



Your Guide to Prescription Drug Benefits

2022 Essential Formulary Guide for Small Group EHB,
Individual Marketplace, and Level-Funded Group Plans



Please see the inside cover for a list of all the plans this formulary applies to. This document contains information about the drugs covered in your prescription drug benefit plan.

The 2022 Essential Formulary applies to the following Small Group plans:

BlueCross Bronze 40	BlueCross Silver 123	BlueCross Gold 89
BlueCross Bronze 41	BlueCross Silver 124	BlueCross Gold 90
BlueCross Bronze 42	BlueCross Silver 125	BlueCross Gold 91
BlueCross Bronze 43	BlueCross Silver 126	BlueCross Gold 92
BlueCross Bronze 44	BlueCross Silver 127	BlueCross Gold 93
BlueCross Bronze 45	BlueCross Silver 128	BlueCross Gold 94
BlueCross Bronze 48	BlueCross Silver 129	BlueCross Gold 95
BlueCross Silver 112	BlueCross Silver 130	BlueCross Gold 99
BlueCross Silver 116	BlueCross Silver 133	BlueCross Gold 101
BlueCross Silver 118	BlueCross Silver 134	BlueCross Platinum 28
BlueCross Silver 119	BlueCross Silver 135	BlueCross Platinum 29
BlueCross Silver 120	BlueCross Silver 137	BlueCross Platinum 30
BlueCross Silver 121	BlueCross Gold 87	BlueCross Platinum 31
BlueCross Silver 122	BlueCross Gold 88	

The 2022 Essential Formulary applies to the following Individual Marketplace plans:

BlueCross Bronze 07	BlueCross Bronze 08	BlueCross Gold 06
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The 2022 Essential Formulary applies to the following Level-Funded Group plans:

Level-Funded 1	Level-Funded 15	Level-Funded LT2
Level-Funded 3	Level-Funded 16	Level-Funded LT3
Level-Funded 5	Level-Funded 18	Level-Funded 25
Level-Funded 6	Level-Funded 20	Level-Funded 26
Level-Funded 7	Level-Funded 21	Level-Funded 27
Level-Funded 9	Level-Funded 22	Level-Funded 28
Level-Funded 11	Level-Funded 23	Level-Funded 29
Level-Funded 13	Level-Funded 24	Level-Funded 31
Level-Funded 14	Level-Funded LT1	Level-Funded 33

Important Contacts

For more information about your prescription drug coverage, call the Member Service number listed on your Member ID card. For information about your home delivery prescription, call **1-800-552-8159**.

Visit [bcbst.com](https://www.bcbst.com)

- › Find a pharmacy in your network.
- › Look up lower-cost prescription alternatives.
- › Compare your pricing and options.

If You Want Us to Rethink Your Request

You or your doctor may ask to reconsider any of these things:

- › A denial of a drug benefit
- › Limits on a drug quantity
- › The details needed for prior authorization
- › Getting a non-covered drug approved

You'll need written reasons from your doctor about why we should rethink your situation.

We look at all reconsiderations on a case-by-case basis. Your Evidence of Coverage or member handbook has details on your rights to file reconsiderations.

Fax all information to **1-888-343-4232**.

Or send a written request to:

**Pharmacy Management Reconsiderations
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-2555**

Please provide the following information with your request:

- › Patient name and cardholder ID number
- › Physician name and phone number
- › Drug and diagnosis information



Understanding the Formulary Drug List

This formulary drug list will help you understand the drugs your plan covers. The drugs in this formulary are listed by common categories, then alphabetically. They're placed into cost levels known as tiers.

Some drugs have notes with letters next to them. The letters refer to certain pharmacy benefit programs. To make sure that prescriptions are used safely, some drugs have additional requirements you'll need to meet before we can cover your prescription. Those drugs will have an abbreviation next to the drug name to let you and your doctor know there are additional requirements.

For more information on how to fill your prescriptions, please refer to your Evidence of Coverage or member handbook on [bcbst.com](https://www.bcbst.com) or call the Member Service number listed on your Member ID card.

Abbreviation	Description
ACA	Affordable Care Act means drugs with the ACA indicator may be available to you at no out-of-pocket cost depending on your plan. Check your Evidence of Coverage or member handbook for plan details.
LD	Limited Distribution means drugs may only be available at certain pharmacies. For more information, please call us at the Member Service number on your Member ID card.
MME	Morphine Milligram Equivalent Your plan measures how strong each medicine is compared to morphine and limits the combined total, or MME. Prior authorization is required for members who take greater than 120 mg equivalents of morphine a day. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
MT	Maintenance Matters drugs are drugs that treat certain long-term conditions like high blood pressure or high cholesterol. If your plan is enrolled in the Maintenance Matters program, you'll need to get 90-day supplies of drugs with the MT indicator.
OTC	Over-the-counter. Requires a prescription to be considered eligible for coverage.
PA	Prior Authorization may be required for certain drugs. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
QL	Quantity Limit means you may have coverage for a limited amount of a specific drug.
ST	Step Therapy is a prior authorization program that requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232. Please refer to the list included on page iv for drugs that require step therapy.

What's a Drug Tier?

Tiers are the different cost levels you pay for a prescription drug. Each tier is assigned a cost (copay, deductible or coinsurance), your employer or health plan determines. This is how much you pay when you fill a prescription. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Check your Evidence of Coverage or member handbook for plan details.



Drug Tiers

Tier 1	Generic Drugs
Tier 2	Preferred Brand Drugs
Tier 3	Non-Preferred Brand Drugs
Tier 4	Specialty Drugs
Tier 5	Drugs at no cost to you per the Affordable Care Act (ACA) \$0 Copay Preventive List

Step Therapy Requirements

Step Therapy requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. This chart lists the drugs that require step therapy before your plan will cover the medication.

Medication(s) Requiring Step Therapy	Step Therapy Requirements
Admelog Admelog SoloStar Apidra Apidra SoloStar Humalog Humalog KwikPen Humalog Junior KwikPen Insulin Lispro Insulin Lispro Kwikpen Lyumjev Lyumjev KwikPen	Trial and failure of Fiasp, Fiasp FlexTouch, or Novolog
Humulin	Trial and failure of Novolin
Nevanac	Trial and failure of Prolensa
Alocril Alomide Bepreve Lastacaft	Trial and failure of cromolyn sodium, azelastine, or epinastine
Betimol Brinzolamide Simbrinza	Trial and failure of Alphagan P 0.1 % or Combigan
Epidiolex	Trial and failure of two anticonvulsant products or one anticonvulsant product specifically indicated for Lennox Gastaut Syndrome or Dravet Syndrome.
Briviact	Trial and failure of levetiracetam, levetiracetam ER, Roweepra, Roweepra XR, or Spritam





Where to Get Your Prescriptions Filled

You'll need to show your Member ID card when you have a prescription filled. You may have to pay part of the cost for prescription medicines and supplies. Check your Evidence of Coverage or member handbook for specifics.

Network Pharmacies

Our pharmacy networks include many retail drug store chains and independent pharmacies across the country. If your medication isn't for managing a long-term condition, the prescription is typically written for less than a 30-day supply. (See the Retail 90 and Home Delivery Network sections for information on 90-day supplies).

It's important that you always use an in-network pharmacy. If you don't, you'll have to pay all of the costs for your prescription. If you're outside Tennessee, you can find a pharmacy in our nationwide network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

How to find a network pharmacy:

- › Log in to your online account at bcbst.com/RXplan.
 - Click on **Visit caremark.com** to log in to your CVS Caremark account.
 - Choose **Plan & Benefits**, then **Pharmacy Locator**.

Or

- › Call **Member Service** at the number on the back of your Member ID card.

Retail 90 Networks

Through Retail 90 Networks you can get up to a 90-day (three-month) supply of your prescriptions.*

- › With a three-month supply, you're less likely to miss a dose, and you don't have to refill as often, which can save you time and money.
- › If you use a pharmacy that's not part of your Retail 90 Network, you're limited to a 30-day (one-month) supply.
- › These networks are made up of some local pharmacies and drug store chains. Ask your pharmacy if they're part of your Retail 90 Network.

Home Delivery

You can sign up for home delivery and have your prescription delivered right to your door. Home Delivery is for prescriptions with a 30-day (one-month) or a 90-day (three-month) supply.* Call **1-800-552-8159** to get started.

With home delivery you get:

- › FREE standard shipping**
- › Access to a pharmacist 24/7
- › Automatic refill reminders so you're less likely to miss a dose
- › Extended payment plan available

Specialty Pharmacies

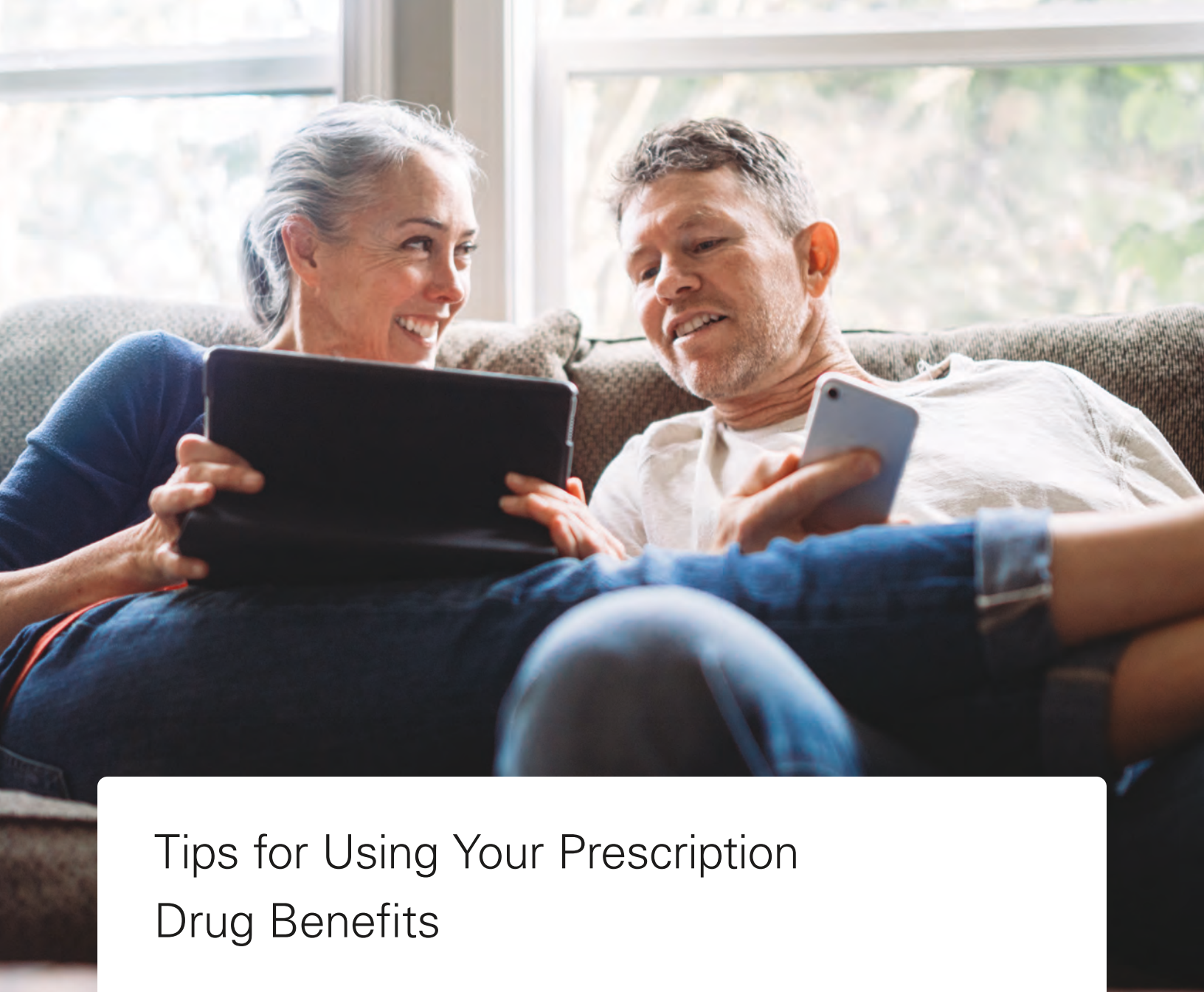
Some serious medical conditions need specialty drugs. They may be given at the doctor's office or at home. Our specialty pharmacies are a special network of vendors, experienced in managing these specialty drugs and supporting you and your doctor. You and your doctor can find a list of specialty pharmacies at bcbst.com.

Specialty drugs:

- › Usually require a prior authorization
- › Usually are limited to a 30-day supply
- › Are usually only available from specialty pharmacies in our network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

* Your doctor will need to write your prescription for a 90-day supply.

** Standard shipping costs are included.



Tips for Using Your Prescription Drug Benefits

Talk with your doctor.

Doctors are your partners, so discuss every aspect of your treatment, including the selection of drugs. The more you know, the better choices you can make.

- › Ask your doctor to check the list of drugs your plan covers before prescribing a medicine.
- › Give your doctor a list of all the medicines you take. Include medicines that don't need a prescription. This helps them choose medicines that work well together.
- › Advertising, social media or the internet may not be your best source of information. Discuss all your concerns with your doctor.

Ask for generic drugs.

The U.S. Food and Drug Administration (FDA) requires generic drugs to meet the same standards for quality, strength and effectiveness as brand-name drugs.

- › Generic drugs work the same as brand name drugs, but cost less.
- › Talk to your doctor about the different kinds of generic drugs.
- › The formulary drug list has different tiers (levels) of drugs that you can use (see “What’s a Drug Tier?” on page iii).
- › You pay less for generic drugs almost every time.
- › Under most BlueCross plans, if you request a brand name drug that has a generic equivalent, you pay the cost difference between the generic and brand name drug. Check your Evidence of Coverage or member handbook to see if this applies to your plan.

Talk to your pharmacist.

Your pharmacist can answer questions about the drugs you take, help you avoid harmful drug interactions, and help you select appropriate, lower-cost generics and preferred brands whenever available.

- › Have all of your family’s prescriptions filled at the same pharmacy.
- › By knowing all your prescriptions, your pharmacist can make sure all of your drugs work well together. This can help keep you and your family safe.

Use over-the-counter (OTC) medicines to save money.

- › OTC medicines are sold without a prescription.
- › Some prescription drugs may not be covered under your plan because there is an OTC available that works just as well.
- › Don’t switch from a prescription drug to an OTC without talking with your doctor.

Be safe with your prescriptions.

- › Never share prescription drugs — even if it’s for a member of the family.
- › Keep all medicines safe from children, out of sight and out of reach. Lock them away, if possible.
- › Don’t stop using a prescription without talking to the doctor.
- › Follow up with the doctor about any side effects.

Some prescriptions need an approval for coverage.

- › Some prescriptions require prior authorization or step therapy.
- › Some drugs have limits on the amount of them that your plan will pay for.
- › Network doctors usually know this and know how to get authorizations. However, you may want to show this formulary drug list to your doctor — especially if you use an out-of-network doctor or a doctor outside Tennessee.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
<i>AMPHETAMINES</i>		

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

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 37.5MG	2	PA, QL (30 caps every 30 days)
MYDAYIS CAP 50MG	2	PA, QL (30 caps every 30 days)
<i>procentra soln 5mg/5ml</i>	1	PA, QL (1200 mL every 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	2	PA, QL (60 caps every 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	PA, QL (30 caps every 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	2	PA, QL (60 tabs every 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	2	PA, QL (30 tabs every 30 days)
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	1	PA, QL (120 tabs every 30 days)
<i>zenzedi tabs 15mg, 20mg</i>	1	PA, QL (60 tabs every 30 days)
<i>zenzedi tabs 30mg</i>	1	PA, QL (30 tabs every 30 days)

ANALEPTICS

<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	1	
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl caps 10mg, 18mg, 25mg</i>	1	QL (120 caps every 30 days)
<i>atomoxetine hcl caps 40mg</i>	1	QL (60 caps every 30 days)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	1	QL (30 caps every 30 days)
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	QL (120 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	QL (30 tabs every 30 days)

STIMULANTS - MISC.

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	2	PA, QL (30 patches every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1	PA, QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1	PA, QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	PA, QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	PA, QL (30 ea every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	1	PA, QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	1	PA, QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1	PA, QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1	PA, QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1	PA, QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 20mg; tbcrr 10mg, 20mg</i>	1	PA, QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcrr 18mg, 27mg, 36mg</i>	1	PA, QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbcrr 54mg</i>	1	PA, QL (30 tabs every 30 days)
METHYLPHENIDATE HYDROCHLO TBCR 72mg	1	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg, 200mg</i>	1	PA
QUILLICHEW ER CHER 20mg, 30mg	2	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 40mg	2	PA, QL (30 tabs every 30 days)
QUILLIVANT XR SRER 25mg/5ml	2	PA, QL (360 mL every 30 days)
RELEXXII TBCR 72mg	1	PA, QL (30 tabs every 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800bau	2	PA
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	PA
PALFORZIA CAP ESCALAT	4	PA
PALFORZIA CAP LEVEL 3	4	PA
PALFORZIA CAP LEVEL 7	4	PA
PALFORZIA CAP LEVEL 8	4	PA
PALFORZIA CAP LEVEL 10	4	PA
PALFORZIA LEVEL 1 CSPK 1mg	4	PA
PALFORZIA LEVEL 2 CSPK 1mg	4	PA
PALFORZIA LEVEL 4 CSPK 20mg	4	PA
PALFORZIA LEVEL 5 CSPK 20mg	4	PA
PALFORZIA LEVEL 6 CSPK 20mg	4	PA
PALFORZIA LEVEL 9 CSPK 100mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	PA
RAGWITEK SUBL 12amba1-u	3	PA
AMEBICIDES		
AMEBICIDES		
SOLOSEC PACK 2gm	3	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUSP 590mg/8.4ml	4	PA; LD
neomycin sulfate tabs 500mg	1	
paromomycin sulfate caps 250mg	1	
tobramycin nebu 300mg/5ml	4	QL (280 mL every 28 days); LD
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	4	PA, QL (2 injections every 28 days)
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections every 28 days)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	PA, QL (3 injections every 28 days)
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	4	PA, QL (4 pens every 28 days)
HUMIRA PEN PNKT 80mg/0.8ml	4	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (3 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	4	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	4	PA, QL (3 pens every 28 days)
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	4	PA, QL (4 pens every 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	PA, QL (4 pens every 28 days)
SIMPONI SOAJ 50mg/0.5ml; SOSY 50mg/0.5ml, 100mg/ml	4	PA, QL (1 syringe every 28 days)
SIMPONI SOAJ 100mg/ml	4	PA, QL (1 injection every 28 days)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15mg, 30mg	4	PA, QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 45mg	4	PA, QL (56 tabs every 180 days)
XELJANZ SOLN 1mg/ml	4	PA, QL (240 mL every 24 days)
XELJANZ TABS 5mg, 10mg	4	PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11mg, 22mg	4	PA, QL (30 tabs every 30 days)
ANTIRHEUMATIC ANTIMETABOLITES		
METHOTREXATE TABS 2.5mg	1	
GOLD COMPOUNDS		
RIDAURA CAPS 3mg	3	MT
INTERLEUKIN-1 BLOCKERS		
ARCALYST SOLR 220mg	4	PA; LD
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150mg/ml	4	PA; LD
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SOSY 162mg/0.9ml	4	PA, QL (4 syringes every 28 days); LD
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	4	PA, QL (4 pens every 28 days); LD
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>cataflam tabs 50mg</i>	1	MT
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	MT
<i>diclofenac potassium tabs 50mg</i>	1	MT
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	MT
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	MT
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	MT
<i>ec-naproxen tbec 375mg, 500mg</i>	1	MT
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	MT
<i>fenoprofen calcium tabs 600mg</i>	1	MT
<i>flurbiprofen tabs 100mg</i>	1	MT
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	MT
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MT
INDOCIN SUSP 25mg/5ml	3	MT
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen caps 25mg, 50mg, 75mg</i>	1	QL (120 caps every 30 days); MT
<i>ketoprofen cp24 200mg</i>	1	QL (30 caps every 30 days); MT
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray	4	
<i>ketorolac tromethamine tabs 10mg</i>	1	
<i>meclofenamate sodium caps 50mg, 100mg</i>	1	MT
<i>mefenamic acid caps 250mg</i>	1	MT
<i>meloxicam susp 7.5mg/5ml</i>	1	
<i>meloxicam tabs 7.5mg, 15mg</i>	1	MT
<i>nabumetone tabs 500mg, 750mg</i>	1	MT
<i>naproxen susp 125mg/5ml</i>	1	QL (946 mL every 30 days); MT
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	MT
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MT
<i>oxaprozin tabs 600mg</i>	1	MT
<i>piroxicam caps 10mg, 20mg</i>	1	MT
<i>relafen tabs 500mg, 750mg</i>	1	MT
SPRIX SOLN 15.75mg/spray	4	
<i>sulindac tabs 150mg, 200mg</i>	1	MT
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	MT
<i>tolmetin sodium tabs 200mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 30mg	4	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tabs 10mg, 20mg</i>	1	MT
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml	4	PA, QL (4 syringes every 28 days)
ORENCIA SOSY 125mg/ml	4	PA, QL (4 injections every 28 days)
ORENCIA CLICKJECT SOAJ 125mg/ml	4	PA, QL (4 injections every 28 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25mg/0.5ml	4	PA, QL (4 vials every 21 days)
ENBREL SOLR 25mg; SOSY 50mg/ml	4	PA, QL (4 syringes every 28 days)
ENBREL SOSY 25mg/0.5ml	4	PA, QL (8 syringes every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT 50mg/ml	4	PA, QL (4 injections every 28 days)
ENBREL SURECLICK SOAJ 50mg/ml	4	PA, QL (4 pens every 28 days)

