QL (45 per 23 days)
<i>betamethasone dipropionate topical lotion</i>	1	QL (60 per 23 days)
<i>betamethasone dipropionate topical ointment</i>	2	PA; QL (45 per 23 days)
<i>betamethasone valerate topical cream</i>	1	QL (45 per 23 days)
<i>betamethasone valerate topical foam</i>	1	QL (100 per 23 days)
<i>betamethasone valerate topical lotion</i>	1	QL (60 per 23 days)

Drug Name	Tier	Requirements / Limits
<i>betamethasone valerate topical ointment</i>	1	QL (45 per 23 days)
<i>betamethasone, augmented topical cream</i>	1	QL (50 per 23 days)
<i>betamethasone, augmented topical gel</i>	1	QL (50 per 23 days)
<i>betamethasone, augmented topical lotion</i>	1	QL (60 per 23 days)
<i>betamethasone, augmented topical ointment</i>	1	
<i>clobetasol scalp</i>	2	PA
<i>clobetasol topical</i>	2	PA
<i>clobetasol-emollient topical</i>	2	PA
<i>clocortolone pivalate topical</i>	2	QL (3 per 1 day)
<i>desonide topical cream</i>	2	PA
<i>desonide topical lotion</i>	2	PA
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical</i>	2	PA
<i>fluocinolone and shower cap scalp</i>	2	PA
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	2	PA
<i>fluocinolone topical ointment</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>fluocinolone topical solution</i>	2	PA
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	PA
<i>fluocinonide topical gel</i>	2	PA
<i>fluocinonide topical ointment</i>	2	PA
<i>fluocinonide topical solution</i>	2	PA
<i>flurandrenolide topical</i>	2	PA
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	PA
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical</i>	2	PA
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical ointment</i>	2	PA
HALOG TOPICAL	3	PA
<i>hydrocortisone butyrate topical cream</i>	2	PA
<i>hydrocortisone butyrate topical lotion</i>	2	PA

Drug Name	Tier	Requirements / Limits
<i>hydrocortisone butyrate topical ointment</i>	1	PA
<i>hydrocortisone butyrate topical solution</i>	2	PA
<i>hydrocortisone topical</i>	1	
<i>hydrocortisone valerate topical</i>	2	PA
<i>mometasone topical</i>	1	
<i>prednicarbate topical cream</i>	2	PA
<i>prednicarbate topical ointment</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	
<i>triderm topical</i>	1	
TOPICAL ENZYMES		
SANTYL TOPICAL	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical</i>	3	
<i>malathion topical</i>	2	
<i>permethrin topical</i>	1	
<i>spinosad topical</i>	1	

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

Drug Name	Tier	Requirements / Limits
DIAGNOSTICS & MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral</i>	2	
AMMONUL INTRAVENOUS	MB	
AMPHADASE INJECTION	MB	
<i>anagrelide oral</i>	2	
ARALAST NP INTRAVENOUS	MB	SP; DS
<i>carglumic acid oral</i>	4	PA; SP; DS
CARNITOR INTRAVENOUS	MB	
<i>cevimeline oral</i>	2	
CHEMET ORAL	3	
<i>deferiprone oral</i>	4	PA; SP; DS
<i>disulfiram oral</i>	1	
GLASSIA INTRAVENOUS	MB	SP; DS
HYLENEX INJECTION	MB	
<i>levocarnitine (with sugar) oral</i>	1	
<i>levocarnitine intravenous</i>	MB	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	2	
<i>midodrine oral</i>	2	
PEDMARK INTRAVENOUS	MB	
<i>riluzole oral</i>	4	SP; DS
<i>risedronate oral</i>	2	

Drug Name	Tier	Requirements / Limits
<i>sodium benzoate-sodium phenylacetate intravenous</i>	MB	
<i>sodium chloride 0.9% injection</i>	1	
<i>sodium chloride 0.9% intravenous</i>	1	
<i>sodium chloride injection</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate oral</i>	4	PA; DS
<i>trientine oral</i>	4	PA; SP; DS
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) oral</i>	1	ACA
<i>nicorette buccal gum</i>	1	ACA; OTC
NICORETTE BUCCAL LOZENGE	3	OTC
NICORETTE BUCCAL MINI LOZENGE	3	OTC
<i>nicotine (polacrilex) buccal</i>	1	ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	1	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	3	ACA; OTC
NICOTROL NS NASAL	3	ACA
<i>quit 2 buccal</i>	1	ACA; OTC
<i>quit 4 buccal</i>	1	ACA; OTC
<i>stop smoking aid buccal</i>	1	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	Tier	Requirements / Limits
<i>varenicline tartrate oral tablet</i>	1	ACA; QL (2 per 1 day)
<i>varenicline tartrate oral tablets,dose pack</i>	1	ACA; QL (1 per 274 days)

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>ipratropium bromide nasal</i>	1	
<i>olopatadine nasal</i>	1	
<i>oralone dental</i>	1	
<i>paroex oral rinse mucous membrane</i>	1	
<i>periogard mucous membrane</i>	1	
<i>pilocarpine hcl oral</i>	2	
<i>triamcinolone acetonide dental</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
<i>fluocinolone acetonide oil otic (ear)</i>	1	
<i>hydrocortisone-acetic acid otic (ear)</i>	2	
<i>ofloxacin otic (ear)</i>	1	

OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements / Limits
CIPRO HC OTIC (EAR)	3	
<i>ciprofloxacin-dexamethasone otic (ear)</i>	1	
CORTISPORIN-TC OTIC (EAR)	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>dexamethasone oral</i>	1	
<i>fludrocortisone oral</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral</i>	1	
<i>prednisolone oral</i>	1	
<i>prednisolone sodium phosphate oral</i>	1	
<i>prednisone oral</i>	1	

ANTITHYROID AGENTS

<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

FREESTYLE INSULINX	2	OTC; QL (200 per 23 days)
FREESTYLE INSULINX TEST STRIPS	2	OTC; QL (200 per 23 days)
FREESTYLE LITE STRIPS	2	OTC; QL (200 per 23 days)
FREESTYLE PRECISION NEO STRIPS	2	OTC; QL (200 per 23 days)

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Drug Name	Tier	Requirements / Limits
FREESTYLE TEST	2	OTC; QL (200 per 23 days)
PRECISION XTRA TEST	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION	MB	
INSULIN SYRINGE-NEEDLE U-100	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGON (HCL) EMERGENCY KIT INJECTION	2	
<i>glucagon emergency kit (human) injection</i>	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	3	QL (6.67 per 1 day)
BD MICROTAINER LANCET	3	OTC; QL (6.8 per 1 day)
BD SPECIALTY USE NEEDLES	3	QL (6.67 per 1 day)
LANCETS	3	OTC; QL (6.8 per 1 day)
PEN NEEDLE, DIABETIC	3	OTC; QL (6.67 per 1 day)
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS	2	

Drug Name	Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS	2	
HUMULIN R REGULAR U-100 INSULN INJECTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS	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	Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOUS	2	
INSULIN LISPRO SUBCUTANEOUS	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS	2	
LANTUS U-100 INSULIN SUBCUTANEOUS	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS	2	
RELION NOVOLIN 70/30 SUBCUTANEOUS	2	
RELION NOVOLIN N SUBCUTANEOUS	2	
RELION NOVOLIN R INJECTION	2	
TRESIBA FLEXTOUCH U- 100 SUBCUTANEOUS	2	
TRESIBA FLEXTOUCH U- 200 SUBCUTANEOUS	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS	2	

MISCELLANEOUS HORMONES

Drug Name	Tier	Requirements / Limits
ALDURAZYME INTRAVENOUS	MB	SP; DS
<i>cabergoline oral</i>	1	
<i>calcitonin (salmon) nasal</i>	2	
<i>calcitriol intravenous</i>	MB	
<i>calcitriol oral capsule</i>	1	PA
<i>calcitriol oral solution</i>	2	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULA R	4	PA; SP; DS
<i>cinacalcet oral</i>	4	PA; SP; DS
<i>danazol oral</i>	2	
<i>desmopressin nasal</i>	2	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	PA
ELAPRASE INTRAVENOUS	MB	SP; DS
ELELYSO INTRAVENOUS	MB	SP; DS
<i>javygtor oral</i>	4	PA; SP; DS
LUMIZYME INTRAVENOUS	MB	SP; DS
METHITEST ORAL	3	
MYALEPT SUBCUTANEOUS	4	PA; SP; DS
NAGLAZYME INTRAVENOUS	MB	SP; DS
<i>pamidronate intravenous</i>	MB	SP; DS
<i>paricalcitol oral</i>	2	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	Tier	Requirements / Limits
<i>sapropterin oral</i>	4	PA; SP; DS
SYNAREL NASAL	4	PA; SP; DS
<i>testosterone cypionate intramuscular</i>	1	
<i>testosterone transdermal</i>	2	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS	MB	
<i>vasopressin intravenous</i>	MB	
<i>zoledronic acid intravenous</i>	MB	SP; DS
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS	MB	SP; DS
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral</i>	1	
CYCLOSET ORAL	3	
<i>glimepiride oral</i>	1	ST
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	ST
GLIPIZIDE ORAL TABLET 2.5 MG	1	ST
<i>glipizide oral tablet extended release 24hr</i>	1	ST
<i>glipizide-metformin oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>glyburide micronized oral</i>	1	ST
<i>glyburide oral</i>	1	ST
<i>glyburide-metformin oral</i>	1	ST
JANUMET ORAL	2	ST
JANUMET XR ORAL	2	ST
JANUVIA ORAL	2	ST
JARDIANCE ORAL	2	ST
<i>liraglutide subcutaneous</i>	2	PA; QL (0.3 per 1 day)
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	PA
<i>migliitol oral</i>	2	
<i>nateglinide oral</i>	2	
OZEMPIC SUBCUTANEOUS	2	PA; QL (0.108 per 1 day)
<i>pioglitazone oral</i>	1	ST
<i>repaglinide oral</i>	1	
SYMLINPEN 120 SUBCUTANEOUS	3	PA
SYMLINPEN 60 SUBCUTANEOUS	3	PA
SYNJARDY ORAL	2	ST
SYNJARDY XR ORAL	2	ST
TRULICITY SUBCUTANEOUS	2	PA; QL (0.08 per 1 day)
VICTOZA 2-PAK SUBCUTANEOUS	2	PA; QL (0.3 per 1 day)
VICTOZA 3-PAK SUBCUTANEOUS	2	PA; QL (0.3 per 1 day)

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

Drug Name	Tier	Requirements / Limits
THYROID HORMONES		
<i>euthyrox oral</i>	1	
<i>levo-t oral</i>	1	
LEVOTHYROXINE ORAL CAPSULE	2	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral</i>	1	
<i>liothyronine oral</i>	1	
<i>unithroid oral</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>atropine intravenous solution</i>	MB	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)</i>	MB	
ATROPINE INTRAVENOUS SYRINGE 0.4 MG/ML	MB	
<i>dicyclomine oral</i>	1	
<i>diphenoxylate-atropine oral</i>	1	
<i>glycopyrrolate intravenous</i>	MB	
<i>glycopyrrolate oral</i>	1	
<i>methscopolamine oral</i>	2	
MOTOFEN ORAL	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		

Drug Name	Tier	Requirements / Limits
AKYNZEO (FOSNETUPITANT) INTRAVENOUS	MB	
<i>alosetron oral</i>	2	PA; QL (2 per 1 day)
APONVIE INTRAVENOUS	MB	SP; DS
<i>aprepitant oral</i>	2	QL (0.15 per 1 day)
AVSOLA INTRAVENOUS	MB	SP; DS
<i>balsalazide oral</i>	1	
BARHEMSYS INTRAVENOUS	MB	
<i>betaine oral</i>	4	DS
<i>budesonide oral</i>	2	
CINVANTI INTRAVENOUS	MB	SP; DS
<i>citrate of magnesia oral</i>	1	ACA; OTC
<i>citroma oral</i>	1	ACA; OTC
<i>clearlax oral</i>	1	ACA; OTC
<i>constulose oral</i>	1	
DIPENTUM ORAL	3	
<i>doxylamine-pyridoxine (vit b6) oral</i>	2	PA; QL (4 per 1 day)
<i>dronabinol oral</i>	2	
<i>dulcolax (magnesium hydroxide) oral</i>	3	ACA; OTC
ENTYVIO INTRAVENOUS	MB	SP; DS; QL (1 per 42 days)
<i>enulose oral</i>	1	
FOCINVEZ INTRAVENOUS	MB	SP; DS