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

<i>bac</i>	1	QL (120 tabs every 30 days)
<i>bupap</i>	1	QL (120 tabs every 30 days)
BUT/ASA/CAF TAB	1	QL (120 tabs every 30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	1	QL (120 tabs every 30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (120 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (120 caps every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (120 caps every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (120 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (120 caps every 30 days)
<i>esgic</i>	1	QL (120 caps every 30 days)
<i>tencon</i>	1	QL (120 tabs every 30 days)
<i>zebutal</i>	1	QL (120 caps every 30 days)

SALICYLATES

<i>aspirin chew 81mg; tbec 81mg</i>	5	QL (100 tabs every fill), OTC; ACA
<i>diflunisal tabs 500mg</i>	1	MT
<i>salsalate tabs 500mg, 750mg</i>	1	MT

ANALGESICS - OPIOID OPIOID AGONISTS

CODEINE SULFATE TABS 15mg, 60mg	1	PA; MME
<i>codeine sulfate tabs 30mg</i>	1	PA; MME
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	PA; MME
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA; MME
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	1	PA; MME

Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHONE HCL SUPP 3mg	1	PA; MME
KADIAN CP24 200mg	3	PA; MME
<i>levorphanol tartrate tabs 2mg</i>	1	PA; MME
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	1	PA; MME
<i>meperidine hcl tabs 100mg</i>	1	PA
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	1	PA; MME
METHADOSE CONC 10mg/ml	3	PA; MME
<i>methadose tbso 40mg</i>	1	PA; MME
METHADOSE SUGAR-FREE CONC 10mg/ml	3	PA; MME
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/0.5ml, 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	PA; MME
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1	PA; MME
NUCYNTA TABS 50mg, 75mg, 100mg	2	PA; MME
NUCYNTA ER TB12 50mg, 100mg, 150mg, 200mg, 250mg	2	PA; MME
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA; MME
<i>oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	1	PA; MME
<i>tramadol hcl tabs 50mg; tb24 100mg, 200mg, 300mg</i>	1	PA; MME
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	2	PA; MME
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA; MME
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA; MME
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA; MME
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA; MME
<i>acetaminophen-cafeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA; MME
<i>ascomp/codeine</i>	1	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
<i>endocet</i>	1	PA; MME
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA; MME
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA; MME
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	PA; MME
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA; MME
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA; MME
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA; MME
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA; MME
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA; MME
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA; MME
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA; MME
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA; MME
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA; MME
LORTAB ELX 10-300MG	3	PA; MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA; MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA; MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA; MME
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA; MME
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA; MME
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	PA; MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA; MME
<i>trezix</i>	1	PA; MME
VERDROCET TAB 2.5-325	3	PA; MME

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	2	PA, QL (60 films every 30 days); MME
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA, QL (4 patches every 28 days); MME
<i>buprenorphine hcl film 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	1	PA, QL (60 films every 30 days); MME
<i>buprenorphine hcl soln .3mg/ml</i>	1	PA, QL (4 mL every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs every 30 days)
<i>butorphanol tartrate soln 10mg/ml</i>	1	PA; MME
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA; MME
ZUBSOLV SUB 0.7-0.18	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 8.6-2.1	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	2	QL (90 tabs every 30 days)

ANDROGENS-ANABOLIC ANABOLIC STEROIDS

ANADROL-50 TABS 50mg	3	PA
oxandrolone tabs 2.5mg, 10mg	1	PA

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	PA
danazol caps 50mg, 100mg, 200mg	1	
DEPO-TESTOSTERONE SOLN 100mg/ml	3	PA
methytestosterone caps 10mg	1	PA
testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
TESTOSTERONE ENANTHATE SOLN 200mg/ml	1	PA

ANORECTAL AND RELATED PRODUCTS INTRARECTAL STEROIDS

hydrocortisone (intrarectal) enem 100mg/60ml	1	
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Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
<i>lidocort</i>	1	
RECTAL STEROIDS		
<i>anucort-hc supp 25mg</i>	1	
<i>anusol-hc supp 25mg</i>	1	
<i>hemmorex-hc supp 25mg, 30mg</i>	1	
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	1	
<i>hydrocortisone acetate (rectal) supp 25mg, 30mg</i>	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tabs 200mg</i>	1	
EMVERM CHEW 100mg	3	
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs 600mg</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TBEC 194mg	3	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	
PRIMSOL SOLN 50mg/5ml	3	
<i>tinidazole tabs 250mg, 500mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
TRIMETHOPRIM TABS 100mg	1	
XIFAXAN TABS 200mg	3	QL (9 tabs every 30 days)
XIFAXAN TABS 550mg	2	QL (90 tabs every 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>ALINIA SUSR 100mg/5ml</i>	3	
<i>atovaquone susp 750mg/5ml</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	
GLYCOPEPTIDES		
<i>FIRVANQ SOLR 25mg/ml, 50mg/ml</i>	3	
<i>vancomycin hcl caps 125mg, 250mg</i>	1	QL (120 caps every 30 days)
<i>VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml</i>	3	
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
MONOBACTAMS		
<i>CAYSTON SOLR 75mg</i>	4	PA; LD
OXAZOLIDINONES		
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	QL (14 days supply every 30 days)
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>methenamine mandelate tabs .5gm, 1gm</i>	1	
<i>nitrofurantoin susp 25mg/5ml</i>	1	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tb12 500mg, 1000mg</i>	1	MT
NITRATES		
<i>DILATRATE SR CPR 40mg</i>	3	MT
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	MT
<i>isosorbide dinitrate tbc 40mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1	MT
NITRO-BID OINT 2%	3	MT
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr	3	MT
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; sublingual .3mg, .4mg, .6mg</i>	1	MT

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

<i>bupropion hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>hydroxyzine hcl syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	
<i>meprobamate tabs 200mg</i>	1	
<i>meprobamate tabs 400mg</i>	1	QL (180 tabs every 30 days)

BENZODIAZEPINES

<i>alprazolam tabs 2mg; tbdp 2mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tabs .25mg, .5mg, 1mg; tbdp .25mg, .5mg, 1mg</i>	1	QL (90 tabs every 30 days)
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	1	QL (60 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	1	QL (90 mL every 30 days)
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	1	QL (60 tabs every 30 days)
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1	QL (120 caps every 30 days)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	1	QL (90 tabs every 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	1	QL (180 tabs every 30 days)
<i>diazepam conc 5mg/ml</i>	1	QL (120 mL every 30 days)
<i>diazepam soln 5mg/5ml</i>	1	QL (600 mL every 30 days)
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1	QL (120 tabs every 30 days)
<i>diazepam intensol conc 5mg/ml</i>	1	QL (120 mL every 30 days)
<i>lorazepam tabs 2mg</i>	1	QL (150 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs .5mg, 1mg</i>	1	QL (90 tabs every 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	1	QL (150 mL every 30 days)
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1	QL (120 caps every 30 days)

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate caps 100mg, 150mg</i>	1	MT
NORPACE CR CP12 100mg, 150mg	3	MT
<i>quinidine gluconate tbc 324mg</i>	1	MT
<i>quinidine sulfate tabs 200mg, 300mg</i>	1	MT

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1	MT
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	MT
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	MT

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	MT
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1	MT
MULTAQ TABS 400mg	3	MT
<i>pacrone tabs 100mg, 200mg, 400mg</i>	1	MT

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium nebu 20mg/2ml</i>	1	MT
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA SOSY 30mg/ml	4	PA; LD
FASENRA PEN SOAJ 30mg/ml	4	PA; LD
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	4	PA; LD
XOLAIR SOSY 75mg/0.5ml, 150mg/ml	4	PA; LD

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	3	MT
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	MT
<i>ipratropium bromide soln .02%</i>	1	MT
LONHALA MAGNAIR STARTER K SOLN 25mcg/ml	2	MT
SPIRIVA HANDIHALER CAPS 18mcg	2	MT
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
YUPELRI SOLN 175mcg/3ml	3	MT
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	MT
<i>zafirlukast tabs 10mg, 20mg</i>	1	MT
<i>zileuton tb12 600mg</i>	1	PA; MT
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 250mcg, 500mcg	2	MT
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	MT
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	2	MT
ASMANEX TWISTHALER 7 METE AEPB 110mcg/inh	2	MT
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	2	MT
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh, 220mcg/inh	2	MT
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	2	MT
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	2	MT
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	MT
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	2	MT
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	MT
QVAR REDHALER AERB 40mcg/act, 80mcg/act	2	MT
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	MT
ADVAIR DISKU AER 250/50	2	MT
ADVAIR DISKU AER 500/50	2	MT
ADVAIR HFA AER 45/21	2	MT
ADVAIR HFA AER 115/21	2	MT
ADVAIR HFA AER 230/21	2	MT
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; tb12 4mg, 8mg</i>	1	
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	MT
ANORO ELLIPT AER 62.5-25	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	MT
BEVESPI AER 9-4.8MCG	2	MT
BREO ELLIPTA INH 100-25	2	MT
BREO ELLIPTA INH 200-25	2	MT
BROVANA NEBU 15mcg/2ml	2	MT
COMBIVENT AER 20-100	2	MT
DULERA AER 50-5MCG	2	MT
DULERA AER 100-5MCG	2	MT
DULERA AER 200-5MCG	2	MT
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	MT
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	MT
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	MT
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	MT
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	MT
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	1	
PERFOROMIST NEBU 20mcg/2ml	2	MT
PROAIR RESPICLICK AEPB 108mcg/act	2	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	MT
STIOLTO AER 2.5-2.5	2	MT
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	MT
SYMBICORT AER 80-4.5	2	MT
SYMBICORT AER 160-4.5	2	MT
<i>terbutaline sulfate soln 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	MT
TRELEGY AER 100MCG	2	MT
TRELEGY AER 200MCG	2	MT
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers every 30 days)
<i>wixela inhub</i>	1	MT
XANTHINES		
<i>elixophyllin elix 80mg/15ml</i>	1	MT
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1	MT
<i>theophylline tb12 100mg, 200mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	MT
<i>DIRECT FACTOR XA INHIBITORS</i>		
<i>ELIQUIS TABS 2.5mg, 5mg</i>	2	MT
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	2	
<i>XARELTO SUSR 1mg/ml</i>	2	
<i>XARELTO TABS 2.5mg, 10mg, 15mg, 20mg</i>	2	MT
<i>XARELTO STAR TAB 15/20MG</i>	2	
<i>HEPARINS AND HEPARINOID-LIKE AGENTS</i>		
<i>bd heparin posiflush soln 10unit/ml, 100unit/ml</i>	1	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	
<i>FRAGMIN SOLN 9500unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml</i>	3	
<i>HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml</i>	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	
<i>heparin sodium (porcine) lock flush soln 1unit/ml</i>	1	
<i>THROMBIN INHIBITORS</i>		
<i>PRADAXA CAPS 75mg, 110mg, 150mg</i>	3	MT
<i>ANTICONVULSANTS</i>		
<i>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</i>		
<i>FYCOMPA TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	3	
<i>ANTICONVULSANTS - BENZODIAZEPINES</i>		
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	1	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	1	
<i>VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - MISC.		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	MT
BANZEL TABS 200mg, 400mg	3	MT
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	ST
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	MT
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	4	PA; LD
EPIDIOLEX SOLN 100mg/ml	4	ST; LD
epitol tabs 200mg	1	MT
FINTEPLA SOLN 2.2mg/ml	4	PA; LD
<i>gabapentin caps 100mg, 300mg, 400mg</i>	1	PA, QL (180 caps every 30 days)
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	1	PA, QL (2160 mL every 30 days)
<i>gabapentin tabs 600mg</i>	1	PA, QL (180 tabs every 30 days)
<i>gabapentin tabs 800mg</i>	1	PA, QL (120 tabs every 30 days)
<i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
LAMICTAL XR KIT	3	
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	MT
<i>lamotrigine kit 25mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	MT
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1	MT
OXTELLAR XR TB24 150mg, 300mg, 600mg	2	MT
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg</i>	1	PA, QL (90 caps every 30 days)
<i>pregabalin caps 225mg, 300mg</i>	1	PA, QL (60 caps every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin soln 20mg/ml</i>	1	PA, QL (900 mL every 30 days)
<i>primidone tabs 50mg, 250mg</i>	1	MT
<i>roweepra tabs 500mg</i>	1	MT
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	MT
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	MT
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	1	MT
<i>subvenite starter kit/blu kit 25mg</i>	1	
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
<i>topiramate cpsp 15mg, 25mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	MT
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	2	MT
VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
ZONISADE SUSP 100mg/5ml	3	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	MT
ZTALMY SUSP 50mg/ml	4	PA; LD
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	MT
GABA MODULATORS		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	MT
<i>vigabatrin pack 500mg; tabs 500mg</i>	1	LD; MT
<i>vigadrone pack 500mg</i>	1	LD; MT
HYDANTOINS		
DILANTIN CAPS 30mg	2	MT
<i>phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml</i>	1	MT
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	MT
SUCCINIMIDES		
CELONTIN CAPS 300mg	3	MT
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	MT
VALPROIC ACID		
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	MT
<i>valproate sodium soln 250mg/5ml</i>	1	MT
<i>valproic acid caps 250mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	MT
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	MT
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1	MT
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	MT
MARPLAN TABS 10mg	3	MT
<i>phenelzine sulfate tabs 15mg</i>	1	MT
<i>tranylcypromine sulfate tabs 10mg</i>	1	MT
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	MT
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	MT
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg</i>	1	MT
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	MT
<i>paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	MT
PAXIL SUSP 10mg/5ml	3	MT
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	MT
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	MT
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	MT
TRINTELLIX TABS 5mg, 10mg, 20mg	2	MT
VIIBRYD TABS 10mg, 20mg, 40mg	2	MT
VIIBRYD KIT STARTER	2	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	MT
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	MT
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	MT

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg</i>	1	MT
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	MT
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	1	MT
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	MT
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	MT
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	MT
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	MT
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	MT
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	MT
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	MT
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	MT
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	MT
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	MT
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	MT
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	MT
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	MT
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	MT
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	MT
<i>glyburide-metformin tab 1.25-250 mg</i>	1	MT
<i>glyburide-metformin tab 2.5-500 mg</i>	1	MT
<i>glyburide-metformin tab 5-500 mg</i>	1	MT
GLYXAMBI TAB 10-5 MG	2	MT
GLYXAMBI TAB 25-5 MG	2	MT
JANUMET TAB 50-500MG	2	MT
JANUMET TAB 50-1000	2	MT
JANUMET XR TAB 50-500MG	2	MT
JANUMET XR TAB 50-1000	2	MT
JANUMET XR TAB 100-1000	2	MT
JENTADUETO TAB 2.5-500	2	MT
JENTADUETO TAB 2.5-850	2	MT

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	2	MT
JENTADUETO TAB XR	2	MT
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	MT
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	MT
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	MT
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	MT
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	MT
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	MT
SOLIQUA INJ 100/33	2	QL (15 mL every 25 days); MT
SYNJARDY TAB	2	MT
SYNJARDY TAB 5-500MG	2	MT
SYNJARDY TAB 5-1000MG	2	MT
SYNJARDY TAB 12.5-500	2	MT
SYNJARDY XR TAB	2	MT
SYNJARDY XR TAB 5-1000MG	2	MT
SYNJARDY XR TAB 10-1000	2	MT
SYNJARDY XR TAB 25-1000	2	MT
TRIJARDY XR TAB	2	MT
XIGDUO XR TAB 2.5-1000	2	MT
XIGDUO XR TAB 5-500MG	2	MT
XIGDUO XR TAB 5-1000MG	2	MT
XIGDUO XR TAB 10-500MG	2	MT
XIGDUO XR TAB 10-1000	2	MT
BIGUANIDES		
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 1000mg; tb24 500mg, 750mg</i>	1	MT
<i>metformin hcl tabs 850mg</i>	5	ACA; MT
RIOMET ER SRER 500mg/5ml	3	MT
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	2	
BAQSIMI TWO PACK POWD 3mg/dose	2	
<i>diazoxide susp 50mg/ml</i>	1	MT
GLUCAGEN HYPOKIT SOLR 1mg	2	
<i>glucagon (rdna) kit 1mg</i>	1	
GLUCAGON EMERGENCY KIT FO SOLR 1mg/ml	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	