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Drug Name	Tier	Requirements / Limits
<i>fosaprepitant intravenous</i>	MB	SP; DS
<i>gavilax oral</i>	1	ACA; OTC
<i>gavilyte-c oral</i>	1	ACA
<i>gavilyte-g oral</i>	1	ACA
<i>gavilyte-n oral</i>	1	ACA
<i>generlac oral</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	1	ACA; OTC
<i>gentlelax oral</i>	1	ACA; OTC
<i>granisetron hcl oral</i>	2	QL (0.86 per 1 day)
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical</i>	1	
INFLECTRA INTRAVENOUS	MB	SP; DS
INFLIXIMAB INTRAVENOUS	MB	SP; DS
<i>lactulose oral</i>	1	
<i>laxative (bisacodyl) oral</i>	1	ACA; OTC
<i>laxative peg 3350 oral</i>	1	ACA; OTC
<i>lubiprostone oral</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral</i>	1	ACA; OTC
<i>meclizine oral</i>	1	
<i>mesalamine oral</i>	2	
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia concentrated oral</i>	3	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>milk of magnesia oral</i>	3	ACA; OTC
<i>natura-lax oral</i>	1	ACA; OTC
<i>nitroglycerin rectal</i>	2	
<i>ondansetron hcl oral solution</i>	2	QL (2 per 1 day)
<i>ondansetron hcl oral tablet</i>	2	QL (9 per 30 days)
<i>ondansetron oral</i>	2	QL (0.3 per 1 day)
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	MB	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	MB	SP; DS
<i>palonosetron intravenous syringe</i>	MB	
<i>peg 3350-electrolytes oral</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral</i>	1	ACA
<i>peg-electrolyte soln oral</i>	1	ACA
<i>polyethylene glycol 3350 oral</i>	1	ACA; OTC
<i>powderlax oral</i>	1	ACA; OTC
<i>prochlorperazine maleate oral</i>	1	
<i>procto-med hc topical</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc topical</i>	1	
<i>purelax oral</i>	1	ACA; OTC
RECTIV RECTAL	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	Tier	Requirements / Limits
RELISTOR SUBCUTANEOUS	MB	
REMICADE INTRAVENOUS	MB	SP; DS
RENFLEXIS INTRAVENOUS	MB	SP; DS
<i>scopolamine base transdermal</i>	3	
<i>smoothlax oral</i>	1	ACA; OTC
<i>sodium,potassium,m ag sulfates oral</i>	1	ACA
<i>sulfasalazine oral</i>	1	
<i>trimethobenzamide oral</i>	1	
TRULANCE ORAL	3	ST; QL (1 per 1 day)
<i>ursodiol oral</i>	2	
<i>women's gentle laxative(bisac) oral</i>	1	ACA; OTC
ZYMFENTRA SUBCUTANEOUS	MB	SP; DS
ULCER THERAPY		
<i>cimetidine oral</i>	1	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	3	ST; QL (30 per 23 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	3	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral</i>	2	QL (1 per 1 day)
<i>esomeprazole sodium intravenous</i>	MB	
<i>famotidine oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>lansoprazole oral</i>	1	QL (1 per 1 day)
<i>misoprostol oral</i>	1	
<i>nizatidine oral</i>	1	
<i>omeprazole oral</i>	1	QL (1 per 1 day)
<i>pantoprazole oral</i>	2	QL (1 per 1 day)
<i>rabeprazole oral</i>	2	QL (1 per 1 day)
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA; SP; DS; QL (4 per 21 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	SP; DS; QL (4 per 21 days)
FULPHILA SUBCUTANEOUS	4	PA; SP; DS
MIRCERA INJECTION	MB	DS
PROCRIT INJECTION	4	PA; SP; DS; QL (0.43 per 1 day)
PROLEUKIN INTRAVENOUS	MB	DS
REBLOZYL SUBCUTANEOUS	MB	DS
ZARXIO INJECTION	4	PA; SP; DS

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Drug Name	Tier	Requirements / Limits
ZIEXTENZO SUBCUTANEOUS	4	PA; SP; DS
GROWTH HORMONES		
NUTROPIN AQ NUSPIN SUBCUTANEOUS	4	PA; SP; DS
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS	4	PA; SP; DS
ALFERON N INJECTION	MB	SP; DS
PEGASYS SUBCUTANEOUS SOLUTION	4	SP; DS; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	SP; DS; QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR	3	PA; ACA
ACTHIB (PF) INTRAMUSCULAR	3	PA; ACA
ADACEL(TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR	3	PA; ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR	1	PA; ACA

Drug Name	Tier	Requirements / Limits
AREXVY (PF) INTRAMUSCULAR	3	PA; ACA
BEXSERO INTRAMUSCULAR	2	PA; ACA
BOOSTRIX TDAP INTRAMUSCULAR	3	PA; ACA
BOTOX INJECTION	MB	SP; DS
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR	2	PA; ACA
CYTOGAM INTRAVENOUS	MB	SP; DS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR	3	PA; ACA
ENGERIX-B (PF) INTRAMUSCULAR	3	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR	3	ACA
FLUAD TRIV 2024- 25(65Y UP)(PF) INTRAMUSCULAR	1	PA; ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA

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Drug Name	Tier	Requirements / Limits
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR	1	PA; ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA
FLUMIST TRIVALENT 2024-2025 NASAL	1	PA; ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR	1	PA; ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR	1	PA; ACA
GARDASIL 9 (PF) INTRAMUSCULAR	2	PA; ACA
HAVRIX (PF) INTRAMUSCULAR	3	PA; ACA
HEPAGAM B INJECTION	MB	SP; DS
HEPLISAV-B (PF) INTRAMUSCULAR	3	PA; ACA

Drug Name	Tier	Requirements / Limits
HIBERIX (PF) INTRAMUSCULAR	3	PA; ACA
HYQVIA SUBCUTANEOUS	4	PA; SP; DS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR	3	PA; ACA
IPOL INJECTION	3	PA; ACA
IXIARO (PF) INTRAMUSCULAR	3	PA
KINRIX (PF) INTRAMUSCULAR	3	PA; ACA
MENQUADFI (PF) INTRAMUSCULAR	3	PA; ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR	3	PA; ACA
M-M-R II (PF) SUBCUTANEOUS	3	PA; ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR	2	ACA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR	2	ACA
PEDIARIX (PF) INTRAMUSCULAR	3	PA; ACA

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Drug Name	Tier	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR	3	PA; ACA
PENBRAYA (PF) INTRAMUSCULAR	3	ACA
PENTACEL (PF) INTRAMUSCULAR	3	PA; ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR	2	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR	2	ACA
PNEUMOVAX-23 INJECTION	2	PA; ACA
PREVNAR 20 (PF) INTRAMUSCULAR	2	PA; ACA
PRIORIX (PF) SUBCUTANEOUS	3	PA; ACA
PROQUAD (PF) SUBCUTANEOUS	3	PA; ACA
QUADRACEL (PF) INTRAMUSCULAR	3	PA; ACA
RABAVERT (PF) INTRAMUSCULAR	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR	3	ACA
ROTATEQ VACCINE ORAL	3	PA; ACA

Drug Name	Tier	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR	2	PA; ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR	2	ACA
TENIVAC (PF) INTRAMUSCULAR	3	PA; ACA
TRUMENBA INTRAMUSCULAR	2	PA; ACA
TWINRIX (PF) INTRAMUSCULAR	3	PA; ACA
TYPHIM VI INTRAMUSCULAR	3	PA
VAQTA (PF) INTRAMUSCULAR	3	PA; ACA
VARIVAX (PF) SUBCUTANEOUS	3	PA; ACA
VAXELIS (PF) INTRAMUSCULAR	3	PA; ACA
VAXNEUVANCE (PF) INTRAMUSCULAR	2	PA; ACA
VIVOTIF ORAL	2	PA
XEOMIN INTRAMUSCULAR	4	PA; SP; DS
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical</i>	2	

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

Drug Name	Tier	Requirements / Limits
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg</i>	1	QL (8 per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1	QL (2 per 1 day)
<i>colchicine oral capsule</i>	2	ST; QL (2 per 1 day)
<i>colchicine oral tablet</i>	2	QL (2.3 per 1 day)
<i>febuxostat oral</i>	2	ST; QL (1 per 1 day)
KRYSTEXXA INTRAVENOUS	MB	SP; DS
<i>probenecid oral</i>	1	
<i>probenecid-colchicine oral</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral</i>	1	
FORTEO SUBCUTANEOUS	4	PA; SP; DS; QL (0.09 per 1 day)
FOSAMAX PLUS D ORAL	3	QL (0.15 per 1 day)
<i>ibandronate oral</i>	1	
<i>raloxifene oral</i>	1	
<i>risedronate oral</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; SP; DS; QL (0.09 per 1 day)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; SP; DS; QL (0.09 per 1 day)

Drug Name	Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS	4	PA; SP; DS; QL (0.13 per 1 day)
ACTEMRA INTRAVENOUS	MB	SP; DS
ACTEMRA SUBCUTANEOUS	4	PA; SP; DS; QL (0.13 per 1 day)
ADALIMUMAB-AATY SUBCUTANEOUS	4	PA; SP; DS; QL (0.08 per 1 day)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	PA; SP; DS; QL (0.03 per 1 day)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	4	PA; SP; DS; QL (0.06 per 1 day)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	4	PA; SP; DS; QL (0.02 per 1 day)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.4 ML	4	PA; SP; DS; QL (0.03 per 1 day)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; SP; DS; QL (0.06 per 1 day)
BENLYSTA INTRAVENOUS	MB	SP; DS

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

Drug Name	Tier	Requirements / Limits
ENBREL MINI SUBCUTANEOUS	4	PA; SP; DS; QL (0.15 per 1 day)
ENBREL SUBCUTANEOUS	4	PA; SP; DS; QL (0.15 per 1 day)
ENBREL SURECLICK SUBCUTANEOUS	4	PA; SP; DS; QL (0.15 per 1 day)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; DS; QL (0.15 per 1 day)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; DS; QL (0.15 per 1 day)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; DS; QL (0.08 per 1 day)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; DS; QL (0.15 per 1 day)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; DS; QL (0.15 per 1 day)

Drug Name	Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; DS; QL (3 per 720 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; DS; QL (3 per 720 days)
<i>leflunomide oral</i>	2	
ORENCIA (WITH MALTOSE) INTRAVENOUS	MB	PA; SP; DS; QL (4 per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS	4	PA; SP; DS; QL (4 per 21 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; SP; DS; QL (4 per 21 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; SP; DS; QL (0.06 per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; SP; DS; QL (0.1 per 1 day)
OTEZLA ORAL	4	PA; SP; DS; QL (2 per 1 day)
OTEZLA STARTER ORAL	4	PA; SP; DS; QL (55 per 720 days)
<i>penicillamine oral</i>	4	PA; SP; DS; QL (8 per 1 day)

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

Drug Name	Tier	Requirements / Limits
SAVELLA ORAL TABLET	3	PA; QL (2 per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK	3	PA; QL (1 per 720 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; DS; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; DS; QL (1 per 23 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; DS; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; DS; QL (1 per 23 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL	3	ACA
FC2 FEMALE CONDOM	3	ACA; OTC
FEMCAP VAGINAL	3	ACA
WIDE-SEAL DIAPHRAGM	3	ACA

ESTROGENS & PROGESTINS

BIJUVA ORAL	3	QL (1 per 1 day)
<i>camila oral</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>deblitane oral</i>	1	ACA
<i>dotti transdermal</i>	1	
<i>errin oral</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	
<i>estradiol vaginal</i>	2	
ESTRING VAGINAL	3	
<i>fyavolv oral</i>	1	
<i>heather oral</i>	1	ACA
<i>incassia oral</i>	1	ACA
<i>jencycla oral</i>	1	ACA
<i>jinteli oral</i>	1	
<i>lyleq oral</i>	1	ACA
<i>lyllana transdermal</i>	1	
<i>lyza oral</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone oral</i>	1	
MENEST ORAL	2	
<i>mimvey oral</i>	1	
<i>nora-be oral</i>	1	ACA
<i>norethindrone (contraceptive) oral</i>	1	ACA
<i>norethindrone acetate oral</i>	1	
<i>norethindrone ac-eth estradiol oral</i>	1	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE ORAL	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	Tier	Requirements / Limits
PREMPRO ORAL	3	
<i>progesterone micronized oral</i>	1	
<i>sharobel oral</i>	1	ACA
<i>tulana oral</i>	1	ACA
<i>yuvafem vaginal</i>	2	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	
<i>eluryng vaginal</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal</i>	1	ACA
GYNAZOLE-1 VAGINAL	3	
<i>haloette vaginal</i>	1	ACA
<i>metronidazole vaginal</i>	1	
<i>norelgestromin-ethin.estradiol transdermal</i>	1	ACA
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	2	
<i>tranexamic acid oral</i>	1	
<i>vandazole vaginal</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL	3	ACA; OTC
<i>xulane transdermal</i>	1	ACA
<i>zafemy transdermal</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral</i>	1	ACA
<i>after pill oral</i>	1	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>altavera (28) oral</i>	1	ACA
<i>alyacen 1/35 (28) oral</i>	1	ACA
<i>alyacen 7/7/7 (28) oral</i>	1	ACA
<i>amethia oral</i>	1	ACA
<i>amethyst (28) oral</i>	1	ACA
<i>apri oral</i>	1	ACA
<i>aranelle (28) oral</i>	1	ACA
<i>ashlyna oral</i>	1	ACA
<i>aubra eq oral</i>	1	ACA
<i>aubra oral</i>	1	ACA
<i>aurovela 1.5/30 (21) oral</i>	1	ACA
<i>aurovela 1/20 (21) oral</i>	1	ACA
<i>aurovela 24 fe oral</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral</i>	1	ACA
<i>aurovela fe 1-20 (28) oral</i>	1	ACA
<i>aviane oral</i>	1	ACA
<i>ayuna oral</i>	1	ACA
<i>azurette (28) oral</i>	1	ACA
<i>balziva (28) oral</i>	1	ACA
<i>blisovi 24 fe oral</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral</i>	1	ACA
<i>blisovi fe 1/20 (28) oral</i>	1	ACA
<i>briellyn oral</i>	1	ACA
<i>camrese lo oral</i>	1	ACA
<i>camrese oral</i>	1	ACA
<i>caziant (28) oral</i>	1	ACA