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Drug Name	Drug Tier	Requirements/Limits
KORLYM TABS 300mg	4	PA; LD
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
JANUVIA TABS 25mg, 50mg, 100mg	2	MT
TRADJENTA TABS 5mg	2	MT
<i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i>		
CYCLOSET TABS .8mg	3	MT
<i>INCRETIN MIMETIC AGENTS</i>		
BYDUREON BCISE AUIJ 2mg/0.85ml	2	QL (3.4 mL every 28 days); MT
BYDUREON PEN PEN 2mg	2	QL (4 pens every 28 days); MT
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	2	QL (1 pen every 30 days); MT
OZEMPIC SOPN 2mg/1.5ml	2	QL (2 pens every 28 days); MT
OZEMPIC SOPN 4mg/3ml	2	QL (1 pen every 28 days); MT
OZEMPIC 1MG/DOSE SOPN 2mg/1.5ml	2	QL (2 pens every 28 days); MT
OZEMPIC INJ 8MG/3ML	2	QL (1 pen every 28 days); MT
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs every 30 days); MT
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens every 28 days); MT
<i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i>		
BYDUREON PEN PEN 2mg	2	PA, QL (4 pens every 28 days); MT
<i>INSULIN</i>		
ADMELOG SOLN 100unit/ml	3	ST, QL (9 vials every 30 days); MT
ADMELOG SOLOSTAR SOPN 100unit/ml	3	ST, QL (60 mL every 30 days); MT
APIDRA SOLN 100unit/ml	3	ST, QL (90 mL every 30 days); MT
APIDRA SOLOSTAR SOPN 100unit/ml	3	ST, QL (60 mL every 30 days); MT
FIASP FLEX INJ TOUCH	2	QL (60 mL every 30 days); MT
FIASP INJ 100/ML	2	QL (90 mL every 30 days); MT
FIASP PENFIL INJ U-100	2	QL (60mL every 30 days); MT
HUMALOG SOCT 100unit/ml	3	ST, QL (30 cartridges every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOLN 100unit/ml	3	ST, QL (9 vials every 30 days); MT
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	ST, QL (60 mL every 30 days); MT
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	ST, QL (60 mL every 30 days); MT
HUMALOG MIX INJ 50/50	3	QL (90 mL every 30 days); MT
HUMALOG MIX INJ 50/50KWP	3	QL (60 mL every 30 days); MT
HUMALOG MIX INJ 75/25KWP	3	ST, QL (60 mL every 30 days); MT
HUMALOG MIX SUS 75/25	3	ST, QL (90 mL every 30 days); MT
HUMULIN INJ 70/30	3	ST, QL (90 mL every 30 days), OTC; MT
HUMULIN INJ 70/30KWP	3	ST, QL (60 mL every 30 days), OTC; MT
HUMULIN N SUSP 100unit/ml	3	ST, QL (90 mL every 30 days), OTC; MT
HUMULIN N KWIKPEN SUPN 100unit/ml	3	ST, QL (60 mL every 30 days), OTC; MT
HUMULIN R SOLN 100unit/ml	3	ST, QL (90 mL every 30 days), OTC; MT
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	QL (90 mL every 30 days); MT
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	QL (60 mL every 30 days); MT
INSULIN LISP INJ PROTAMIN	3	ST, QL (60 mL every 30 days); MT
INSULIN LISPRO SOLN 100unit/ml	3	ST, QL (9 vials every 30 days); MT
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	ST, QL (60 mL every 30 days); MT
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	ST, QL (60 mL every 30 days); MT
LANTUS SOLN 100unit/ml	2	QL (60 mL every 30 days); MT
LANTUS SOLOSTAR SOPN 100unit/ml	2	QL (30mL every 30 days); MT
LEVEMIR SOLN 100unit/ml	2	QL (60 mL every 30 days); MT
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	QL (30 mL every 30 days); MT
LYUMJEV SOLN 100unit/ml	3	ST, QL (90 mL every 30 days); MT
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	ST, QL (60 mL every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN70/30 INJ RELION	2	QL (90 mL every 30 days), OTC; MT
NOVOLIN INJ 70/30	2	QL (90 mL every 30 days), OTC; MT
NOVOLIN INJ 70/30 FP	2	QL (60 mL every 30 days), OTC; MT
NOVOLIN N SUSP 100unit/ml	2	QL (90 mL every 30 days), OTC; MT
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	QL (60 mL every 30 days), OTC; MT
NOVOLIN N RELION SUSP 100unit/ml	2	QL (90 mL every 30 days), OTC; MT
NOVOLIN R SOLN 100unit/ml	2	QL (90 mL every 30 days), OTC; MT
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	QL (60 mL every 30 days), OTC; MT
NOVOLIN R RELION SOLN 100unit/ml	2	QL (90 mL every 30 days), OTC; MT
NOVOLOG SOLN 100unit/ml	2	QL (9 vials every 30 days); MT
NOVOLOG FLEXPEN SOPN 100unit/ml	2	QL (60mL every 30 days); MT
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	QL (60mL every 30 days); MT
NOVOLOG MIX INJ 70/30	2	QL (90 mL every 30 days); MT
NOVOLOG MIX INJ FLEX REL	2	QL (60 mL every 30 days); MT
NOVOLOG MIX INJ FLEXPEN	2	QL (60 mL every 30 days); MT
NOVOLOG PENFILL SOCT 100unit/ml	2	QL (60 mL every 30 days); MT
NOVOLOG RELI INJ 70/30	2	QL (90 mL every 30 days); MT
NOVOLOG RELION SOLN 100unit/ml	2	QL (9 vials every 30 days); MT
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	QL (18mL every 30 days); MT
TOUJEO SOLOSTAR SOPN 300unit/ml	2	QL (13.5 mL every 30 days); MT
TRESIBA SOLN 100unit/ml	2	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 100unit/ml	2	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 200unit/ml	2	QL (18mL every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	MT
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	1	MT
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	MT
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5mg, 10mg	2	MT
JARDIANCE TABS 10mg, 25mg	2	MT
SULFONYLUREAS		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	MT
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	MT
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	1	MT
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	MT
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	MT
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TBEC 125mg	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	4	LD
<i>deferiprone tabs 500mg, 1000mg</i>	4	LD
FERRIPROX TABS 500mg, 1000mg	4	LD
FERRIPROX TWICE-A-DAY TABS 1000mg	4	LD
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAPS .5gm	3	
OPIOID ANTAGONISTS		
KLOXXADO LIQD 8mg/0.1ml	3	QL (2 sprays every 30 days)
<i>naloxone hcl liqd 4mg/0.1ml</i>	1	QL (2 sprays every 30 days)
<i>naloxone hcl soct .4mg/ml</i>	1	QL (2 injections every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln 4mg/10ml</i>	1	QL (1 vial every 30 days)
<i>naloxone hcl soln .4mg/ml</i>	1	QL (2 vials every 30 days)
<i>naloxone hcl sosy 2mg/2ml</i>	1	QL (2 syringes every 30 days)
<i>naltrexone hcl tabs 50mg</i>	1	
NARCAN LIQD 4mg/0.1ml	3	QL (2 sprays every 30 days)
ZIMHI SOSY 5mg/0.5ml	3	QL (2 injections every 30 days)

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TABS 50mg, 100mg	3	
<i>granisetron hcl tabs 1mg</i>	1	
<i>ondansetron tbdp 4mg, 8mg</i>	1	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	1	

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tabs 12.5mg, 25mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	
<i>trimethobenzamide hcl caps 300mg</i>	1	

ANTIEMETICS - MISCELLANEOUS

CESAMET CAPS 1mg	3	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	
SYNDROS SOLN 5mg/ml	3	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant caps 40mg, 80mg, 125mg</i>	1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	

ANTIFUNGALS

ANTIFUNGALS

<i>flucytosine caps 250mg, 500mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAPS 186mg	3	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>itraconazole caps 100mg</i>	1	QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole soln 10mg/ml</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
NOXAFIL SUSP 40mg/ml	3	
<i>posaconazole tbec 100mg</i>	1	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	1	

ANTIHIISTAMINES

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl soln 50mg/ml</i>	1	

ANTIHIISTAMINES - NON-SEDATING

<i>cetirizine hcl soln 5mg/5ml</i>	1	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1	

ANTIHIISTAMINES - PHENOTHIAZINES

<i>promethazine hcl supp 12.5mg, 25mg; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	

ANTIHIISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
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ANTIHYPERLIPIDEMICS

ANTIHYPERLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MT

ANTIHYPERLIPIDEMICS - MISC.

<i>icosapent ethyl caps .5gm, 1gm</i>	1	MT
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MT
VASCEPA CAPS .5gm, 1gm	2	MT

BILE ACID SEQUESTRANTS

<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	MT
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	MT
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	1	MT
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	MT
<i>prevalite pack 4gm; powd 4gm/dose</i>	1	MT

Drug Name	Drug Tier	Requirements/Limits
FIBRIC ACID DERIVATIVES		
ANTARA CAPS 30mg, 90mg	3	MT
choline fenofibrate cpdr 45mg, 135mg	1	MT
fenofibrate tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg	1	MT
fenofibrate micronized caps 30mg, 43mg, 67mg, 90mg, 130mg, 134mg, 200mg	1	MT
fenofibric acid tabs 35mg, 105mg	1	MT
gemfibrozil tabs 600mg	1	MT
LIPOFEN CAPS 50mg, 150mg	3	MT
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	5	ACA; MT
atorvastatin calcium tabs 40mg, 80mg	1	MT
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	5	ACA; MT
LIVALO TABS 1mg, 2mg, 4mg	2	MT
lovastatin tabs 10mg, 20mg, 40mg	5	ACA; MT
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	5	ACA; MT
rosuvastatin calcium tabs 5mg, 10mg	5	ACA; MT
rosuvastatin calcium tabs 20mg, 40mg	1	MT
simvastatin tabs 5mg, 10mg, 20mg, 40mg	5	ACA; MT
simvastatin tabs 80mg	1	MT
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tabs 10mg	1	MT
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tabs 500mg	1	
niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg	1	MT
niacor tabs 500mg	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	PA; MT
REPATHA SOSY 140mg/ml	2	PA; MT
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	PA; MT
REPATHA SURECLICK SOAJ 140mg/ml	2	PA; MT
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	MT
captopril tabs 12.5mg, 25mg, 50mg, 100mg	1	MT
enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg	1	MT
EPANED SOLN 1mg/ml	3	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	MT
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	MT
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	MT
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	MT
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MT
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	MT
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	MT
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl caps 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	MT
<i>eprosartan mesylate tabs 600mg</i>	1	MT
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	MT
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	MT
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	MT
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	MT
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	MT
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	MT
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	MT
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	MT
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	MT
<i>methyldopa tabs 250mg, 500mg</i>	1	MT
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	MT
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	MT
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	MT
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	MT
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	MT
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	MT
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	MT
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	MT
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	MT
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	MT
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	MT
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	MT
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	MT
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	MT
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	MT
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	MT
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	MT
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	MT
<i>clorpres</i>	3	
DUTOPROL TAB 25-12.5	3	MT
DUTOPROL TAB 50-12.5	3	MT
DUTOPROL TAB 100-12.5	3	MT
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	MT
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	MT
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	MT
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	MT
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	MT
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	MT
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	MT
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	MT
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	MT
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	MT
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	MT
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	MT
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	MT
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	MT
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	MT
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	MT
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	MT
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	MT
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	MT
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	MT
TARKA TAB 2-180 CR	1	MT
TARKA TAB 2-240 CR	1	MT
TARKA TAB 4-240 CR	1	MT
TEKTURNA HCT TAB 150-12.5	3	MT
TEKTURNA HCT TAB 150-25MG	3	MT
TEKTURNA HCT TAB 300-12.5	3	MT
TEKTURNA HCT TAB 300-25MG	3	MT
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	MT
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	MT
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	MT
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	MT
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	MT
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MT
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	MT
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	MT
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	MT
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	MT
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	MT
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	MT
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	MT
<i>minoxidil tabs 2.5mg, 10mg</i>	1	MT
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
ANTIMALARIALS		
ARAKODA TABS 100mg	3	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
KRINTAFEL TABS 150mg	3	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	4	PA
<i>quinine sulfate caps 324mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10mg	4	PA; LD
GUANIDINE HCL TABS 125mg	1	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
RUZURGI TABS 10mg	4	PA; LD
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	3	

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

Drug Name	Drug Tier	Requirements/Limits
RIFATER TAB	3	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
SIRTURO TABS 20mg, 100mg	4	
TRECTOR TABS 250mg	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	
GLEOSTINE CAPS 10mg, 40mg, 100mg	3	
LEUKERAN TABS 2mg	3	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	PA
ANTIMETABOLITES		
<i>capecitabine tabs 150mg, 500mg</i>	4	LD
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 200mg/8ml, 250mg/10ml; solr 1gm; tabs 2.5mg</i>	1	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TABS 1mg	4	PA, QL (240 tabs every 30 days); LD
INLYTA TABS 5mg	4	PA, QL (120 tabs every 30 days); LD
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	PA, QL (30 caps every 30 days); LD
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	PA, QL (60 caps every 30 days); LD
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	PA, QL (30 caps every 30 days); LD
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	PA, QL (90 caps every 30 days); LD
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 14 MG	4	PA, QL (60 caps every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 18 MG	4	PA, QL (90 caps every 30 days); LD
LENVIMA CAP 24 MG	4	PA, QL (90 caps every 30 days); LD
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50mg, 150mg	4	PA; LD
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	4	PA, QL (112 tabs every 28 days); LD
VENCLEXTA TABS 100mg	4	PA, QL (180 tabs every 30 days); LD
VENCLEXTA TAB START PK	4	PA, QL (42 tabs every 28 days); LD
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs every 30 days); LD
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days); LD
EXKIVITY CAPS 40mg	4	PA, QL (120 caps every 30 days); LD
IRESSA TABS 250mg	4	PA, QL (30 tabs every 30 days); LD
TAGRISSO TABS 40mg, 80mg	4	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	4	PA, QL (28 caps every 28 days); LD
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg</i>	4	PA, QL (120 tabs every 30 days); LD
<i>abiraterone acetate tabs 500mg</i>	4	PA, QL (60 tabs every 30 days); LD
<i>anastrozole tabs 1mg</i>	5	ACA; MT
<i>bicalutamide tabs 50mg</i>	1	
DEPO-PROVERA SUSP 400mg/ml	3	
EMCYT CAPS 140mg	3	
ERLEADA TABS 60mg	4	PA, QL (120 tabs every 30 days); LD
<i>exemestane tabs 25mg</i>	5	ACA; MT
<i>flutamide caps 125mg</i>	1	
<i>letrozole tabs 2.5mg</i>	1	MT
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	
LYSODREN TABS 500mg	3	LD
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
NUBEQA TABS 300mg	4	PA, QL (120 tabs every 30 days); LD
SOLTAMOX SOLN 10mg/5ml	3	MT
<i>tamoxifen citrate tabs 10mg, 20mg</i>	5	ACA; MT
<i>toremifene citrate tabs 60mg</i>	1	MT
XTANDI CAPS 40mg	4	PA, QL (120 caps every 30 days); LD
XTANDI TABS 40mg	4	PA, QL (120 tabs every 30 days); LD
XTANDI TABS 80mg	4	PA, QL (60 tabs every 30 days); LD
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TABS 40mg	4	PA, QL (90 tabs every 30 days); LD
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	PA, QL (21 caps every 28 days); LD
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TABS 25mg, 50mg	4	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	4	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	4	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	4	PA; LD
LONSURF TAB 20-8.19	4	PA; LD
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR TABS 10mg	4	PA, QL (28 tabs every 28 days)
AFINITOR DISPERZ TBSO 2mg, 5mg	4	PA, QL (56 tabs every 28 days)
AFINITOR DISPERZ TBSO 3mg	4	PA, QL (84 tabs every 28 days)
ALECENSA CAPS 150mg	4	PA, QL (240 caps every 30 days); LD
BALVERSA TABS 3mg	4	PA, QL (84 tabs every 28 days); LD
BALVERSA TABS 4mg	4	PA, QL (56 tabs every 28 days); LD
BALVERSA TABS 5mg	4	PA, QL (28 tabs every 28 days); LD
BOSULIF TABS 100mg	4	PA, QL (90 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 400mg, 500mg	4	PA, QL (30 tabs every 30 days)
CABOMETYX TABS 20mg, 40mg, 60mg	4	PA, QL (30 tabs every 30 days); LD
CALQUENCE CAPS 100mg	4	PA, QL (60 caps every 30 days); LD
CALQUENCE TABS 100mg	4	PA, QL (60 tabs every 30 days)
COPIKTRA CAPS 15mg, 25mg	4	PA, QL (56 caps every 28 days); LD
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tabs 10mg</i>	4	PA, QL (28 tabs every 28 days)
<i>everolimus tbso 2mg, 5mg</i>	4	PA, QL (56 tabs every 28 days)
<i>everolimus tbso 3mg</i>	4	PA, QL (84 tabs every 28 days)
FARYDAK CAPS 10mg, 15mg, 20mg	4	PA, QL (6 caps every 15 days)
FOTIVDA CAPS .89mg, 1.34mg	4	PA; LD
GAVRETO CAPS 100mg	4	PA, QL (120 caps every 30 days); LD
IBRANCE CAPS 75mg, 100mg, 125mg	4	PA, QL (21 caps every 28 days); LD
IBRANCE TABS 75mg, 100mg, 125mg	4	PA, QL (21 tabs every 28 days); LD
<i>imatinib mesylate tabs 100mg</i>	4	PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70mg	4	PA, QL (28 caps every 28 days); LD
IMBRUVICA CAPS 140mg	4	PA, QL (90 caps every 30 days); LD
IMBRUVICA SUSP 70mg/ml	4	PA, QL (330 mL every 30 days); LD
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	4	PA, QL (28 tabs every 28 days); LD
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	PA, QL (60 tabs every 30 days); LD
KISQALI TBPK 200mg	4	PA, QL (21 tabs every 28 days)
KISQALI TBPK 200mg	4	PA, QL (42 tabs every 28 days)
KISQALI TBPK 200mg	4	PA, QL (63 tabs every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs every 30 days); LD
LUMAKRAS TABS 120mg	4	PA, QL (240 tabs every 30 days); LD
LYNPARZA TABS 100mg, 150mg	4	PA, QL (120 tabs every 30 days); LD
MEKINIST TABS 2mg	4	PA, QL (30 tabs every 30 days); LD
MEKINIST TABS .5mg	4	PA, QL (90 tabs every 30 days); LD
NERLYNX TABS 40mg	4	PA; LD
NEXAVAR TABS 200mg	4	PA, QL (120 tabs every 30 days); LD
NINLARO CAPS 2.3mg, 3mg, 4mg	4	PA, QL (3 caps every 28 days); LD
PIQRAY 200MG DAILY DOSE TBPk 200mg	4	PA, QL (28 tabs every 28 days)
PIQRAY 250MG TAB DOSE	4	PA, QL (60 tabs every 30 days)
PIQRAY 300MG DAILY DOSE TBPk 150mg	4	PA, QL (60 tabs every 30 days)
RUBRACA TABS 200mg, 250mg, 300mg	4	PA, QL (120 tabs every 30 days); LD
<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL (120 tabs every 30 days); LD; LD
SPRYCEL TABS 20mg	4	QL (90 tabs every 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs every 30 days)
STIVARGA TABS 40mg	4	PA, QL (84 tabs every 28 days); LD
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL (28 caps every 28 days); LD
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	PA, QL (28 caps every 28 days); LD
TAFINLAR CAPS 50mg, 75mg	4	PA, QL (120 caps every 30 days); LD
TALZENNA CAPS .5mg, .75mg, 1mg	4	PA, QL (30 caps every 30 days); LD
TALZENNA CAPS .25mg	4	PA, QL (90 caps every 30 days); LD
TASIGNA CAPS 50mg, 200mg	4	PA, QL (120 caps every 30 days)
TASIGNA CAPS 150mg	4	PA, QL (112 caps every 28 days)
TIBSOVO TABS 250mg	4	PA, QL (60 tabs every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ PACK 2 X 25 MG (50 MG DAILY DOSE) CPPK 25mg	4	PA, QL (42 caps every 28 days); LD
TRUSELTIQ PACK 3 X 25 MG (75 MG DAILY DOSE) CPPK 25mg	4	PA, QL (63 caps every 28 days); LD
TRUSELTIQ PACK 100 & 25 MG (125 MG DAILY DOSE)	4	PA, QL (42 caps every 28 days); LD
TRUSELTIQ PACK 100 MG (100 MG DAILY DOSE) CPPK 100mg	4	PA, QL (21 caps every 28 days); LD
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	PA, QL (56 tabs every 28 days); LD
VITRAKVI CAPS 25mg	4	PA, QL (180 caps every 30 days); LD
VITRAKVI CAPS 100mg	4	PA, QL (60 caps every 30 days); LD
VITRAKVI SOLN 20mg/ml	4	PA, QL (300 mL every 30 days); LD
VONJO CAPS 100mg	4	PA, QL (120 caps every 30 days); LD
VOTRIENT TABS 200mg	4	PA, QL (120 tabs every 30 days); LD
XOSPATA TABS 40mg	4	PA, QL (90 tabs every 30 days); LD
ZEJULA CAPS 100mg	4	PA, QL (90 caps every 30 days); LD
ZOLINZA CAPS 100mg	4	
ZYDELIG TABS 100mg, 150mg	4	PA, QL (60 tabs every 30 days); LD
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	LD
BESREMI SOSY 500mcg/ml	4	PA; LD
<i>bexarotene caps 75mg</i>	4	
<i>hydroxyurea caps 500mg</i>	1	
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 10000000unit, 18000000unit, 50000000unit	4	LD
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	1	
MESNEX TABS 400mg	3	
MITOTIC INHIBITORS		
<i>etoposide caps 50mg</i>	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25mg, 1mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tabs 25mg</i>	1	MT
NOURIANZ TABS 20mg, 40mg	4	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	1	MT
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	MT
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tabs 200mg</i>	1	MT
<i>tolcapone tabs 100mg</i>	1	MT
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	MT
APOKYN SOCT 30mg/3ml	4	LD
<i>apomorphine hydrochloride soct 30mg/3ml</i>	4	LD
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	MT
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	MT
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	MT
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	MT
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	MT
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	MT
DUOPA SUS 4.63-20	4	LD
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	4	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	MT
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	MT
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	MT
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tabs .5mg, 1mg</i>	1	MT
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	MT
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM SOLN 8meq/5ml	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5mg, 21mg, 42mg	2	PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	2	PA
NUPLAZID CAPS 34mg; TABS 10mg	4	PA; LD
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	PA
VRAYLAR CAP 1.5-3MG	2	PA
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	PA
BENZISOXAZOLES		
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	PA
FANAPT PAK	3	PA
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	PA
PERSERIS PRSY 90mg, 120mg	2	
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	PA
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol lactate conc 2mg/ml</i>	1	
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	1	PA
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	PA
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	PA
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	PA
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	PA
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	3	
DIHYDROINDOLONES		
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	1	
<i>compro supp 25mg</i>	1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	2	
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	PA
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	PA
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	2	
ARISTADA INITIO PRSY 675mg/2.4ml	2	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	PA
THIOXANTHENES		
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	1	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	
APRETUDE SUER 600mg/3ml	4	LD
APTIVUS CAPS 250mg; SOLN 100mg/ml	3	
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	4	
BIKTARVY TAB	4	
CABENUVA SUS 400-600	4	LD
CABENUVA SUS 600-900	4	LD
CIMDUO TAB 300-300	4	
COMPLERA TAB	4	
CRIXIVAN CAPS 200mg, 400mg	3	
DELSTRIGO TAB	4	
DESCOVY TAB 120-15MG	4	
DESCOVY TAB 200/25MG	4	
<i>didanosine cpdr 250mg, 400mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	4	
EDURANT TABS 25mg	3	
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	
<i>emtricitabine caps 200mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tabs every 30 days)
EMTRIVA SOLN 10mg/ml	3	
<i>etravirine tabs 100mg, 200mg</i>	1	
EVOTAZ TAB 300-150	4	
<i>fosamprenavir calcium tabs 700mg</i>	1	
FUZEON SOLR 90mg	4	LD
GENVOYA TAB	4	
INTELENCE TABS 25mg	3	
INVIRASE TABS 500mg	3	
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	4	
ISENTRESS HD TABS 600mg	4	
JULUCA TAB 50-25MG	4	
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
LEXIVA SUSP 50mg/ml	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
<i>maraviroc tabs 150mg, 300mg</i>	1	
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	1	
NORVIR PACK 100mg; SOLN 80mg/ml	3	
ODEFSEY TAB	4	
PIFELTRO TABS 100mg	4	
PREZCOBIX TAB 800-150	4	