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

Drug Name	Tier	Requirements / Limits
<i>charlotte 24 fe oral</i>	1	ACA
<i>chateal eq (28) oral</i>	1	ACA
<i>cryselle (28) oral</i>	1	ACA
<i>cyred eq oral</i>	1	ACA
<i>cyred oral</i>	1	ACA
<i>dasetta 1/35 (28) oral</i>	1	ACA
<i>dasetta 7/7/7 (28) oral</i>	1	ACA
<i>daysee oral</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral</i>	1	ACA
<i>dolishale oral</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral</i>	1	ACA
<i>econtra ez oral</i>	1	ACA; OTC
<i>econtra one-step oral</i>	1	ACA; OTC
<i>elinest oral</i>	1	ACA
ELLA ORAL	3	ACA
<i>enpresse oral</i>	1	ACA
<i>enskyce oral</i>	1	ACA
<i>estarylla oral</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral</i>	1	ACA
<i>falmina (28) oral</i>	1	ACA
<i>finzala oral</i>	1	ACA
<i>gemmily oral</i>	1	ACA
<i>hailey 24 fe oral</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>hailey fe 1/20 (28) oral</i>	1	ACA
<i>hailey oral</i>	1	ACA
<i>iclevia oral</i>	1	ACA
<i>isibloom oral</i>	1	ACA
<i>jaimiess oral</i>	1	ACA
<i>jasmiel (28) oral</i>	1	ACA
<i>jolessa oral</i>	1	ACA
<i>juleber oral</i>	1	ACA
<i>junel 1.5/30 (21) oral</i>	1	ACA
<i>junel 1/20 (21) oral</i>	1	ACA
<i>junel fe 1.5/30 (28) oral</i>	1	ACA
<i>junel fe 1/20 (28) oral</i>	1	ACA
<i>junel fe 24 oral</i>	1	ACA
<i>kaitlib fe oral</i>	1	ACA
<i>kalliga oral</i>	1	ACA
<i>kariva (28) oral</i>	1	ACA
<i>kelnor 1/35 (28) oral</i>	1	ACA
<i>kelnor 1/50 (28) oral</i>	1	ACA
<i>kurvelo (28) oral</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral</i>	1	ACA
<i>larin 1.5/30 (21) oral</i>	1	ACA
<i>larin 1/20 (21) oral</i>	1	ACA
<i>larin 24 fe oral</i>	1	ACA
<i>larin fe 1.5/30 (28) oral</i>	1	ACA
<i>larin fe 1/20 (28) oral</i>	1	ACA
<i>layolis fe oral</i>	1	ACA

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

Drug Name	Tier	Requirements / Limits
<i>leena 28 oral</i>	1	ACA
<i>lessina oral</i>	1	ACA
<i>levonest (28) oral</i>	1	ACA
<i>levonorgestrel oral</i>	1	ACA; OTC
<i>levonorgestrel-ethinyl estrad oral</i>	1	ACA
<i>levonorg-eth estrad triphasic oral</i>	1	ACA
<i>levora-28 oral</i>	1	ACA
LO LOESTRIN FE ORAL	2	ACA
<i>lojaimiess oral</i>	1	ACA
<i>loryna (28) oral</i>	1	ACA
<i>low-ogestrel (28) oral</i>	1	ACA
<i>lo-zumandimine (28) oral</i>	1	ACA
<i>lutra (28) oral</i>	1	ACA
<i>marlissa (28) oral</i>	1	ACA
<i>merzee oral</i>	1	ACA
<i>mibelas 24 fe oral</i>	1	ACA
<i>microgestin 1.5/30 (21) oral</i>	1	ACA
<i>microgestin 1/20 (21) oral</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral</i>	1	ACA
<i>microgestin fe 1/20 (28) oral</i>	1	ACA
<i>mili oral</i>	1	ACA
<i>mono-linyah oral</i>	1	ACA
<i>my choice oral</i>	1	ACA; OTC
<i>my way oral</i>	1	ACA; OTC
<i>necon 0.5/35 (28) oral</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>new day oral</i>	1	ACA; OTC
<i>nikki (28) oral</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral</i>	1	ACA
<i>norethindrone ac-eth estradiol oral</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral</i>	1	ACA
<i>norgestimate-ethinyl estradiol oral</i>	1	ACA
<i>nortrel 0.5/35 (28) oral</i>	1	ACA
<i>nortrel 1/35 (21) oral</i>	1	ACA
<i>nortrel 1/35 (28) oral</i>	1	ACA
<i>nortrel 7/7/7 (28) oral</i>	1	ACA
<i>nylia 1/35 (28) oral</i>	1	ACA
<i>nylia 7/7/7 (28) oral</i>	1	ACA
<i>ocella oral</i>	1	ACA
<i>opcicon one-step oral</i>	1	ACA; OTC
<i>option-2 oral</i>	1	ACA; OTC
<i>philith oral</i>	1	ACA
<i>pimtrea (28) oral</i>	1	ACA
<i>portia 28 oral</i>	1	ACA
<i>reclipsen (28) oral</i>	1	ACA
<i>rivelsa oral</i>	1	ACA
<i>setlakin oral</i>	1	ACA
<i>simliya (28) oral</i>	1	ACA
<i>simpesse oral</i>	1	ACA
<i>sprintec (28) oral</i>	1	ACA
<i>sronyx oral</i>	1	ACA
<i>syeda oral</i>	1	ACA

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

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

OPHTHALMOLOGY

ANTIBIOTICS

Drug Name	Tier	Requirements / Limits
AZASITE OPHTHALMIC (EYE)	3	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin- polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE OPHTHALMIC (EYE)	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin ophthalmic (eye)</i>	1	
<i>gentamicin ophthalmic (eye)</i>	1	
<i>moxifloxacin ophthalmic (eye)</i>	1	
NATACYN OPHTHALMIC (EYE)	3	
<i>neomycin- bacitracin- polymyxin ophthalmic (eye)</i>	1	
<i>neomycin- polymyxin- gramicidin ophthalmic (eye)</i>	1	
<i>neo-polycin ophthalmic (eye)</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin ophthalmic (eye)</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye)</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye)</i>	1	
ZIRGAN OPHTHALMIC (EYE)	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	
<i>carteolol ophthalmic (eye)</i>	1	
<i>levobunolol ophthalmic (eye)</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE)	4	DS
CYCLOPLEGIC MYDRIATICS		
<i>tropicamide ophthalmic (eye)</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye)</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye)</i>	1	