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg, 600mg, 800mg	4	
REYATAZ PACK 50mg	4	
<i>ritonavir tabs 100mg</i>	1	
RUKOBIA TB12 600mg	4	
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg, 150mg, 300mg	3	
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	
STRIBILD TAB	4	
SYMTUZA TAB	4	
TEMIXYS TAB 300-300	4	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	
TIVICAY TABS 10mg, 25mg, 50mg	4	
TIVICAY PD TBSO 5mg	4	
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	4	
TRIZIVIR TAB	3	
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	3	
VIRAMUNE SUSP 50mg/5ml	1	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	3	
ZIAGEN SOLN 20mg/ml	3	
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	2	
PAXLOVID TAB 300-100	2	
CMV AGENTS		
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	1	
BARACLUDE SOLN .05mg/ml	3	
<i>entecavir tabs .5mg, 1mg</i>	1	
EPCLUSA PAK 150-37.5	4	PA
EPCLUSA PAK 200-50MG	4	PA
EPCLUSA TAB 200-50MG	4	PA
EPCLUSA TAB 400-100	4	PA
EPIVIR HBV SOLN 5mg/ml	3	
HARVONI PAK	4	PA
HARVONI PAK 45-200MG	4	PA
HARVONI TAB 45-200MG	4	PA
HARVONI TAB 90-400MG	4	PA
<i>lamivudine (hbv) tabs 100mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
LEDIP-SOFOSB TAB 90-400MG	4	PA
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	LD
PEGASYS PROCLICK SOAJ 180mcg/0.5ml	4	LD
PEGINTRON KIT 50mcg/0.5ml	4	
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	4	
SOFOS/VELPAT TAB 400-100	4	PA
VEMLIDY TABS 25mg	4	
VOSEVI TAB	4	PA
HERPES AGENTS		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate caps 30mg</i>	1	QL (20 caps every 180 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (10 caps every 180 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (180 mL every 180 days)
RELENZA DISKHALER AEPB 5mg/blister	3	QL (1 inhaler every 180 days)
<i>rimantadine hydrochloride tabs 100mg</i>	1	
XOFLUZA TBPk 20mg, 40mg, 80mg	3	QL (2 tabs every 180 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200mg	2	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	MT
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	MT
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	MT
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl caps 200mg, 400mg</i>	1	MT
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	MT
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	MT
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	MT
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	2	MT
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	1	MT
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	MT

BETA BLOCKERS NON-SELECTIVE

nadolol tabs 20mg, 40mg, 80mg	1	MT
pindolol tabs 5mg, 10mg	1	MT
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	MT
sorine tabs 80mg, 120mg, 160mg, 240mg	1	MT
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	MT
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	MT
SOTYLIZE SOLN 5mg/ml	3	MT
timolol maleate tabs 5mg, 10mg, 20mg	1	MT

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	MT
CARDIZEM LA TB24 120mg	3	MT
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	MT
dilt-xr cp24 120mg, 180mg, 240mg	1	MT
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg	1	MT
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	MT
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	MT
felodipine tb24 2.5mg, 5mg, 10mg	1	MT
isradipine caps 2.5mg, 5mg	1	MT
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	MT
nicardipine hcl caps 20mg, 30mg	1	MT
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	1	MT
nimodipine caps 30mg	1	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	MT
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	MT
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	MT

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digitek tabs .125mg, .25mg</i>	1	MT
<i>digox tabs 125mcg, 250mcg</i>	1	MT
<i>digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	1	MT
LANOXIN TABS 62.5mcg	2	MT
LANOXIN TABS 187.5mcg	2	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (30 caps every 30 days); LD
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	MT
BIDIL TAB	3	MT
ENTRESTO TAB 24-26MG	3	MT
ENTRESTO TAB 49-51MG	3	MT
ENTRESTO TAB 97-103MG	3	MT

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	MT
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA; LD
FLOLAN SOLR .5mg, 1.5mg	4	PA; LD
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	4	PA; LD
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	PA; LD
TYVASO SOLN .6mg/ml	4	PA; LD
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	4	PA; LD
TYVASO DPI POW 16-32-48	4	PA; LD
TYVASO DPI POW 16-32MCG	4	PA; LD
TYVASO DPI POW 32-48MCG	4	PA; LD
TYVASO REFILL SOLN .6mg/ml	4	PA; LD
TYVASO STARTER SOLN .6mg/ml	4	PA; LD
VELETRI SOLR .5mg, 1.5mg	4	PA; LD
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	PA; LD
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA; LD
<i>bosentan tabs 62.5mg, 125mg</i>	4	PA; LD
OPSUMIT TABS 10mg	4	PA; LD
TRACLEER TBSO 32mg	4	PA; LD
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq tabs 20mg</i>	4	PA
REVATIO SOLN 10mg/12.5ml	4	PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	4	PA
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	PA; LD
SINUS NODE INHIBITORS		
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	MT
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61mg	4	PA; LD
VYNDAQEL CAPS 20mg	4	PA; LD
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg, 10mg	3	MT

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

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLO ER TB12 500mg	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefditoren pivoxil tabs 200mg, 400mg	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	3	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	5	ACA; MT
altavera	5	ACA; MT
alyacen 1/35	5	ACA; MT
alyacen 7/7/7	5	ACA; MT
amethia	5	ACA; MT
amethia lo	5	ACA; MT
amethyst	5	ACA; MT
apri	5	ACA; MT
aranelle	5	ACA; MT
ashlyna	5	ACA; MT
aubra	5	ACA; MT
aubra eq	5	ACA; MT
aurovela 1.5/30	5	ACA; MT
aurovela 1/20	5	ACA; MT
aurovela 24 fe	5	ACA; MT
aurovela fe 1.5/30	5	ACA; MT
aurovela fe 1/20	5	ACA; MT
aviane	5	ACA; MT
ayuna	5	ACA; MT

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Drug Name	Drug Tier	Requirements/Limits
<i>azurette</i>	5	ACA; MT
BALCOLTRA TAB 0.1-20	5	ACA; MT
<i>balziva</i>	5	ACA; MT
<i>bekyree</i>	5	ACA; MT
<i>blisovi 24 fe</i>	5	ACA; MT
<i>blisovi fe 1.5/30</i>	5	ACA; MT
<i>blisovi fe 1/20</i>	5	ACA; MT
<i>briellyn</i>	5	ACA; MT
<i>camrese</i>	5	ACA; MT
<i>camrese lo</i>	5	ACA; MT
<i>caziant</i>	5	ACA; MT
<i>charlotte 24 fe</i>	5	ACA; MT
<i>chateal</i>	5	ACA; MT
<i>chateal eq</i>	5	ACA; MT
<i>cryselle-28</i>	5	ACA; MT
<i>cyclafem 1/35</i>	5	ACA; MT
<i>cyclafem 7/7/7</i>	5	ACA; MT
<i>cyred</i>	5	ACA; MT
<i>cyred eq</i>	5	ACA; MT
<i>dasetta 1/35</i>	5	ACA; MT
<i>dasetta 7/7/7</i>	5	ACA; MT
<i>daysee</i>	5	ACA; MT
<i>delyla</i>	5	ACA; MT
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	5	ACA; MT
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	5	ACA; MT
<i>dolishale</i>	5	ACA; MT
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	5	ACA; MT
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	5	ACA; MT
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	5	ACA; MT
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	5	ACA; MT
<i>elinest</i>	5	ACA; MT
<i>emoquette</i>	5	ACA; MT
<i>enpresse-28</i>	5	ACA; MT
<i>enskyce</i>	5	ACA; MT
<i>estarylla</i>	5	ACA; MT
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	5	ACA; MT
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	5	ACA; MT
FALESSA KIT	5	ACA; MT

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Drug Name	Drug Tier	Requirements/Limits
<i>falmina</i>	5	ACA; MT
<i>fayosim</i>	5	ACA; MT
<i>femynor</i>	5	ACA; MT
<i>finzala</i>	5	ACA; MT
<i>gemmily</i>	5	ACA; MT
<i>gianvi</i>	5	ACA; MT
<i>hailey 1.5/30</i>	5	ACA; MT
<i>hailey 24 fe</i>	5	ACA; MT
<i>hailey fe 1.5/30</i>	5	ACA; MT
<i>hailey fe 1/20</i>	5	ACA; MT
<i>iclevia</i>	5	ACA; MT
<i>introvale</i>	5	ACA; MT
<i>isibloom</i>	5	ACA; MT
<i>jaimiess</i>	5	ACA; MT
<i>jasmiel</i>	5	ACA; MT
<i>jolessa</i>	5	ACA; MT
<i>juleber</i>	5	ACA; MT
<i>junel 1.5/30</i>	5	ACA; MT
<i>junel 1/20</i>	5	ACA; MT
<i>junel fe 1.5/30</i>	5	ACA; MT
<i>junel fe 1/20</i>	5	ACA; MT
<i>junel fe 24</i>	5	ACA; MT
<i>kaitlib fe</i>	5	ACA; MT
<i>kalliga</i>	5	ACA; MT
<i>kariva</i>	5	ACA; MT
<i>kelnor 1/35</i>	5	ACA; MT
<i>kelnor 1/50</i>	5	ACA; MT
<i>kurvelo</i>	5	ACA; MT
<i>larin 1.5/30</i>	5	ACA; MT
<i>larin 1/20</i>	5	ACA; MT
<i>larin 24 fe</i>	5	ACA; MT
<i>larin fe 1.5/30</i>	5	ACA; MT
<i>larin fe 1/20</i>	5	ACA; MT
<i>larissia</i>	5	ACA; MT
<i>layolis fe</i>	5	ACA; MT
<i>leena</i>	5	ACA; MT
<i>lessina</i>	5	ACA; MT
<i>levonest</i>	5	ACA; MT
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	5	ACA; MT
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	5	ACA; MT
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	5	ACA; MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	5	ACA; MT
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	5	ACA; MT
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	5	ACA; MT
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	5	ACA; MT
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	5	ACA; MT
<i>levora 0.15/30-28</i>	5	ACA; MT
<i>lillow</i>	5	ACA; MT
LO LOESTRIN TAB 1-10-10	5	ACA; MT
<i>lo-zumandimine</i>	5	ACA; MT
<i>loestrin 1.5/30-21</i>	5	ACA; MT
<i>loestrin 1/20-21</i>	5	ACA; MT
<i>loestrin fe 1.5/30</i>	5	ACA; MT
<i>loestrin fe 1/20</i>	5	ACA; MT
<i>lojaimiess</i>	5	ACA; MT
<i>loryna</i>	5	ACA; MT
<i>low-ogestrel</i>	5	ACA; MT
<i>lutura</i>	5	ACA; MT
<i>marlissa</i>	5	ACA; MT
<i>melodetta 24 fe</i>	5	ACA; MT
<i>merzee</i>	5	ACA; MT
<i>mibelas 24 fe</i>	5	ACA; MT
<i>microgestin 1.5/30</i>	5	ACA; MT
<i>microgestin 1/20</i>	5	ACA; MT
<i>microgestin 24 fe</i>	5	ACA; MT
<i>microgestin fe 1.5/30</i>	5	ACA; MT
<i>microgestin fe 1/20</i>	5	ACA; MT
<i>mili</i>	5	ACA; MT
<i>mono-lynyah</i>	5	ACA; MT
NATAZIA TAB	5	ACA; MT
<i>necon 0.5/35-28</i>	5	ACA; MT
NEXTSTELLIS TAB 3-14.2MG	5	ACA; MT
<i>nikki</i>	5	ACA; MT
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	5	ACA; MT
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	5	ACA; MT
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	5	ACA; MT
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	5	ACA; MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	5	ACA; MT
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	5	ACA; MT
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	5	ACA; MT
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	5	ACA; MT
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	5	ACA; MT
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	5	ACA; MT
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	5	ACA; MT
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	5	ACA; MT
<i>nortrel 0.5/35 (28)</i>	5	ACA; MT
<i>nortrel 1/35</i>	5	ACA; MT
<i>nortrel 7/7/7</i>	5	ACA; MT
<i>nylia 1/35</i>	5	ACA; MT
<i>nylia 7/7/7</i>	5	ACA; MT
<i>nymyo</i>	5	ACA; MT
<i>ocella</i>	5	ACA; MT
<i>ogestrel</i>	5	ACA; MT
<i>orsythia</i>	5	ACA; MT
<i>philith</i>	5	ACA; MT
<i>pimtrea</i>	5	ACA; MT
<i>pirmella 1/35</i>	5	ACA; MT
<i>pirmella 7/7/7</i>	5	ACA; MT
<i>portia-28</i>	5	ACA; MT
<i>previfem</i>	5	ACA; MT
<i>reclipsen</i>	5	ACA; MT
<i>rivelsa</i>	5	ACA; MT
<i>setlakin</i>	5	ACA; MT
<i>simliya</i>	5	ACA; MT
<i>simpesse</i>	5	ACA; MT
<i>sprintec 28</i>	5	ACA; MT
<i>sronyx</i>	5	ACA; MT
<i>syeda</i>	5	ACA; MT
<i>tarina 24 fe</i>	5	ACA; MT
<i>tarina fe 1/20</i>	5	ACA; MT
<i>tarina fe 1/20 eq</i>	5	ACA; MT
<i>taysofy</i>	5	ACA; MT
<i>tilia fe</i>	5	ACA; MT
<i>tri femynor</i>	5	ACA; MT
<i>tri-estarylla</i>	5	ACA; MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-legest fe</i>	5	ACA; MT
<i>tri-linyah</i>	5	ACA; MT
<i>tri-lo-estarylla</i>	5	ACA; MT
<i>tri-lo-marzia</i>	5	ACA; MT
<i>tri-lo-mili</i>	5	ACA; MT
<i>tri-lo-sprintec</i>	5	ACA; MT
<i>tri-mili</i>	5	ACA; MT
<i>tri-nymyo</i>	5	ACA; MT
<i>tri-previfem</i>	5	ACA; MT
<i>tri-sprintec</i>	5	ACA; MT
<i>tri-vylibra</i>	5	ACA; MT
<i>tri-vylibra lo</i>	5	ACA; MT
<i>trivora-28</i>	5	ACA; MT
TYBLUME CHW 0.1-0.02	5	ACA; MT
<i>tydemy</i>	5	ACA; MT
<i>velivet</i>	5	ACA; MT
<i>vestura</i>	5	ACA; MT
<i>vienva</i>	5	ACA; MT
<i>viorele</i>	5	ACA; MT
<i>volnea</i>	5	ACA; MT
<i>vyfemla</i>	5	ACA; MT
<i>vylibra</i>	5	ACA; MT
<i>wera</i>	5	ACA; MT
<i>wymzya fe</i>	5	ACA; MT
<i>zovia 1/35</i>	5	ACA; MT
<i>zovia 1/35e</i>	5	ACA; MT
<i>zumandimine</i>	5	ACA; MT
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA DIS 120-30	5	ACA; MT
<i>xulane</i>	5	ACA; MT
<i>zafemy</i>	5	ACA; MT
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	5	QL (1 ring every 300 days); ACA; MT
<i>eluryng</i>	5	QL (13 rings every 300 days); ACA; MT
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	5	QL (13 rings every 300 days); ACA; MT
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	5	QL (1 IUD every 300 days); ACA
EMERGENCY CONTRACEPTIVES		
<i>aftera tabs 1.5mg</i>	5	OTC; ACA
<i>afterpill tabs 1.5mg</i>	5	OTC; ACA
<i>econtra ez tabs 1.5mg</i>	5	OTC; ACA

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

Drug Name	Drug Tier	Requirements/Limits
<i>econtra one-step tabs 1.5mg</i>	5	OTC; ACA
ELLA TABS 30mg	5	ACA
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	5	OTC; ACA
<i>my choice tabs 1.5mg</i>	5	OTC; ACA
<i>my way tabs 1.5mg</i>	5	OTC; ACA
<i>new day tabs 1.5mg</i>	5	OTC; ACA
<i>opcicon one-step tabs 1.5mg</i>	5	OTC; ACA
<i>option 2 tabs 1.5mg</i>	5	OTC; ACA
<i>react tabs 1.5mg</i>	5	OTC; ACA
<i>take action tabs 1.5mg</i>	5	OTC; ACA
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68mg	5	QL (1 implant every 300 days); ACA
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	5	QL (1 injection every 75 days); ACA
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	5	QL (4 injections every 300 days); ACA
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5mg	5	QL (1 IUD every 300 days); ACA
LILETTA IUD 20.1mcg/day	5	QL (1 IUD every 300 days); ACA
MIRENA IUD 20mcg/day	5	QL (1 IUD every 300 days); ACA
SKYLA IUD 13.5mg	5	QL (1 IUD every 300 days); ACA
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tabs .35mg</i>	5	ACA; MT
<i>deblitane tabs .35mg</i>	5	ACA; MT
<i>errin tabs .35mg</i>	5	ACA; MT
<i>heather tabs .35mg</i>	5	ACA; MT
<i>incassia tabs .35mg</i>	5	ACA; MT
<i>jencycla tabs .35mg</i>	5	ACA; MT
<i>lyleq tabs .35mg</i>	5	ACA; MT
<i>lyza tabs .35mg</i>	5	ACA; MT
<i>nora-be tabs .35mg</i>	5	ACA; MT
<i>norethindrone (contraceptive) tabs .35mg</i>	5	ACA; MT
<i>norlyda tabs .35mg</i>	5	ACA; MT
<i>norlyroc tabs .35mg</i>	5	ACA; MT
<i>sharobel tabs .35mg</i>	5	ACA; MT
SLYND TABS 4mg	5	ACA; MT
<i>tulana tabs .35mg</i>	5	ACA; MT

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

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide cpep 3mg; tb24 9mg</i>	1	
<i>cortisone acetate tabs 25mg</i>	1	
<i>decadron tabs .5mg, .75mg, 4mg, 6mg</i>	1	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA SUSP 22.75mg/ml; TABS 6mg, 18mg, 30mg, 36mg	4	PA; LD
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
MILLIPRED TABS 5mg	3	
MILLIPRED DP TBPK 5mg	3	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
TARPEYO CPDR 4mg	4	PA, QL (120 caps every 30 days); LD
MINERALOCORTICIDS		
<i>fludrocortisone acetate tabs .1mg</i>	1	MT
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
<i>hydromet</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>pe-guai</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine vc/codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
SEMPREX-D CAP 8-60MG	3	
Z-TUSS AC LIQ 2-9/5ML	3	OTC
EXPECTORANTS		
<i>potassium iodide (expectorant) soln 1gm/ml</i>	1	
SSKI SOLN 1gm/ml	3	
MISC. RESPIRATORY INHALANTS		
<i>nebusal nebu 3%</i>	1	
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine soln 10%, 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>adapalene crea .1%; gel .3%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
<i>amnesteem caps 10mg, 20mg, 40mg</i>	1	
<i>avar cleanser</i>	1	
<i>avita crea .025%; gel .025%</i>	1	PA
<i>benzepro creamy wash liqd 7%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical) foam 1%</i>	1	QL (200 gm every 30 days)
<i>clindamycin phosphate (topical) gel 1%</i>	1	QL (240 gm every 30 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	1	QL (240 mL every 30 days)
<i>clindamycin phosphate (topical) swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>enzoclear foam 9.8%</i>	1	
EPIDUO FORTE GEL 0.3-2.5%	2	
<i>ery pads 2%</i>	1	
<i>erythromycin (acne aid) gel 2%</i>	1	QL (180 gm every 30 days)
<i>erythromycin (acne aid) soln 2%</i>	1	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>neuac</i>	1	
<i>pr benzoyl peroxide wash liqd 7%</i>	1	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	1	PA
<i>tretinoin microsphere gel .04%, .1%</i>	1	PA
<i>vanoxide-hc</i>	1	
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	1	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT 15%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	3	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	QL (90 gm every 30 days)
<i>mupirocin oint 2%</i>	1	QL (90 gm every 30 days)
<i>mupirocin calcium (topical) crea 2%</i>	1	QL (90 gm every 30 days)
ANTIFUNGALS - TOPICAL		
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox gel .77%</i>	1	QL (240 gm every 30 days)
<i>ciclopirox sham 1%; soln 8%</i>	1	
<i>ciclopirox olamine crea .77%</i>	1	QL (240 gm every 30 days)
<i>ciclopirox olamine susp .77%</i>	1	QL (240 mL every 30 days)
<i>clotrimazole (topical) crea 1%; soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate crea 1%</i>	1	QL (240 gm every 30 days)
ERTACZO CREA 2%	3	
EXELDERM CREA 1%; SOLN 1%	3	
<i>ketoconazole (topical) crea 2%</i>	1	QL (120 gm every 30 days)
<i>ketoconazole (topical) foam 2%</i>	1	QL (200 gm every 30 days)
<i>ketoconazole (topical) sham 2%</i>	1	QL (240 mL every 30 days)
<i>ketodan foam 2%</i>	1	QL (200 gm every 30 days)
<i>naftifine hcl crea 1%, 2%; gel 1%</i>	1	
NAFTIN GEL 2%	3	
<i>nyamyc powd 100000unit/gm</i>	1	QL (180 gm every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	1	QL (90 gm every 30 days)
<i>nystatin (topical) powd 100000unit/gm</i>	1	QL (180 gm every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop powd 100000unit/gm</i>	1	QL (180 gm every 30 days)
<i>oxiconazole nitrate crea 1%</i>	1	QL (90 gm every 30 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	QL (100 gm every 30 days)
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	1	
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl (antipruritic) crea 5%</i>	1	QL (90 gm every 30 days)
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	
<i>calcipotriene crea .005%; oint .005%</i>	1	QL (240 gm every 30 days)
<i>calcipotriene soln .005%</i>	1	QL (240 mL every 30 days)
<i>calcitrene oint .005%</i>	1	QL (240 gm every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	1	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	4	PA, QL (1 syringe every 28 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX 300MG DOSE SOSY 150mg/ml	4	PA, QL (2 syringes every 28 days); LD
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (1 pen every 28 days); LD
COSENTYX SENSOREADY PEN 300MG DOSE SOAJ 150mg/ml	4	PA, QL (2 pens every 28 days); LD
<i>methoxsalen rapid caps 10mg</i>	1	
SKYRIZI PSKT 75mg/0.83ml	4	PA, QL (1 injection every 84 days)
SKYRIZI SOSY 150mg/ml	4	PA, QL (1 syringe every 84 days)
SKYRIZI PEN SOAJ 150mg/ml	4	PA, QL (1 pen every 84 days)
STELARA SOSY 45mg/0.5ml	4	PA, QL (1 syringe every 84 days)
STELARA SOSY 90mg/ml	4	PA, QL (1 syringe every 56 days)
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	PA, QL (1 syringe every 28 days); LD
<i>tazarotene crea .1%</i>	1	PA
TAZORAC CREA .05%	3	PA
TAZORAC GEL .05%, .1%	3	
TREMFYA SOPN 100mg/ml	4	PA, QL (1 pen every 56 days)
TREMFYA SOSY 100mg/ml	4	PA, QL (1 syringe every 56 days)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotn 2.5%</i>	1	
<i>sulfacetamide sodium liqd 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir topical crea 5%; oint 5%</i>	1	
DENAVIR CREA 1%	3	
BURN PRODUCTS		
<i>mafenide acetate pack 5%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85mg/gm	3	
CAUTERIZING AGENTS		
<i>grafco silver nitrate app</i>	1	
SILVER NITRATE SOLN .5%, 10%, 25%, 50%	3	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort crea 1%, 2.5%</i>	1	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>amcinonide crea .1%; lotn .1%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
APEXICON E CREA .05%	3	QL (240 gm every 30 days)
<i>besser lotn .05%</i>	1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%</i>	1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	QL (400 gm every 30 days)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	QL (240 gm every 30 days)
<i>clobetasol propionate crea .05%; oint .05%</i>	1	QL (240 gm every 30 days)
<i>clobetasol propionate foam .05%</i>	1	QL (300 gm every 30 days)
<i>clobetasol propionate gel .05%</i>	1	QL (200 gm every 30 days)
<i>clobetasol propionate liqd .05%</i>	1	QL (240 mL every 30 days)
<i>clobetasol propionate lotn .05%; sham .05%</i>	1	QL (236 mL every 30 days)
<i>clobetasol propionate soln .05%</i>	1	QL (200 mL every 30 days)
<i>clobetasol propionate emo crea .05%</i>	1	QL (240 g every 30 days)
<i>clobetasol propionate emulsion foam .05%</i>	1	QL (300 gm every 30 days)
<i>clodan sham .05%</i>	1	QL (236 mL every 30 days)
<i>desonide crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%</i>	1	
<i>desrx gel .05%</i>	1	
<i>diflorasone diacetate crea .05%; oint .05%</i>	1	QL (240 gm every 30 days)
ENSTILAR AER	2	QL (120 gm every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1	QL (240 gm every 30 days)
<i>fluocinolone acetonide oil .01%</i>	1	
<i>fluocinolone acetonide soln .01%</i>	1	QL (240 mL every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide crea .05%, .1%; gel .05%; oint .05%</i>	1	QL (240 gm every 30 days)
<i>fluocinonide soln .05%</i>	1	QL (240 mL every 30 days)
<i>fluocinonide emulsified base crea .05%</i>	1	
<i>flurandrenolide crea .05%; oint .05%</i>	1	QL (240 gm every 30 days)
<i>flurandrenolide lotn .05%</i>	1	QL (240 mL every 30 days)
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halcinonide crea .1%</i>	1	
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
HALOG OINT .1%; SOLN .1%	3	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	
<i>nolix crea .05%</i>	1	QL (240 gm every 30 days)
<i>nolix lotn .05%</i>	1	QL (240 mL every 30 days)
<i>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate crea .1%; oint .1%</i>	1	
<i>tovet foam .05%</i>	1	QL (300 gm every 30 days)
<i>triamcinolone acetonide (topical) aers .147mg/gm</i>	1	QL (200 gm every 30 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .05%, .1%</i>	1	QL (454 gm every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide (topical) oint .5%</i>	1	QL (450 gm every 30 days)
<i>trianex oint .05%</i>	1	QL (454 gm every 30 days)
<i>triderm crea .1%, .5%</i>	1	QL (454 gm every 30 days)
<i>tritocin oint .05%</i>	1	QL (454 gm every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ECZEMA AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	4	PA
EMOLLIENTS		
<i>lactic acid (ammonium lactate) crea 12%</i>	1	
ENZYMES - TOPICAL		
SANTYL OINT 250unit/gm	3	
HAIR GROWTH AGENTS		
<i>finasteride (alopecia) tabs 1mg</i>	1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus crea 1%</i>	1	
<i>tacrolimus (topical) oint .03%, .1%</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln .5%</i>	1	
<i>salicylic acid crea 6%; lotn 6%</i>	1	
<i>salitech forte lotn 6%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>glydo prsy 2%</i>	1	
<i>lidocaine oint 5%</i>	1	QL (90 gm every 30 days)
<i>lidocaine ptch 5%</i>	1	QL (90 ea every 30 days)
<i>lidocaine hcl gel 2%; prsy 2%; soln 4%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (60 gm every 30 days)
SYNERA DIS 70-70MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	3	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
FINACEA FOAM 15%	2	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	1	
MIRVASO GEL .33%	3	
<i>rosadan crea .75%; gel .75%</i>	1	
SCABICIDES & PEDICULICIDES		
EURAX CREA 10%; LOTN 10%	3	
<i>ivermectin (pediculicide) lotn .5%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>spinosad</i> susp .9%	1	
ULESFIA LOTN 5%	3	
WOUND CARE PRODUCTS		
REGRANEX GEL .01%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC SOLR 1mg	2	
DIAGNOSTIC TESTS		
CONTOUR TES BLD GLUC	2	QL (100 strips every 30 days), OTC
CONTOUR TES NEXT	2	QL (100 strips every 30 days), OTC
ONETOUCH TES ULTRA	2	QL (100 strips every 30 days), OTC
ONETOUCH TES VERIO	2	QL (100 strips every 30 days), OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS		
CAM PRO COMP BAR GLYTACTI	3	
GLYTAC COMPL BAR 10PE	3	
GLYTACTIN PAK BTMK/DLT	3	
GLYTACTIN PAK SWIRL 15	3	
GLYTACTIN POW APPLE	3	
GLYTACTIN POW BD 20/20	3	
GLYTACTIN POW BETMLK15	3	
GLYTACTIN POW BLD 10PE	3	
GLYTACTIN POW BLD PKU	3	
GLYTACTIN POW PUNCH	3	
GLYTACTIN POW RESTOR 5	3	
GLYTACTIN POW RST LT10	3	
GLYTACTIN POW TROPICAL	3	
HCU EASY TAB	3	
HCU EXPRESS PAK 15+ UNFL	3	
HCU EXPRESS PAK 20+ UNFL	3	
HOMACTIN AA POW PLUS	3	
ISOVACTIN AA POW PLUS	3	
MSUD EASY TAB	3	
PKU EASY TAB	3	
PKU EASY TAB MICROTAB	3	
PKU EXPRESS PAK 15+ LEMO	3	
PKU EXPRESS PAK 15+ ORAN	3	
PKU EXPRESS PAK 15+ RASP	3	
PKU EXPRESS PAK 15+ TROP	3	
PKU EXPRESS PAK 15+ UNFL	3	

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Drug Name	Drug Tier	Requirements/Limits
PKU EXPRESS PAK 20+ RASP	3	
PKU EXPRESS PAK 20+ TROP	3	
PKU EXPRESS PAK 20+ UNFL	3	
PKU EXPRESS PAK 20+LEMON	3	
PKU EXPRESS PAK 20+ORANG	3	
PKU GO POW	3	
TYLACTIN COM BAR 15 PE	3	
TYLACTIN POW BLD 20PE	3	
TYLACTIN POW RESTOR5	3	
TYR EASY TAB	3	
TYR EXPRESS PAK 15+ UNFL	3	
TYR EXPRESS PAK 20+ UNFL	3	
VILACTIN AA POW PLUS	3	

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOLN 8500unit/ml	3	LD; MT
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	MT
KEVEYIS TABS 50mg	4	PA; LD
<i>methazolamide tabs 25mg, 50mg</i>	1	MT

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	MT
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	1	MT
<i>ethacrynic acid tabs 25mg</i>	1	MT
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	MT
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	MT
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tabs 5mg</i>	1	MT
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	MT
<i>triamterene caps 50mg, 100mg</i>	1	MT
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tabs 500mg</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MT
DIURIL SUSP 250mg/5ml	3	MT
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	MT
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	MT
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	MT
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TABS 1mg, 5mg, 10mg	4	PA; LD
RECORLEV TABS 150mg	4	PA; LD
BONE DENSITY REGULATORS		
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	MT
<i>calcitonin (salmon) soln 200unit/act</i>	1	MT
<i>etidronate disodium tabs 200mg</i>	1	
FORTEO SOPN 600mcg/2.4ml	4	
FOSAMAX + D TAB 70-2800	3	MT
FOSAMAX + D TAB 70-5600	3	MT
<i>ibandronate sodium tabs 150mg</i>	1	MT
MIACALCIN SOLN 200unit/ml	2	
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	PA; LD
<i>risedronate sodium tabs 5mg, 35mg, 150mg; tbec 35mg</i>	1	MT
<i>risedronate sodium tabs 30mg</i>	1	
TERIPARATIDE SOPN 620mcg/2.48ml	3	
TYMLOS SOPN 3120mcg/1.56ml	3	LD; MT
CORTICOTROPIN		
ACTHAR GEL 80unit/ml	4	PA; LD
CORTROPHIN GEL 80unit/ml	4	PA; LD
GNRH/LHRH ANTAGONISTS		
ORLISSA TABS 150mg, 200mg	2	PA

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Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	PA; LD
GROWTH HORMONES		
NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	PA
HORMONE RECEPTOR MODULATORS		
OSPHENA TABS 60mg	2	MT
raloxifene hcl tabs 60mg	5	ACA; MT
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5	4	PA
LUPANETA KIT 11.25-5	4	PA
SYNAREL SOLN 2mg/ml	3	
METABOLIC MODIFIERS		
*betaine powder for oral solution***	4	LD
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	MT
CARBAGLU TBSO 200mg	3	LD; MT
carglumic acid tbso 200mg	1	LD; MT
cinacalcet hcl tabs 30mg, 60mg, 90mg	4	
CYSTADANE POW	4	LD
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	MT
GALAFOLD CAPS 123mg	4	PA; LD
javygtor pack 100mg, 500mg; tabs 100mg	4	LD
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	1	MT
MYALEPT SOLR 11.3mg	4	PA; LD
nitisinone caps 2mg, 5mg, 10mg	4	LD
NITYR TABS 2mg, 5mg, 10mg	4	LD
ORFADIN CAPS 20mg	4	LD
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	PA; LD
paricalcitol caps 1mcg, 2mcg, 4mcg	1	MT
RAVICTI LIQD 1.1gm/ml	4	LD
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	LD
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	1	LD
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	PA; LD
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	2	QL (30 tabs every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .01%</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	
SOMATOSTATIC AGENTS		
MYCAPSSA CPDR 20mg	4	PA; LD
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	PA; LD
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15mg, 30mg; TBPk 15mg	4	LD
JYNARQUE PAK 30-15MG	4	LD
JYNARQUE PAK 45-15MG	4	LD
JYNARQUE PAK 60-30MG	4	LD
JYNARQUE PAK 90-30MG	4	LD
SAMSCA TABS 15mg	4	LD
<i>tolvaptan tabs 15mg, 30mg</i>	4	LD
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	MT
ANGELIQ TAB 0.5-1MG	3	MT
ANGELIQ TAB 0.25-0.5	3	MT
CLIMARA PRO DIS WEEKLY	3	MT
COMBIPATCH DIS	2	MT
DUAVEE TAB 0.45-20	3	MT
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	MT
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	MT
<i>fyavolv</i>	1	MT
<i>jinteli</i>	1	MT
<i>mimvey</i>	1	MT
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	MT
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	MT
ORIAHNN CAP	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
PREFEST TAB	3	MT
PREMPHASE TAB	2	MT
PREMPRO TAB	2	MT
PREMPRO TAB 0.3-1.5	2	MT
PREMPRO TAB 0.45-1.5	2	MT
PREMPRO TAB 0.625-5	2	MT

ESTROGENS

ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	MT
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	2	MT
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	MT
ELESTRIN GEL .06%	3	MT
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	MT
estradiol valerate oil 20mg/ml, 40mg/ml	1	
ESTROGEL GEL .06%	3	MT
EVAMIST SOLN 1.53mg/spray	2	MT
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	MT
MENEST TABS .3mg, .625mg, 1.25mg	3	MT
MENOSTAR PTWK 14mcg/24hr	3	MT
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	MT

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
ciprofloxacin susr 500mg/5ml	1	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
moxifloxacin hcl tabs 400mg	1	
ofloxacin tabs 300mg, 400mg	1	

GASTROINTESTINAL AGENTS - MISC.

FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TABS 5mg, 10mg	4	PA; LD
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Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TABS 250mg	4	LD
ursodiol caps 300mg; tabs 250mg, 500mg	1	MT
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	MT
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAPS 400mcg, 1200mcg	4	PA; LD
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	PA; LD
LIVMARLI SOLN 9.5mg/ml	4	PA; LD
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium caps 750mg	1	
CIMZIA PSKT 200mg/ml	4	PA, QL (2 injections every 21 days)
CIMZIA STARTER KIT PSKT 200mg/ml	4	PA, QL (2 injections every 21 days)
DIPENTUM CAPS 250mg	3	MT
mesalamine cp24 .375gm; cpcr 500mg; tbec 1.2gm	1	MT
mesalamine enem 4gm; supp 1000mg; tbec 800mg	1	
PENTASA CPCR 250mg, 500mg	2	MT
SKYRIZI SOCT 360mg/2.4ml	4	PA, QL (1 injection every 56 days)
sulfasalazine tabs 500mg; tbec 500mg	1	MT
INTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	1	MT
generlac soln 10gm/15ml	1	MT
lactulose (encephalopathy) soln 10gm/15ml	1	MT
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosecron hcl tabs .5mg, 1mg	1	MT
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	MT
VIBERZI TABS 75mg, 100mg	3	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5mg, 25mg	2	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	3	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	3	MT
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	MT
FOSRENOL PACK 750mg, 1000mg	3	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1	MT
PHOSLYRA SOLN 667mg/5ml	2	MT
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	MT
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	MT
VELPHORO CHEW 500mg	2	MT
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5mg	4	PA; LD
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250mg	4	PA; LD
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50mg, 150mg	4	PA; LD
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	PA; LD
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	1	
<i>argyle sterile saline soln .9%</i>	1	
<i>curity sterile saline soln .9%</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
SORBITOL SOLN 3%, 3.3%	3	
SORBITOL-MAN SOL	3	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100mg	3	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	MT
CARDURA XL TB24 4mg, 8mg	3	MT
<i>dutasteride caps .5mg</i>	1	MT
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	MT
<i>finasteride tabs 5mg</i>	1	MT
<i>silodosin caps 4mg, 8mg</i>	1	MT
<i>tadalafil tabs 2.5mg, 5mg</i>	1	PA, QL (30 tabs every 30 days); MT
<i>tamsulosin hcl caps .4mg</i>	1	MT
URINARY ANALGESICS		
<i>phenazo tabs 200mg</i>	1	
<i>phenazopyridine hcl tabs 200mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
URINARY STONE AGENTS		
THIOLA EC TBEC 100mg, 300mg	4	LD
tiopronin tabs 100mg	4	LD
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	MT
GOUT AGENTS		
allopurinol tabs 100mg, 300mg	1	MT
colchicine tabs .6mg	1	
febuxostat tabs 40mg, 80mg	1	MT
URICOSURICS		
probenecid tabs 500mg	1	MT
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	4	LD
ALPHANATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit	4	LD
ALPHANATE/VON WILLEBRAND SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit	4	LD
ALPHANINE SD SOLR 500unit, 1000unit, 1500unit	4	LD
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	4	LD
BENEFIX KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	4	LD
COAGADEX SOLR 250unit, 500unit	4	LD
CORIFACT KIT 1000-1600unit	4	LD
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	4	LD
FEIBA SOLR 500unit, 1000unit, 2500unit	4	LD
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	4	LD
HEMOFIL M SOLR 250unit, 500unit, 1000unit, 1700unit	4	LD
HUMATE-P SOL 250-600	4	LD
HUMATE-P SOL 500-1200	4	LD
HUMATE-P SOL 2400UNIT	4	LD
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	4	LD
KOATE SOLR 250unit, 500unit, 1000unit	4	LD
KOATE-DVI SOLR 250unit, 500unit, 1000unit	4	LD

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

Drug Name	Drug Tier	Requirements/Limits
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	4	LD
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	4	LD
MONONINE SOLR 1000unit	4	LD
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	4	LD
NOVOSEVEN RT SOLR 1mg, 2mg, 5mg, 8mg	4	LD
PROFILNINE SOLR 500unit, 1000unit, 1500unit	4	LD
REBINYN SOLR 500unit, 1000unit, 2000unit	4	LD
RIXUBIS SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	4	LD
SEVENFACT SOLR 1mg, 5mg	4	LD
WILATE INJ	4	LD
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate soln 30mg/3ml</i>	4	PA; LD
<i>sajazir soln 30mg/3ml</i>	4	PA; LD
COMPLEMENT INHIBITORS		
BERINERT KIT 500unit	4	PA; LD
CINRYZE SOLR 500unit	4	PA; LD
EMPAVELI SOLN 1080mg/20ml	4	PA; LD
HAEGARDA SOLR 2000unit, 3000unit	4	PA; LD
RUCONEST SOLR 2100unit	4	PA; LD
TAVNEOS CAPS 10mg	4	PA; LD
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100mg, 150mg	4	PA; LD
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc 400mg</i>	1	MT
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO SOLN 300mg/2ml; SOSY 300mg/2ml	4	PA; LD
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	MT
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	MT
BRILINTA TABS 60mg, 90mg	2	MT
CABLIVI KIT 11mg	4	PA; LD
<i>cilostazol tabs 50mg, 100mg</i>	1	MT
<i>clopidogrel bisulfate tabs 75mg</i>	1	MT
<i>clopidogrel bisulfate tabs 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	MT
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY TABS 2.08mg	3	MT
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TABS 5mg, 20mg, 50mg	4	PA, QL (60 tabs every 30 days); LD
PYRUKYND TAB 20MGX5MG	4	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAB 50MGX20M	4	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAPER PACK TBPk 5mg	4	PA, QL (7 tabs every 180 days); LD
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84mg	4	PA; LD
<i>miglustat caps 100mg</i>	4	LD
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200mg, 300mg, 400mg	3	MT
OXBRYTA TABS 500mg; TBSO 300mg	4	PA; LD
SIKLOS TABS 100mg, 1000mg	3	
COBALAMINS		
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>dodex soln 1000mcg/ml</i>	1	
FOLIC ACID/FOLATES		
<i>fa-8 caps .8mg</i>	5	QL (100 caps per fill), OTC; ACA; MT
<i>folate tabs 400mcg</i>	5	QL (100 tabs per fill), OTC; ACA
<i>folic acid caps 800mcg</i>	5	QL (100 caps per fill), OTC; ACA; MT
<i>folic acid tabs 1mg</i>	1	MT
<i>folic acid tabs 400mcg</i>	5	QL (100 tabs per fill), OTC; ACA
<i>kp folic acid tabs 800mcg</i>	5	OTC; ACA; MT
<i>sm folic acid tabs 400mcg</i>	5	QL (100 tabs per fill), OTC; ACA
<i>yl folic acid tabs 400mcg</i>	5	QL (100 tabs per fill), OTC; ACA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 150mcg/0.75ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	PA
DOPTELET TABS 20mg	4	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	4	PA
FULPHILA SOSY 6mg/0.6ml	4	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	4	PA; LD
MULPLETA TABS 3mg	4	PA
NEULASTA SOSY 6mg/0.6ml	4	PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	4	PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	
NYVEPRIA SOSY 6mg/0.6ml	4	PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	4	LD
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA
UDENYCA SOSY 6mg/0.6ml	4	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	
ZIEXTENZO SOSY 6mg/0.6ml	4	PA; LD

STEM CELL MOBILIZERS

MOZOBIL SOLN 24mg/1.2ml	4	LD
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HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
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HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1	
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NON-BARBITURATE HYPNOTICS

<i>estazolam tabs 1mg</i>	1	QL (60 tabs every 30 days)
<i>estazolam tabs 2mg</i>	1	QL (30 tabs every 30 days)
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl caps 15mg, 30mg</i>	1	QL (30 caps every 30 days)
<i>midazolam hcl syrp 2mg/ml</i>	1	
<i>temazepam caps 7.5mg</i>	1	QL (120 caps every 30 days)
<i>temazepam caps 15mg</i>	1	QL (60 caps every 30 days)
<i>temazepam caps 22.5mg, 30mg</i>	1	QL (30 caps every 30 days)
<i>triazolam tabs .25mg</i>	1	QL (60 tabs every 30 days)
<i>triazolam tabs .125mg</i>	1	QL (120 tabs every 30 days)
<i>zaleplon caps 5mg, 10mg</i>	1	
<i>zolpidem tartrate tabs 5mg, 10mg; tbc</i>	1	
<i>6.25mg, 12.5mg</i>		

SELECTIVE MELATONIN RECEPTOR AGONISTS

<i>ramelteon tabs 8mg</i>	1	
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LAXATIVES

LAXATIVE COMBINATIONS

CLENPIQ SOL	5	ACA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	5	ACA
PEG-PREP KIT	5	ACA
PLENVU SOL	5	ACA
PREPOPIK PAK	5	ACA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	5	ACA
SUPREP BOWEL SOL PREP KIT	2	
SUTAB TAB	5	ACA

LAXATIVES - MISCELLANEOUS

<i>constulose soln 10gm/15ml</i>	1	MT
KRISTALOSE PACK 10gm, 20gm	2	MT
LACTULOSE PACK 10gm	2	MT
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	MT

MACROLIDES

AZITHROMYCIN

<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
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CLARITHROMYCIN

<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	
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ERYTHROMYCINS

<i>e.e.s. 400 tabs 400mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	1	
<i>erythrocin stearate tabs 250mg</i>	1	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1	
FIDAXOMICIN		
DIFICID SUSR 40mg/ml; TABS 200mg	3	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	5	QL (1 each every 300 days); ACA
FC2 FEMALE MIS CONDOM	5	OTC; ACA
FEMCAP MIS 22MM	5	QL (1 each every 300 days); ACA
FEMCAP MIS 26MM	5	QL (1 each every 300 days); ACA
FEMCAP MIS 30MM	5	QL (1 each every 300 days); ACA
OMNIFLEX DPR	5	QL (1 each every 300 days); ACA
WIDE-SEAL SILICONE DIAPHR DPRH 2%	5	QL (1 each every 300 days); ACA
DIABETIC SUPPLIES		
CONTOUR KIT NEXT	2	QL (1 box every year), OTC
CONTOUR KIT NEXT EZ	2	QL (1 box every year), OTC
CONTOUR KIT NEXT LNK	2	QL (1 box every year), OTC
CONTOUR NEXT KIT ONE	2	QL (1 kit every year), OTC
CONTOUR NXT KIT LINK 2.4	2	QL (1 box every year), OTC
DEXCOM G5 MIS RECEIVER	3	QL (1 every year)
DEXCOM G5 MIS TRANSMIT	3	QL (1 ea every 90 days)
DEXCOM G6 MIS RECEIVER	3	QL (1 every year)
DEXCOM G6 MIS SENSOR	3	QL (9 ea every 90 days)
DEXCOM G6 MIS TRANSMIT	3	QL (1 ea every 90 days)
FREESTY LIBR KIT 2 SENSOR	3	QL (2 boxes every 30 days)
FREESTY LIBR KIT 3 SENSOR	3	QL (2 boxes every 30 days)
FREESTY LIBR MIS 2 READER	3	QL (1 every year)

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

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE KIT SENSOR	3	QL (6 boxes every 90 days)
FREESTYLE MIS READER	3	QL (1 every year)
G4 PLAT PED MIS RVC/SHAR	3	QL (1 every year)
G4 PLATINUM MIS PEDIATRC	3	QL (1 every year)
G4 PLATINUM MIS RCV/SHAR	3	QL (1 every year)
G4 PLATINUM MIS RECEIVER	3	QL (1 every year)
G4 PLATINUM MIS TRANSMIT	3	QL (1 ea every 90 days)
G5/G4 MIS SENSOR	3	QL (12 ea every 84 days)
LANCETS MIS	2	OTC
OMNIPOD 5 G6 KIT INTRO	2	
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	
ONE TCH SLVR KIT ULT MINI	2	QL (1 box every year), OTC
ONE TOUCH KIT ULT MINI	2	QL (1 box every year)
ONE TOUCH KIT VERIO FL	2	QL (1 box every year), OTC
ONETOUCH KIT ULT MINI	2	QL (1 box every year), OTC
ONETOUCH KIT ULTRA 2	2	QL (1 box every year), OTC
ONETOUCH KIT VERIO	2	QL (1 box every year), OTC
ONETOUCH KIT VERIO FL	2	QL (1 box every year), OTC
ONETOUCH KIT VERIO IQ	2	QL (1 box every year), OTC
ONETOUCH KIT VERIO RE	2	QL (1 box every year), OTC
ONETOUCH SOL KIT COMPLETE	2	QL (1 box every year), OTC
ONETOUCH SOL KIT REFILL	2	QL (1 box every year), OTC
ONETOUCH SOL KIT STARTER	2	QL (1 box every year), OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	

PARENTERAL THERAPY SUPPLIES

INSULIN PEN NEEDLE	2	QL (1000 each every 30 days)
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLE	2	QL (1000 each every 30 days), OTC
INSULIN SYRINGE/NEEDLE	2	QL (1000 each every 30 days)
INSULIN SYRINGE/NEEDLE	2	QL (1000 each every 30 days), OTC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	PA
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	2	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	PA
NURTEC TBDP 75mg	2	PA, QL (16 tabs every 30 days)

MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>migergot</i>	1	
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	QL (18 tabs every 30 days)

MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	1	QL (8 mL every 30 days)