Drug Name	Tier	Requirements / Limits
<i>bepotastine besilate ophthalmic (eye)</i>	2	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	1	PA; QL (60 per 30 days)
<i>epinastine ophthalmic (eye)</i>	1	
EYLEA HD INTRAVITREAL	MB	SP; DS
<i>olopatadine ophthalmic (eye)</i>	2	
OMIDRIA INTRAOCULAR	MB	
<i>proparacaine ophthalmic (eye)</i>	1	
VABYSMO INTRAVITREAL	MB	SP; DS
XIIDRA OPHTHALMIC (EYE)	3	PA; QL (60 per 23 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye)</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium ophthalmic (eye)</i>	1	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC OPHTHALMIC (EYE)	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral</i>	1	
<i>methazolamide oral</i>	2	

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

Drug Name	Tier	Requirements / Limits
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol ophthalmic (eye)</i>	2	
<i>brinzolamide ophthalmic (eye)</i>	2	
<i>dorzolamide ophthalmic (eye)</i>	1	
<i>dorzolamide-timolol ophthalmic (eye)</i>	1	
<i>latanoprost ophthalmic (eye)</i>	1	
LUMIGAN OPHTHALMIC (EYE)	3	
<i>tafluprost (pf) ophthalmic (eye)</i>	2	
<i>travoprost ophthalmic (eye)</i>	2	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye)</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye)</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
TOBRADEX OPHTHALMIC (EYE)	3	
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	1	

Drug Name	Tier	Requirements / Limits
ZYLET OPHTHALMIC (EYE)	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate ophthalmic (eye)</i>	2	
<i>fluorometholone ophthalmic (eye)</i>	1	
ILUVIEN INTRAVITREAL	MB	SP; DS
LOTEMAX OPHTHALMIC (EYE)	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone acetate ophthalmic (eye)</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	3	
YUTIQ INTRAVITREAL	MB	SP; DS
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye)</i>	1	
SULFONAMIDES		

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

Drug Name	Tier	Requirements / Limits
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye)</i>	1	
<i>brimonidine ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral</i>	1	
<i>clemastine oral</i>	1	
<i>cyproheptadine oral</i>	1	
<i>desloratadine oral</i>	2	
<i>diphenhydramine hcl injection</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>epinephrine injection solution</i>	MB	
<i>hydroxyzine hcl intramuscular</i>	MB	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>levocetirizine oral</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal</i>	2	

Drug Name	Tier	Requirements / Limits
<i>promethegan rectal</i>	2	
COUGH & COLD THERAPY		
<i>benzonatate oral</i>	1	
<i>brompheniramine-pseudoeph-dm oral</i>	1	
<i>codeine-guaifenesin oral</i>	1	
<i>g tussin ac oral</i>	1	
<i>hydrocodone-chlorpheniramine oral</i>	1	
<i>maxi-tuss ac oral</i>	1	
<i>promethazine-dm oral</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	
<i>albuterol sulfate inhalation</i>	1	
<i>albuterol sulfate oral</i>	1	
<i>alyq oral</i>	4	PA; SP; DS
<i>ambriasantan oral</i>	4	PA; SP; DS
<i>arformoterol inhalation</i>	2	
ASMANEX TWISTHALER INHALATION	2	
BERINERT INTRAVENOUS	4	PA; SP; DS; QL (0.34 per 1 day)
<i>bosentan oral</i>	4	PA; SP; DS
<i>breyndia inhalation</i>	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	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	Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 per 30 days)
<i>budesonide-formoterol inhalation</i>	2	
<i>cromolyn inhalation</i>	2	
DULERA INHALATION	2	
<i>flunisolide nasal</i>	1	ST
FLUTICASONE PROPIONATE INHALATION	2	
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
<i>formoterol fumarate inhalation</i>	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol inhalation</i>	2	
<i>levalbuterol hcl inhalation</i>	2	
LEVALBUTEROL TARTRATE INHALATION	1	
<i>montelukast oral</i>	1	

Drug Name	Tier	Requirements / Limits
OFEV ORAL	4	PA; SP; DS
PULMICORT FLEXHALER INHALATION	2	
PULMOZYME INHALATION	4	PA; SP; DS
<i>roflumilast oral</i>	2	PA
SEREVENT DISKUS INHALATION	2	
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; SP; DS
SPIRIVA RESPIMAT INHALATION	3	
SPIRIVA WITH HANDIHALER INHALATION	3	
<i>tadalafil (pulm.hypertension) oral</i>	4	PA; SP; DS
<i>terbutaline oral</i>	2	
<i>theophylline oral</i>	1	
<i>tiotropium bromide inhalation</i>	2	
TRELEGY ELLIPTA INHALATION	2	
VENTAVIS INHALATION	4	PA; SP; DS
<i>wixela inhub inhalation</i>	1	
<i>zafirlukast oral</i>	1	
<i>zileuton oral</i>	2	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

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

Drug Name	Tier	Requirements / Limits
<i>darifenacin oral</i>	2	ST
<i>fesoterodine oral</i>	2	QL (1 per 1 day)
<i>flavoxate oral</i>	1	
<i>oxybutynin chloride oral</i>	1	
<i>solifenacin oral</i>	2	
<i>tolterodine oral</i>	1	
<i>tropium oral capsule, extended release 24hr</i>	2	
<i>tropium oral tablet</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin oral</i>	1	
<i>dutasteride oral</i>	2	
<i>finasteride oral</i>	1	
<i>silodosin oral</i>	1	
<i>tadalafil oral</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>tamsulosin oral</i>	1	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride oral</i>	2	
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MISCELLANEOUS UROLOGICALS

ELMIRON ORAL	3	QL (3 per 1 day)
OXLUMO SUBCUTANEOUS	MB	SP; DS
<i>potassium citrate oral</i>	2	

VITAMIN, HEMATINIC & ELECTROLYTES

ELECTROLYTES

Drug Name	Tier	Requirements / Limits
<i>lanthanum oral</i>	2	
<i>sevelamer carbonate oral powder in packet</i>	2	
<i>sevelamer carbonate oral tablet</i>	1	
<i>sodium polystyrene sulfonate oral</i>	2	
<i>sps (with sorbitol) oral</i>	2	
<i>sps (with sorbitol) rectal</i>	2	

VITAMINS, HEMATINICS & ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 % intravenous</i>	MB	
ALBUMINEX 5 % INTRAVENOUS	MB	

ELECTROLYTES

<i>calcium acetate(phosphat bind) oral</i>	2	
<i>calcium gluc in nacl, iso-osm intravenous</i>	MB	
<i>klor-con 10 oral</i>	1	
<i>klor-con 8 oral</i>	1	
<i>klor-con m10 oral</i>	1	
<i>klor-con m15 oral</i>	1	
<i>klor-con m20 oral</i>	1	
NORMOSOL-R INTRAVENOUS	MB	
<i>potassium chloride oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>sodium chloride 3 % hypertonic intravenous</i>	1	
<i>sodium chloride 5 % hypertonic intravenous</i>	1	

MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES

ISOLYTE S PH 7.4 INTRAVENOUS	MB	
ISOLYTE-S INTRAVENOUS	MB	
NORMOSOL-R PH 7.4 INTRAVENOUS	MB	
PLASMA-LYTE A INTRAVENOUS	MB	

VITAMINS & HEMATINICS

<i>b complex 1 (with folic acid) oral</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral</i>	1	ACA; OTC
<i>balanced b-100 oral</i>	1	ACA; OTC
<i>b-complex with vitamin c oral</i>	1	ACA; OTC
<i>classic prenatal oral</i>	2	ACA; OTC
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral</i>	1	ACA; OTC
<i>dodex injection</i>	1	
<i>ergocalciferol (vitamin d2) oral</i>	1	
<i>fluoride (sodium) oral</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>foltabs 800 oral</i>	1	ACA; OTC
<i>full spectrum b-vitamin c oral</i>	1	ACA; OTC
INJECTAFER INTRAVENOUS	MB	
<i>kobee oral</i>	1	ACA; OTC
<i>ludent fluoride oral</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral</i>	1	ACA; OTC
<i>mvc-fluoride oral</i>	1	ACA; OTC
<i>one daily prenatal oral</i>	2	ACA; OTC
<i>prenatal complete oral</i>	2	ACA; OTC
<i>prenatal multi-dha (algal oil) oral</i>	2	ACA; OTC
<i>prenatal multivitamins oral</i>	2	ACA; OTC
<i>prenatal one daily oral</i>	2	ACA; OTC
<i>prenatal oral</i>	2	ACA; OTC
<i>prenatal vit no.179-iron-folic oral</i>	2	ACA; OTC
<i>prenatal vitamin oral</i>	2	ACA; OTC
<i>prenatal vitamin with minerals oral</i>	2	ACA; OTC
<i>rena-vite oral</i>	1	ACA; OTC
<i>stress formula with iron oral</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral</i>	1	ACA; OTC
<i>super b maxi complex oral</i>	1	ACA; OTC
<i>super quints oral</i>	1	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	Tier	Requirements / Limits
<i>tri-vitamin with fluoride oral</i>	1	ACA; OTC
VENOFER INTRAVENOUS	MB	

Drug Name	Tier	Requirements / Limits
<i>vitamin b complex-folic acid oral</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride oral</i>	1	ACA; OTC

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

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<i>nateglinide</i>	50	OPDIVO QVANTIG.....
<i>natura-lax</i>	<i>norethindrone acetate</i>	50	OPDUALAG
<i>nebivolol</i>	<i>norethindrone ac-eth estradiol</i>		<i>option-2</i>
<i>necon 0.5/35 (28)</i>	50, 53	<i>oralone</i>
<i>nefazodone</i>	<i>norethindrone-e.estradiol-iron</i>		ORBACTIV.....
<i>nelarabine</i>	53	ORENCIA
<i>neomycin</i>	<i>norgestimate-ethinyl estradiol</i>		ORENCIA (WITH
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<i>neomycin-bacitracin-</i>	NORMOSOL-R.....	59	ORENCIA CLICKJECT
<i>polymyxin</i>	NORMOSOL-R PH 7.4	60	<i>orphenadrine citrate</i>
<i>neomycin-polymyxin b-</i>	<i>nortrel 0.5/35 (28)</i>	53	<i>oseltamivir</i>
<i>dexameth</i>	<i>nortrel 1/35 (21)</i>	53	OTEZLA.....
<i>neomycin-polymyxin-</i>	<i>nortrel 1/35 (28)</i>	53	OTEZLA STARTER.....
<i>gramicidin</i>	<i>nortrel 7/7/7 (28)</i>	53	<i>oxaliplatin</i>
<i>neomycin-polymyxin-hc</i> ..38, 56	<i>nortriptyline</i>	26	<i>oxaprozin</i>
<i>neo-polycin</i>	NOVAVAX COVID 2024-		<i>oxcarbazepine</i>
<i>neostigmine methylsulfate</i>	25(PF)(EUA)	46	<i>oxiconazole</i>
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<i>oxybutynin chloride</i>	59	<i>perphenazine</i>	26	<i>prednisolone sodium</i>	
<i>oxycodone</i>	22	PFIZER COVID 2024-25(5Y-		<i>phosphate</i>	38, 56
OXYCODONE	22	11Y)PF	47	<i>prednisone</i>	38
<i>oxycodone-acetaminophen</i> ...	22	PFIZER COVID 2024-		<i>pregabalin</i>	14
<i>oxymorphone</i>	22	25(6MO-4Y)PF	47	PREMARIN	50
OZEMPIC	41	<i>phenelzine</i>	26	PREMPHASE.....	50
P		<i>phenobarbital</i>	14	PREMPRO	51
<i>pacerone</i>	28	<i>phenoxybenzamine</i>	30	<i>prenatal</i>	60
<i>paclitaxel</i>	12	<i>phenytoin</i>	14	<i>prenatal complete</i>	60
<i>paclitaxel protein-bound</i>	12	<i>phenytoin sodium extended</i> ..	14	<i>prenatal multi-dha (algal oil)</i>	
<i>paliperidone</i>	26	PHESGO	12	.....	60
<i>palonosetron</i>	43	<i>philith</i>	53	<i>prenatal multivitamins</i>	60
PALONOSETRON	43	PHOSPHOLINE IODIDE	55	<i>prenatal one daily</i>	60
<i>pamidronate</i>	40	PHOTOFRIN.....	12	<i>prenatal vit no.179-iron-folic</i>	
<i>pantoprazole</i>	44	<i>pilocarpine hcl</i>	38, 55	.....	60
<i>paricalcitol</i>	40	<i>pimecrolimus</i>	33	<i>prenatal vitamin</i>	60
<i>paroex oral rinse</i>	38	<i>pimozide</i>	26	<i>prenatal vitamin with minerals</i>	
<i>paromomycin</i>	6	<i>pimtree (28)</i>	53	.....	60
<i>paroxetine hcl</i>	26	<i>pindolol</i>	30	<i>prevalite</i>	32
PASER	6	<i>pioglitazone</i>	41	PREVNAR 20 (PF)	47
PAXLOVID	4	<i>piperacillin-tazobactam</i>	7	PREZISTA	4
<i>pazopanib</i>	12	<i>piroxicam</i>	24	PRIFTIN	6
PEDIARIX (PF)	46	PLASMA-LYTE A	60	<i>primaquine</i>	6
PEDMARK	37	PLEGRIDY	28	<i>primidone</i>	14
PEDVAX HIB (PF).....	47	PNEUMOVAX-23	47	PRIORIX (PF).....	47
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<i>peg3350-sod sul-nacl-kcl-asb-c</i>		<i>polycin</i>	54	<i>probenecid-colchicine</i>	48
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PEGASYS	45	<i>polymyxin b sulfate</i>	6	PROCRIT	44
<i>peg-electrolyte soln</i>	43	<i>polymyxin b sulf-trimethoprim</i>		<i>procto-med hc</i>	43
<i>pemetrexed disodium</i>	12	55	<i>proctosol hc</i>	43
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<i>penicillin g sodium</i>	7	<i>prasugrel hcl</i>	31	<i>proparacaine</i>	55
<i>penicillin v potassium</i>	7	<i>pravastatin</i>	32	<i>propranolol</i>	30
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<i>pentamidine</i>	6	<i>praziquantel</i>	6	PROQUAD (PF).....	47
<i>pentazocine-naloxone</i>	24	<i>prazosin</i>	30	<i>protriptyline</i>	26
<i>pentoxifylline</i>	31	PRECISION XTRA TEST...39		PULMICORT FLEXHALER	
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<i>periogard</i>	38	<i>prednisolone</i>	38	PULMOZYME.....	58
PERJETA	12	<i>prednisolone acetate</i>	56	<i>purelax</i>	43
<i>permethrin</i>	36			<i>pyrazinamide</i>	6