SEROTONIN AGONISTS

<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (18 tabs every 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL (18 tabs every 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL (18 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; sosy 6mg/0.5ml</i>	1	QL (10 injections every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1	QL (18 tabs every 30 days)
<i>zolmitriptan soln 2.5mg, 5mg</i>	1	QL (12 inhalers every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL (18 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN .55mg/0.6ml	5	ACA; MT
fluoritab soln .125mg/drop	5	ACA; MT
flura-drops soln .25mg/drop	5	ACA; MT
nafrinse drops soln .125mg/drop	5	ACA; MT
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	5	ACA; MT
PHOSPHATE		
K-PHOS TABS 500mg	3	MT
phospho-trin k500 tabs 500mg	1	MT
POTASSIUM		
effer-k tbef 25meq	1	MT
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
k-prime tbef 25meq	1	MT
K-TAB TBCR 8meq, 10meq	3	MT
klor-con pack 20meq	1	MT
klor-con 8 tbc 8meq	1	MT
klor-con 10 tbc 10meq	1	MT
klor-con m10 tbc 10meq	1	MT
klor-con m15 tbc 15meq	1	MT
klor-con m20 tbc 20meq	1	MT
klor-con sprinkle cpcr 8meq, 10meq	1	MT
klor-con/ef tbef 25meq	1	MT
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq	1	MT
potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq	1	MT
SODIUM		
aquastat soln .9%	1	
bd posiflush soln .9%	1	
monoject pharma grade flu soln .9%	1	
saline flush zr/sterile f soln .9%	1	
sodium chloride soln .9%	1	
sodium chloride flush soln .9%	1	
swabflush saline flush soln .9%	1	
ZINC		
GALZIN CAPS 50mg	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TABS 125mg	3	
penicillamine tabs 250mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
FECAL INCONTINENCE BULKING AGENTS		
SOLESTA INJ 50-15ML	3	LD
IMMUNOMODULATORS		
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps every 28 days); LD
lenalidomide caps 20mg, 25mg	4	PA, QL (21 caps every 28 days); LD
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps every 28 days); LD
REVLIMID CAPS 20mg, 25mg	4	PA, QL (21 caps every 28 days); LD
REZUROCK TABS 200mg	4	PA, QL (60 tabs every 30 days); LD
THALOMID CAPS 50mg, 100mg	4	PA, QL (28 caps every 28 days); LD
THALOMID CAPS 150mg, 200mg	4	PA, QL (56 caps every 28 days); LD
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	4	
azathioprine tabs 50mg	1	MT
cyclosporine caps 25mg, 100mg	1	MT
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	MT
ENSPRYNG SOSY 120mg/ml	4	PA; LD
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	4	
engraf caps 25mg, 100mg; soln 100mg/ml	1	MT
LUPKYNIS CAPS 7.9mg	4	PA; LD
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	MT
mycophenolate sodium tbec 180mg, 360mg	1	MT
PROGRAF PACK .2mg, 1mg	3	MT
SANDIMMUNE SOLN 100mg/ml	3	MT
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	MT
tacrolimus caps .5mg, 1mg, 5mg	1	MT
ZORTRESS TABS 1mg	4	
IRRIGATION SOLUTIONS		
ringer's solution for irrigation	1	
tis-u-sol	1	
POTASSIUM REMOVING AGENTS		
kionex susp 15gm/60ml	1	
sodium polystyrene sulfonate susp 15gm/60ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>*sodium polystyrene sulfonate powder**</i>	1	
<i>sps susp 15gm/60ml</i>	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAPS 50mg, 75mg	4	PA; LD
PROSTAGLANDINS		
<i>alprostadil soln 500mcg/ml</i>	1	
PROSTIN VR PEDIATRIC SOLN 500mcg/ml	3	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	4	PA; LD
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
ORAVIG TABS 50mg	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
<i>paroex soln .12%</i>	1	
<i>periogard soln .12%</i>	1	
DENTAL PRODUCTS		
<i>cavarest gel 1.1%</i>	1	MT
<i>clinpro 5000 pste 1.1%</i>	1	MT
<i>denta 5000 plus crea 1.1%</i>	1	MT
<i>dentagel gel 1.1%</i>	1	MT
FLUORID SENS PST 1.1-5%	3	
<i>fluoridex daily defense pste 1.1%</i>	1	MT
<i>fluorimax 5000 pste 1.1%</i>	1	MT
FLUORMX 5000 PST SENSITIV	3	
<i>just right 5000 gel 1.1%; pste 1.1%</i>	1	MT
PREVDNT 5000 GEL 1.1-5%	3	
PREVIDENT 5000 BOOSTER PL PSTE 1.1%	3	MT
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	MT
PREVIDENT 5000 ORTHO DEFE PSTE 1.1%	3	MT
PREVIDENT 5000 PLUS CREA 1.1%	3	MT
PREVIDENT FLUORIDE GEL 1.1%	3	MT
<i>sf gel 1.1%</i>	1	MT
<i>sf 5000 plus crea 1.1%</i>	1	MT
<i>sodium fluoride 5000 plus crea 1.1%</i>	1	MT
<i>sodium fluoride 5000 ppm</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 ppm crea 1.1%; gel 1.1%; pste 1.1%</i>	1	MT
<i>sodium fluoride (dental) crea 1.1%; gel 1.1%</i>	1	MT
STERIODS - MOUTH/THROAT/DENTAL		
<i>oralone dental paste pste .1%</i>	1	QL (20 gm every 30 days)
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	QL (20 gm every 30 days)
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl caps 30mg</i>	1	MT
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	MT
MULTIVITAMINS		
PRENATAL VITAMINS		
<i>elite-ob</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-select</i>	1	
<i>prenatabs rx</i>	1	
<i>trinate</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen tabs 10mg, 20mg</i>	1	
<i>carisoprodol tabs 250mg, 350mg</i>	1	QL (120 tabs every 30 days)
<i>chlorzoxazone tabs 500mg</i>	1	QL (180 tabs every 30 days)
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	1	QL (90 tabs every 30 days)
<i>fexmid tabs 7.5mg</i>	1	QL (90 tabs every 30 days)
<i>metaxalone tabs 800mg</i>	1	QL (90 tabs every 30 days)
<i>methocarbamol tabs 500mg</i>	1	QL (240 tabs every 30 days)
<i>methocarbamol tabs 750mg</i>	1	QL (150 tabs every 30 days)
<i>orphenadrine citrate tb12 100mg</i>	1	QL (60 tabs every 30 days)
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
<i>vanadom tabs 350mg</i>	1	QL (120 tabs every 30 days)
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>carisoprodol w/ aspirin tab 200-325 mg</i>	1	QL (240 tabs every 30 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl soln .1%, .15%</i>	1	
<i>olopatadine hcl (nasal) soln .6%</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	MT
NASAL STEROIDS		
<i>budesonide (nasal) susp 32mcg/act</i>	1	OTC
<i>flunisolide (nasal) soln .025%</i>	1	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	
<i>mometasone furoate (nasal) susp 50mcg/act</i>	1	
<i>ra budesonide nasal spray susp 32mcg/act</i>	1	OTC
<i>rhinocort allergy susp 32mcg/act</i>	1	OTC
XHANCE EXHU 93mcg/act	3	PA
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUSP 105mg/5ml	4	PA; LD
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	PA; LD
<i>riluzole tabs 50mg</i>	1	
TIGLUTIK SUSP 50mg/10ml	4	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75mg/ml	4	PA; LD
NUTRIENTS		
LIPIDS		
DOJOLVI LIQD 100%	4	PA; LD
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT INST 5mg	3	
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETIMOL SOLN .25%, .5%	3	ST
<i>carteolol hcl (ophth) soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
<i>metipranolol soln .3%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
TIMOPTIC OCUDOSE SOLN .25%	3	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin soln 2.5%, 10%</i>	1	
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	1	
<i>homatropaire soln 5%</i>	1	
<i>homatropine hbr soln 5%</i>	1	
ISOPTO ATROPINE SOLN 1%	1	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
MIOTICS		
MIOCHOL-E SOLR 20mg	3	
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	QL (30 mL every 30 days)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%	2	
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .15%, .2%</i>	1	
SIMBRINZA SUS 1-0.2%	3	ST
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
BETADINE OPHTHALMIC PREP SOLN 5%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentak oint .3%</i>	1	QL (18 gm every 30 days)
<i>gentamicin sulfate (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
KLARITY-A SOLN 1%	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin (ophth) soln .5%</i>	1	QL (30 mL every 30 days)
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	QL (30 mL every 30 days)
NATACYN SUSP 5%	3	
<i>neo-polycin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POVIDONE IODINE SOLN 5%	3	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
TOBREX OINT .3%	3	QL (18 gm every 30 days)
<i>trifluridine soln 1%</i>	1	
ZIRGAN GEL .15%	3	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOLN .09%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
<i>altacaine soln .5%</i>	1	
<i>proparacaine hcl soln .5%</i>	1	
<i>tetracaine hcl (ophth) soln .5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	4	PA; LD
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	QL (30 mL every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
FML OINT .1%	3	
FML FORTE SUSP .25%	3	
LOTEMAX GEL .5%; OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate gel .5%; susp .5%</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	QL (30 mL every 30 days)
PRED MILD SUSP .12%	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	QL (30 mL every 30 days)
ZYLET SUS 0.5-0.3%	3	
OPHTHALMICS - MISC.		
ALOCRIAL SOLN 2%	3	ST
ALOMIDE SOLN .1%	3	ST
<i>azelastine hcl (ophth) soln .05%</i>	1	
BEPREVE SOLN 1.5%	3	ST
<i>brinzolamide susp 1%</i>	1	ST
<i>bromfenac sodium (ophth) soln .09%</i>	1	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
CYSTARAN SOLN .44%	4	LD
<i>diclofenac sodium (ophth) soln .1%</i>	1	QL (30 mL every 30 days)
<i>dorzolamide hcl soln 2%</i>	1	
<i>epinastine hcl (ophth) soln .05%</i>	1	
<i>flucaïne</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
<i>flurbiprofen sodium soln .03%</i>	1	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
LASTACFT SOLN .25%	3	ST
NEVANAC SUSP .1%	3	ST
PAZEO SOLN .7%	3	

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

Drug Name	Drug Tier	Requirements/Limits
PROLENSA SOLN .07%	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost soln .03%</i>	1	
<i>latanoprost soln .005%</i>	1	
LUMIGAN SOLN .01%	2	
<i>travoprost soln .004%</i>	1	
ZIOPTAN SOLN .015mg/ml	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic) soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic) soln .2%</i>	1	QL (56 ea every 30 days)
<i>ofloxacin (otic) soln .3%</i>	1	QL (30 mL every 30 days)
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	QL (30 mL every 30 days)
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	QL (30 mL every 30 days)
OTIC STEROIDS		
<i>flac oil .01%</i>	1	
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	QL (30 mL every 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	PA; LD
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	PA; LD
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	PA; LD
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	PA; LD
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	PA; LD

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	4	PA; LD
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	PA; LD
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	4	PA; LD
HYQVIA INJ 5-400	4	PA; LD
HYQVIA INJ 10-800	4	PA; LD
HYQVIA INJ 20-1600	4	PA; LD
HYQVIA INJ 30-2400	4	PA; LD
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 250mg, 500mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
<i>glycine diluent for injection</i>	4	PA
PH 12 STERIL SOL FLOLAN	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
STERILE DILU SOL TREPROST	4	PA
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	1	MT
megestrol acetate (appetite) susp 625mg/5ml	1	MT
norethindrone acetate tabs 5mg	1	MT
progesterone caps 100mg, 200mg	1	MT
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tbec 333mg	1	
disulfiram tabs 250mg, 500mg	1	
LUCEMYRA TABS .18mg	3	
ANTIDEMENTIA AGENTS		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	1	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	1	
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
NAMENDA TAB 5-10MG	3	
NAMENDA XR CAP TITRATIO	2	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	PA
olanzapine-fluoxetine hcl cap 6-25 mg	1	PA
olanzapine-fluoxetine hcl cap 6-50 mg	1	PA
olanzapine-fluoxetine hcl cap 12-25 mg	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	2	
SAVELLA MIS TITR PAK	2	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg, 9mg, 12mg	4	PA; LD
INGREZZA CAPS 40mg, 60mg, 80mg	4	PA; LD
INGREZZA CAP 40-80MG	4	PA; LD
tetrabenazine tabs 12.5mg, 25mg	4	PA; LD
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg	4	PA, QL (30 tabs every 30 days); LD
AVONEX PSKT 30mcg/0.5ml	4	PA, QL (4 injections every 30 days)
AVONEX PEN AJKT 30mcg/0.5ml	4	PA, QL (4 injections every 30 days)
BETASERON KIT .3mg	4	PA, QL (15 injections every 30 days); LD
COPAXONE SOSY 20mg/ml	4	PA, QL (30 injections every 30 days)
COPAXONE SOSY 40mg/ml	4	PA, QL (12 injections every 28 days)
<i>dalfampridine tb12 10mg</i>	4	PA, QL (60 tabs every 30 days); LD
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps every 28 days); LD
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps every 30 days); LD
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit every 30 days); LD
EXTAVIA KIT .3mg	4	PA, QL (15 injections every 30 days); LD
GILENYA CAPS .5mg	4	PA, QL (30 caps every 30 days)
<i>glatiramer acetate sosy 20mg/ml</i>	4	PA, QL (30 injections every 30 days)
<i>glatiramer acetate sosy 40mg/ml</i>	4	PA, QL (12 injections every 28 days)
<i>glatopa sosy 20mg/ml</i>	4	PA, QL (30 injections every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa sosy 40mg/ml</i>	4	PA, QL (12 injections every 28 days)
KESIMPTA SOAJ 20mg/0.4ml	4	PA, QL (1 pen every 28 days); LD
MAYZENT TABS 1mg, 2mg	4	PA, QL (30 tabs every 30 days); LD
MAYZENT TABS .25mg	4	PA, QL (112 tabs every 28 days); LD
MAYZENT STARTER PACK TBPK .25mg	4	PA, QL (12 tabs every 5 days); LD
MAYZENT STARTER PACK TBPK .25mg	4	PA, QL (7 tabs every 4 days); LD
PLEGRIDY SOPN 125mcg/0.5ml	4	PA, QL (2 injections every 21 days); LD
PLEGRIDY SOSY 125mcg/0.5ml	4	PA, QL (2 injections every 28 days); LD
PLEGRIDY SOSY 125mcg/0.5ml	4	PA, QL (2 syringes every 28 days); LD
PLEGRIDY INJ STARTER	4	PA, QL (1 mL every 28 days); LD
PLEGRIDY PEN INJ STARTER	4	PA, QL (1 pen every 28 days); LD
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (4.2 mL every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (4.2 mL every 28 days)
VUMERITY CPDR 231mg	4	PA, QL (106 caps every 30 days); LD
VUMERITY CPDR 231mg	4	PA, QL (120 caps every 30 days); LD
ZEPOSIA CAPS .92mg	4	PA, QL (30 caps every 30 days); LD
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (7 ea every 7 days); LD
ZEPOSIA CAP STR KIT	4	PA, QL (37 ea every 37 days); LD
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>pregabalin (once-daily) tb24 82.5mg, 165mg</i>	1	PA, QL (30 tabs every 30 days)
<i>pregabalin (once-daily) tb24 330mg</i>	1	PA, QL (60 tabs every 30 days)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>pimozide tabs 1mg, 2mg</i>	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TBCR 300mg, 600mg	3	
SMOKING DETERRENTS		
APO-VARENICLINE TABS .5mg, 1mg	5	QL (168 days supply every 365 days); ACA
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	5	QL (168 days supply every 365 days); ACA
CHANTIX TABS .5mg, 1mg	5	QL (168 days supply every 365 days); ACA
CHANTIX CONTINUING MONTH TABS 1mg	5	QL (168 days supply every 365 days); ACA
CHANTIX TAB 0.5& 1MG	5	QL (168 days supply every 365 days); ACA
<i>nicotine gum 2mg, 4mg; lozg 2mg, 4mg</i>	5	QL (168 days supply every 365 days), OTC; ACA
<i>nicotine dis pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	5	QL (168 days supply every 365 days), OTC; ACA
NICOTROL INHA 10mg	5	QL (168 days supply every 365 days); ACA
NICOTROL NS SPR SOLN 10mg/ml	5	QL (168 days supply every 365 days); ACA
<i>varenicline tartrate tabs .5mg, 1mg</i>	5	QL (168 days supply every 365 days); ACA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	5	QL (168 days supply every 365 days); ACA
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284mg/1.5ml	4	PA; LD
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	4	PA; LD
ORKAMBI GRA 75-94MG	4	PA; LD
ORKAMBI GRA 100-125	4	PA; LD
ORKAMBI GRA 150-188	4	PA; LD
ORKAMBI TAB 100-125	4	PA; LD
ORKAMBI TAB 200-125	4	PA; LD
PULMOZYME SOLN 2.5mg/2.5ml	4	LD
SYMDEKO TAB 50-75MG	4	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 100-150	4	PA; LD
TRIKAFTA TAB	4	PA; LD
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS 267mg; TABS 267mg, 801mg	4	PA; LD
OFEV CAPS 100mg, 150mg	4	PA; LD
<i>pirfenidone tabs 267mg, 801mg</i>	4	PA; LD
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tabs 500mg</i>	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TABS 150mg	3	PA
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg, 150mg; tbec 75mg, 100mg, 150mg</i>	1	
<i>lymepak tabs 100mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>mondoxylene nl caps 75mg, 100mg</i>	1	
<i>morgidox 1x100mg caps 100mg</i>	1	
<i>morgidox 2x100mg caps 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	
VIBRAMYCIN SYRP 50mg/5ml	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tabs 5mg, 10mg</i>	1	MT
<i>propylthiouracil tabs 50mg</i>	1	MT
THYROID HORMONES		
ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	3	MT
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	MT
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MT
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	MT
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	MT
<i>np thyroid 15 tabs 15mg</i>	1	MT
<i>np thyroid 30 tabs 30mg</i>	1	MT
<i>np thyroid 60 tabs 60mg</i>	1	MT
<i>np thyroid 90 tabs 90mg</i>	1	MT
<i>np thyroid 120 tabs 120mg</i>	1	MT
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	MT
TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	MT
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	MT
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MT

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	5	ACA
BOOSTRIX INJ	5	ACA
DAPTACEL INJ	5	ACA
DIP/TET PED INJ 25-5LFU	5	ACA
INFANRIX INJ	5	ACA
KINRIX INJ	5	ACA
PEDIARIX INJ 0.5ML	5	ACA
PENTACEL INJ	5	ACA
QUADRACEL INJ	5	ACA
QUADRACEL INJ 0.5ML	5	ACA
TDVAX INJ 2-2 LF	5	ACA
TENIVAC INJ 5-2LF	5	ACA

Drug Name	Drug Tier	Requirements/Limits
TET/DIP TOX INJ 2-2 LF	5	ACA
VAXELIS INJ	5	ACA

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>chlordiazepoxide hcl-clidinium bromide cap</i> 5-2.5 mg	1	
<i>dicyclomine hcl caps 10mg; soln</i> 10mg/5ml; tabs 20mg	1	
<i>ed-spaz tbdp .125mg</i>	1	MT
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
<i>hyoscyamine sulfate elix .125mg/5ml;</i> <i>soln .125mg/ml; subl .125mg; tabs</i> <i>.125mg; tb12 .375mg; tbdp .125mg</i>	1	MT
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	1	MT
<i>methscopolamine bromide tabs 2.5mg,</i> <i>5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	MT
<i>oscimin subl .125mg; tabs .125mg</i>	1	MT
<i>oscimin sr tb12 .375mg</i>	1	MT
<i>propantheline bromide tabs 15mg</i>	1	
<i>symax-sl subl .125mg</i>	1	MT
<i>symax-sr tb12 .375mg</i>	1	MT

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg, 400mg, 800mg</i>	1	MT
<i>cimetidine hcl soln 300mg/5ml,</i> <i>400mg/6.67ml</i>	1	MT
<i>famotidine susr 40mg/5ml; tabs 20mg,</i> <i>40mg</i>	1	MT
<i>nizatidine caps 150mg, 300mg; soln</i> <i>15mg/ml</i>	1	MT

MISC. ANTI-ULCER

<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	1	MT
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PROTON PUMP INHIBITORS

<i>DEXILANT CPDR 30mg, 60mg</i>	3	MT
<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	MT
<i>esomeprazole magnesium cpdr 20mg,</i> <i>40mg; pack 10mg, 20mg, 40mg</i>	1	MT
<i>lansoprazole cpdr 15mg, 30mg; tbdd</i> <i>15mg, 30mg</i>	1	MT
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	MT
<i>pantoprazole sodium pack 40mg; tbec</i> <i>20mg, 40mg</i>	1	MT
<i>rabeprazole sodium tbec 20mg</i>	1	MT

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	MT
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
OMECLAMOX- MIS PAK	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	MT
GELNIQUE GEL 10%	2	MT
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1	MT
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	MT
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	MT
<i>tropium chloride cp24 60mg; tabs 20mg</i>	1	MT
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	2	MT
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tabs 100mg</i>	1	MT
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	5	ACA
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	5	ACA
BIOTHRAX INJ	3	
HIBERIX SOLR 10mcg	5	ACA
MENACTRA INJ	5	ACA
MENQUADFI INJ	5	ACA
MENVEO INJ	5	ACA
PEDVAX HIB SUSP 7.5mcg/0.5ml	5	ACA
PNEUMOVAX 23 INJ 25mcg/0.5ml	5	ACA
PREVNAR 13 INJ	5	ACA
PREVNAR 20 INJ	5	ACA
TRUMENBA INJ	5	ACA
VAXNEUVANCE INJ	5	ACA
VIRAL VACCINES		
AFLURIA QUAD INJ 2021-22	5	ACA