<i>pyridostigmine bromide</i>	16	<i>risperidone</i>	27	<i>sodium chloride 5 %</i>	
<i>pyrimethamine</i>	6	<i>ritonavir</i>	4	<i>hypertonic</i>	60
Q		<i>rivastigmine tartrate</i>	15	<i>sodium phenylbutyrate</i>	37
QUADRACEL (PF).....	47	<i>rivelsa</i>	53	<i>sodium polystyrene sulfonate</i>	59
<i>quetiapine</i>	26, 27	<i>rizatriptan</i>	15	<i>sodium,potassium,mag sulfates</i>	
<i>quinapril</i>	30	<i>roflumilast</i>	58	.....	44
<i>quinapril-hydrochlorothiazide</i>		<i>romidepsin</i>	12	SOFOSBUVIR-	
.....	30	<i>ropinirole</i>	14	VELPATASVIR	4
<i>quinidine sulfate</i>	28	<i>ropivacaine (pf)</i>	34	<i>solifenacin</i>	59
<i>quinine sulfate</i>	6	<i>rosadan</i>	34	SOMATULINE DEPOT	12
<i>quit 2</i>	37	<i>rosuvastatin</i>	32	<i>sorafenib</i>	12
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<i>ramelteon</i>	27	SANDOSTATIN LAR		SPIRIVA RESPIMAT	58
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<i>ranolazine</i>	32	SANTYL	36	HANDIHALER	58
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<i>rasagiline</i>	14	SAVELLA	50	<i>spironolacton-</i>	
REBIF (WITH ALBUMIN)	28	<i>scopolamine base</i>	44	<i>hydrochlorothiaz</i>	30
REBIF REBIDOSE	28	<i>selegiline hcl</i>	15	<i>sprintec (28)</i>	53
REBIF TITRATION PACK	28	<i>selenium sulfide</i>	32	SPRYCEL	12
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<i>reclipsen (28)</i>	53	SEREVENT DISKUS	58	<i>sronyx</i>	53
RECOMBIVAX HB (PF)	47	<i>sertraline</i>	27	<i>ssd</i>	33
RECTIV	43	<i>setlakin</i>	53	<i>st joseph aspirin</i>	24
REGRANEX	33	<i>sevelamer carbonate</i>	59	<i>st. joseph aspirin</i>	24
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RELISTOR	44	<i>silodosin</i>	59	<i>stress formula with iron(sulf)</i>	60
REMICADE	44	<i>silver sulfadiazine</i>	33	STRIBILD	4
<i>rena-vite</i>	60	<i>simliya (28)</i>	53	SUBLOCADE	22
RENFLEXIS	44	<i>simpesse</i>	53	<i>sucrafate</i>	44
<i>repaglinide</i>	41	SIMPONI	50	<i>sulfacetamide sodium</i>	57
REPATHA PUSHTRONEX	32	<i>simvastatin</i>	32	<i>sulfacetamide-prednisolone</i>	56
REPATHA SURECLICK	32	<i>sirolimus</i>	12	<i>sulfadiazine</i>	7
REPATHA SYRINGE	32	SIRTURO	6	<i>sulfamethoxazole-trimethoprim</i>	
REVLIMID	12	<i>smoothlax</i>	44	.....	7
RIABNI	12	<i>sodium benzoate-sod</i>		SULFAMYLON	34
<i>ribavirin</i>	4	<i>phenylacet</i>	37	<i>sulfasalazine</i>	44
<i>rifabutin</i>	6	<i>sodium chloride</i>	37	<i>sulindac</i>	24
<i>rifampin</i>	6	<i>sodium chloride 0.9 %</i>	37	<i>sumatriptan succinate</i>	15
<i>riluzole</i>	37	<i>sodium chloride 3 %</i>		<i>sunitinib malate</i>	13
<i>rimantadine</i>	4	<i>hypertonic</i>	60	SUNOSI	27
<i>risedronate</i>	37, 48			<i>super b maxi complex</i>	60

<i>super quints</i>	60	<i>tiadylt er</i>	30	<i>trihexyphenidyl</i>	15
<i>syeda</i>	53	<i>tiagabine</i>	14	<i>tri-legend fe</i>	54
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<i>tacrolimus</i>	13, 33	<i>tobramycin in 0.225 % nacl</i> ..	6	<i>trimipramine</i>	27
<i>tadalafil</i>	59	<i>tobramycin sulfate</i>	6	<i>tri-sprintec (28)</i>	54
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<i>tamoxifen</i>	13	<i>topiramate</i>	14	<i>tri-vylibra</i>	54
<i>tamsulosin</i>	59	<i>topotecan</i>	13	<i>tri-vylibra lo</i>	54
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