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

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUAD INJ 2022-23	5	ACA
DENGVAIXA SUS	5	ACA
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	5	ACA
FLUAD QUADRI INJ 2022-23	5	ACA
FLUAD QUADRIVALENT 2021-2 PRSY .5ml	5	ACA
FLUARIX QUAD INJ 2021-22	5	ACA
FLUARIX QUAD INJ 2022-23	5	ACA
FLUBLOK QUAD INJ 2021-22	5	ACA
FLUBLOK QUAD INJ 2022-23	5	ACA
FLUCLVX QUAD INJ 2021-22	5	ACA
FLUCLVX QUAD INJ 2022-23	5	ACA
FLULAVAL QUA INJ 2021-22	5	ACA
FLULAVAL QUA INJ 2022-23	5	ACA
FLUMIST QUAD SUS 2021-22	5	ACA
FLUMIST QUAD SUS 2022-23	5	ACA
FLUZONE HD INJ 2021-22	5	ACA
FLUZONE HD INJ 2022-23	5	ACA
FLUZONE QUAD INJ 2021-22	5	ACA
FLUZONE QUAD INJ 2022-23	5	ACA
GARDASIL 9 INJ	5	ACA
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	5	ACA
HEPLISAV-B SOLN 20mcg/0.5ml; SOSY 20mcg/0.5ml	5	ACA
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	
IPOL INJ INACTIVE	5	ACA
IXIARO INJ	3	
JANSSEN COVID-19 VACCINE SUSP .5ml	5	ACA
M-M-R II INJ	5	ACA
MODERNA COVID-19 VACCINE SUSP 25mcg/0.25ml, 50mcg/0.5ml, 100mcg/0.5ml	5	ACA
MODERNA COVID-19 VACCINE, SUSP 50mcg/0.5ml	5	ACA
MODERNA COVID-19 VACCINE/ SUSP 50mcg/0.5ml	5	ACA
PFIZER-BIONTECH COVID-19 SUSP 3mcg/0.2ml, 10mcg/0.2ml, 30mcg/0.3ml	5	ACA
PREHEVBRIO SUSP 10mcg/ml	5	ACA
PRIORIX INJ	5	ACA
PROQUAD INJ	5	ACA
RABAVERT INJ	3	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	5	ACA

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

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUS	5	ACA
ROTATEQ SOL	5	ACA
SHINGRIX SUSR 50mcg/0.5ml	5	ACA
SPIKEVAX COVID-19 VACCINE SUSP 100mcg/0.5ml	5	ACA
STAMARIL INJ	3	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TWINRIX INJ	5	ACA
VAQTA SUSP 25unit/0.5ml, 50unit/ml	5	ACA
VARIVAX INJ 1350pfu/0.5ml	5	ACA
YF-VAX INJ	3	
ZOSTAVAX SUSR 19400unt/0.65ml	5	ACA

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA INST 6.5mg	2	MT
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SPERMICIDES

ENCARE SUPP 100mg	5	OTC; ACA
OPTIONS GYNOL II VAGINAL GEL 3%	5	OTC; ACA
SHUR-SEAL GEL 2%	5	OTC; ACA
TODAY SPONGE MISC 1000mg	5	OTC; ACA
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	5	OTC; ACA

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100mg	3	
<i>clindamycin phosphate vaginal crea 2%</i>	1	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	
VANDAZOLE GEL .75%	1	

VAGINAL ESTROGENS

<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	1	MT
ESTRING RING 2mg	3	MT
FEMRING RING .05mg/24hr, .1mg/24hr	3	MT
PREMARIN CREA .625mg/gm	2	MT
<i>yuvaferm tabs 10mcg</i>	1	MT

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (4 pens every 30 days)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	1	QL (2 pens every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) soln 30mg/30ml</i>	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (4 pens every 30 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (4 pens every 30 days)
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	2	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa caps 100mg, 200mg, 300mg</i>	4	PA; LD
VASOPRESSORS		
<i>epinephrine soln 1mg/ml</i>	1	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	MT
<i>phytonadione tabs 5mg</i>	1	

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<i>acebutolol hcl</i>	47
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	8
<i>acetaminophen w/ codeine tab 300-15 mg</i>	8
<i>acetaminophen w/ codeine tab 300-30 mg</i>	8
<i>acetaminophen w/ codeine tab 300-60 mg</i>	8
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	8
<i>acetazolamide</i>	67
<i>acetic acid</i>	73
<i>acetic acid (otic)</i>	90
<i>acetylcysteine</i>	59
<i>acitretin</i>	61
ACTEMRA	5
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ACTHIB INJ	99
ACTIMMUNE	40
<i>acyclovir</i>	47
<i>acyclovir topical</i>	62
ADACEL INJ	97
<i>adapalene</i>	59
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	59
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	59
<i>adefovir dipivoxil</i>	46
ADEMPAS	50
ADMELOG	23
ADMELOG SOLOSTAR	23
ADVAIR DISKU AER 100/50	15
ADVAIR DISKU AER 250/50	15
ADVAIR DISKU AER 500/50	15
ADVAIR HFA AER 115/21	15
ADVAIR HFA AER 230/21	15
ADVAIR HFA AER 45/21	15
ADVATE	74
AEMCOLO	11
AFINITOR	37
AFINITOR DISPERZ	37
<i>afirmelle</i>	51
AFLURIA QUAD INJ 2021-22	99
AFLURIA QUAD INJ 2022-23	100
<i>aftera</i>	56
<i>afterpill</i>	56
AIMOVIG	81
AJOVY	81
<i>ak-poly-bac</i>	87
AKTEN	88
<i>ala-cort</i>	62
<i>albendazole</i>	11
<i>albuterol sulfate</i>	15
<i>alclometasone dipropionate</i>	62
ALECENSA	37
<i>alendronate sodium</i>	68
<i>alfuzosin hcl</i>	73
ALINIA	12
<i>aliskiren fumarate</i>	34
<i>allopurinol</i>	74
<i>almotriptan malate</i>	81
ALOCRIIL	89
ALOMIDE	89
ALORA	71
<i>alosectron hcl</i>	72
ALPHAGAN P	87
ALPHANATE	74
ALPHANATE/VON WILLEBRAND	74
ALPHANINE SD	74
<i>alprazolam</i>	13
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<i>alprazolam xr</i>	13	<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg	30
ALPROLIX.....	74	<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg	30
<i>alprostadil</i>	84	<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	30
ALTABAX.....	60	<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	30
<i>altacaine</i>	88	<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	30
<i>altafrin</i>	87	<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	30
<i>altavera</i>	51	<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-20 mg	31
<i>alyacen 1/35</i>	51	<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-40 mg	31
<i>alyacen 7/7/7</i>	51	<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-20 mg	31
<i>alyq</i>	50	<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-40 mg	31
<i>amabelz</i>	70	<i>amlodipine besylate-valsartan tab 10-</i> 160 mg	31
<i>amantadine hcl</i>	41	<i>amlodipine besylate-valsartan tab 10-</i> 320 mg	31
<i>ambrisentan</i>	50	<i>amlodipine besylate-valsartan tab 5-</i> 160 mg	31
<i>amcinonide</i>	62	<i>amlodipine besylate-valsartan tab 5-</i> 320 mg	31
<i>amethia</i>	51	<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 10-160-12.5 mg	31
<i>amethia lo</i>	51	<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 10-160-25 mg	31
<i>amethyst</i>	51	<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 10-320-25 mg	31
<i>amiloride & hydrochlorothiazide tab 5-</i> 50 mg.....	67	<i>amlodipine-valsartan-</i> hydrochlorothiazide tab 5-160-12.5 mg	31
<i>amiloride hcl</i>	68	<i>amnestem</i>	59
<i>aminocaproic acid</i>	77	<i>amoxapine</i>	21
<i>amiodarone hcl</i>	14	<i>amoxicillin</i>	91
<i>amitriptyline hcl</i>	21		
<i>amlodipine besylate</i>	48		
<i>amlodipine besylate-atorvastatin</i> calcium tab 10-10 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 10-20 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 10-40 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 10-80 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 2.5-10 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 2.5-20 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 2.5-40 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 5-10 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 5-20 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 5-40 mg	49		
<i>amlodipine besylate-atorvastatin</i> calcium tab 5-80 mg	49		

<i>amoxicillin & k clavulanate chew tab</i>	
200-28.5 mg	91
<i>amoxicillin & k clavulanate chew tab</i>	
400-57 mg	91
<i>amoxicillin & k clavulanate for susp</i>	
200-28.5 mg/5ml	91
<i>amoxicillin & k clavulanate for susp</i>	
250-62.5 mg/5ml	91
<i>amoxicillin & k clavulanate for susp</i>	
400-57 mg/5ml	91
<i>amoxicillin & k clavulanate for susp</i>	
600-42.9 mg/5ml	91
<i>amoxicillin & k clavulanate tab 250-125</i>	
mg	91
<i>amoxicillin & k clavulanate tab 500-125</i>	
mg	91
<i>amoxicillin & k clavulanate tab 875-125</i>	
mg	91
<i>amoxicillin & k clavulanate tab er 12hr</i>	
1000-62.5 mg	91
<i>amoxicillin cap-clarithro tab-lansopraz</i>	
cap dr therapy pack	99
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 10 mg.....	1
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 15 mg.....	1
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 20 mg.....	1
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 25 mg.....	1
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 30 mg.....	1
<i>amphetamine-dextroamphetamine cap</i>	
er 24hr 5 mg	1
<i>amphetamine-dextroamphetamine tab</i>	
10 mg	1
<i>amphetamine-dextroamphetamine tab</i>	
12.5 mg	1
<i>amphetamine-dextroamphetamine tab</i>	
15 mg.....	1
<i>amphetamine-dextroamphetamine tab</i>	
20 mg	1
<i>amphetamine-dextroamphetamine tab</i>	
30 mg	1
<i>amphetamine-dextroamphetamine tab</i>	
5 mg.....	1

<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg	1
<i>ampicillin</i>	91
ANADROL-50	10
<i>anagrelide hcl</i>	75
<i>anastrozole</i>	36
ANDRODERM	10
ANGELIQ TAB 0.25-0.5	70
ANGELIQ TAB 0.5-1MG	70
ANNOVERA MIS	56
ANORO ELLIPT AER 62.5-25	15
ANTARA	29
<i>anucort-hc</i>	11
<i>anusol-hc</i>	11
ANZEMET	27
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APIDRA.....	23
APIDRA SOLOSTAR.....	23
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<i>apomorphine hydrochloride</i>	41
APO-VARENICLINE	95
<i>apraclonidine hcl</i>	87
<i>aprepitant</i>	27
<i>aprepitant capsule therapy pack 80 &</i>	
125 mg	27
APRETUDE.....	44
<i>apri</i>	51
APTIOM.....	18
APTIVUS	44
<i>aquastat</i>	82
ARAKODA.....	34
<i>aranelle</i>	51
ARANESP ALBUMIN FREE	76
ARCALYST	5
<i>arformoterol tartrate</i>	16
<i>argyle sterile saline</i>	73
ARIKAYCE	4
<i>aripiprazole</i>	44
ARISTADA	44
ARISTADA INITIO.....	44
<i>armodafinil</i>	2
ARMOUR THYROID	96
ARNUITY ELLIPTA.....	15
<i>ascomp/codeine</i>	8
<i>asenapine maleate</i>	43
<i>ashlyna</i>	51
ASMANEX HFA	15

ASMANEX TWISTHALER 120 ME	15
ASMANEX TWISTHALER 14 MET	15
ASMANEX TWISTHALER 30 MET	15
ASMANEX TWISTHALER 60 MET	15
ASMANEX TWISTHALER 7 METE	15
<i>aspirin</i>	7
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	75
ASTAGRAF XL	83
<i>atazanavir sulfate</i>	44
<i>atenolol</i>	47
<i>atenolol & chlorthalidone tab 100-25 mg</i>	31
<i>atenolol & chlorthalidone tab 50-25 mg</i>	31
<i>atomoxetine hcl</i>	2
<i>atorvastatin calcium</i>	29
<i>atovaquone</i>	12
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	34
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	34
ATROPINE SULFATE	87
<i>atropine sulfate (ophthalmic)</i>	87
ATROVENT HFA	14
AUBAGIO	93
<i>aubra</i>	51
<i>aubra eq</i>	51
<i>aurovela 1.5/30</i>	51
<i>aurovela 1/20</i>	51
<i>aurovela 24 fe</i>	51
<i>aurovela fe 1.5/30</i>	51
<i>aurovela fe 1/20</i>	51
AURYXIA	72
AUSTEDO	93
<i>avar cleanser</i>	59
<i>aviane</i>	51
<i>avidoxy</i>	96
<i>avita</i>	59
AVONEX	93
AVONEX PEN	93
<i>ayuna</i>	51
AYVAKIT	37
AZASITE	87
<i>azathioprine</i>	83
<i>azelaic acid</i>	65
<i>azelastine hcl</i>	86

<i>azelastine hcl (ophth)</i>	89
<i>azithromycin</i>	78
<i>azurette</i>	52
B	
<i>bac</i>	7
<i>bacitracin (ophthalmic)</i>	87
<i>bacitracin-polymyxin b ophth oint</i>	87
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	88
<i>baclofen</i>	85
BALCOLTRA TAB 0.1-20	52
<i>balsalazide disodium</i>	72
BALVERSA	37
<i>balziva</i>	52
BANZEL	18
BAQSIMI ONE PACK	22
BAQSIMI TWO PACK	22
BARACLUDE	46
BCG VACCINE	99
<i>bd heparin posiflush</i>	17
<i>bd posiflush</i>	82
<i>bekyree</i>	52
BELBUCA	9
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
<i>benazepril hcl</i>	29
BENEFIX	74
BENLYSTA	84
<i>benzepto creamy wash</i>	59
<i>benzonatate</i>	58
<i>benzoyl peroxide</i>	59
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	59
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	59
<i>benztropine mesylate</i>	41
BEPREVE	89
BERINERT	75
<i>beser</i>	63
BESIVANCE	87
BESREMI	40

BETADINE OPHTHALMIC PREP.....	87	bumetanide	68
betamethasone dipropionate (topical)		bupap	7
.....	63	buprenorphine	9
betamethasone dipropionate		buprenorphine hcl	9
augmented	63	buprenorphine hcl-naloxone hcl sl film	
betamethasone valerate	63	12-3 mg (base equiv)	10
BETASERON.....	93	buprenorphine hcl-naloxone hcl sl film	
betaxolol hcl	47	2-0.5 mg (base equiv)	9
betaxolol hcl (ophth)	86	buprenorphine hcl-naloxone hcl sl film	
bethanechol chloride	99	4-1 mg (base equiv)	10
BETIMOL	86	buprenorphine hcl-naloxone hcl sl film	
BEVESPI AER 9-4.8MCG	16	8-2 mg (base equiv)	10
bexarotene	40	buprenorphine hcl-naloxone hcl sl tab	
BEXSERO INJ.....	99	2-0.5 mg (base equiv)	10
bicalutamide	36	buprenorphine hcl-naloxone hcl sl tab	
BIDIL TAB	49	8-2 mg (base equiv)	10
BIKTARVY TAB	44	bupropion hcl.....	20
bimatoprost.....	90	bupropion hcl (smoking deterrent) ...	95
BIOTHRAX INJ	99	buspirone hcl.....	13
bisoprolol & hydrochlorothiazide tab		BUT/ASA/CAF TAB.....	7
10-6.25 mg	31	butalbital-acetaminophen tab 50-300	
bisoprolol & hydrochlorothiazide tab		mg	7
2.5-6.25 mg	31	butalbital-acetaminophen tab 50-325	
bisoprolol & hydrochlorothiazide tab 5-		mg	7
6.25 mg	31	butalbital-acetaminophen-caff w/ cod	
bisoprolol fumarate	47	cap 50-300-40-30 mg	8
BLEPHAMIDE OIN S.O.P.	88	butalbital-acetaminophen-caff w/ cod	
BLEPHAMIDE SUS OP.....	88	cap 50-325-40-30 mg	8
blisovi 24 fe.....	52	butalbital-acetaminophen-caffeine cap	
blisovi fe 1.5/30	52	50-300-40 mg	7
blisovi fe 1/20.....	52	butalbital-acetaminophen-caffeine cap	
BOOSTRIX INJ	97	50-325-40 mg	7
bosentan	50	butalbital-acetaminophen-caffeine tab	
BOSULIF	37, 38	50-325-40 mg	7
BREO ELLIPTA INH 100-25	16	butalbital-aspirin-caff w/ codeine cap	
BREO ELLIPTA INH 200-25	16	50-325-40-30 mg	8
briellyn	52	butalbital-aspirin-caffeine cap 50-325-	
BRILINTA	75	40 mg.....	7
brimonidine tartrate.....	87	butorphanol tartrate	10
brinzolamide.....	89	BYDUREON BCISE	23
BRIVIACT	18	BYDUREON PEN	23
bromfenac sodium (ophth)	89	BYETTA.....	23
bromocriptine mesylate.....	41	BYLVAY.....	72
BROVANA.....	16	BYLVAY (PELLETS)	72
budesonide.....	58	BYSTOLIC	47
budesonide (inhalation).....	15	C	
budesonide (nasal)	86	CABENUVA SUS 400-600	44

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<i>cabergoline</i>	70
CABLIVI	75
CABOMETYX	38
<i>caffeine citrate</i>	2
<i>calcipotriene</i>	61
<i>calcipotriene-betamethasone</i> <i>dipropionate oint 0.005-0.064%</i>	63
<i>calcipotriene-betamethasone</i> <i>dipropionate susp 0.005-0.064%</i> ...	63
<i>calcitonin (salmon)</i>	68
<i>calcitrene</i>	61
<i>calcitriol</i>	69
<i>calcitriol (topical)</i>	61
<i>calcium acetate (phosphate binder)</i> ..	72
CALQUENCE	38
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<i>camila</i>	57
<i>camrese</i>	52
<i>camrese lo</i>	52
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<i>candesartan cilexetil</i>	30
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	31
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	31
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	32
<i>capecitabine</i>	35
CAPLYTA	42
<i>captopril</i>	29
<i>captopril & hydrochlorothiazide tab 25-</i> <i>15 mg</i>	32
<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	32
<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	32
<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	32
CARBAGLU	69
<i>carbamazepine</i>	18
<i>carbidopa</i>	41
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	41

CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG.	41
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	41
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG.	41
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	41
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG.	41
<i>carbidopa & levodopa tab 10-100 mg</i>	41
<i>carbidopa & levodopa tab 25-100 mg</i>	41
<i>carbidopa & levodopa tab 25-250 mg</i>	41
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	41
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	42
<i>carbinoxamine maleate</i>	28
CARDIZEM LA	48
CARDURA XL	73
<i>carglumic acid</i>	69
<i>carisoprodol</i>	85
<i>carisoprodol w/ aspirin & codeine tab</i> <i>200-325-16 mg</i>	86
<i>carisoprodol w/ aspirin tab 200-325 mg</i>	86
<i>carteolol hcl (ophth)</i>	86
<i>cartia xt</i>	48
<i>carvedilol</i>	47
<i>carvedilol phosphate</i>	47
<i>cataflam</i>	5
<i>cavarest</i>	84
CAYA DPR	79
CAYSTON	12
<i>caziant</i>	52

<i>cefaclor</i>	51	CIMDUO TAB 300-300	44
CEFACLOR ER	51	<i>cimetidine</i>	98
<i>cefadroxil</i>	51	<i>cimetidine hcl</i>	98
<i>cefdinir</i>	51	CIMZIA	72
<i>cefditoren pivoxil</i>	51	CIMZIA STARTER KIT	72
<i>cefixime</i>	51	<i>cinacalcet hcl</i>	69
<i>cefpodoxime proxetil</i>	51	CINRYZE	75
<i>cefprozil</i>	51	CIPRO	71
<i>cefuroxime axetil</i>	51	CIPRO HC SUS OTIC	90
<i>celecoxib</i>	5	<i>ciprofloxacin</i>	71
CELONTIN	19	<i>ciprofloxacin hcl</i>	71
<i>cephalexin</i>	51	<i>ciprofloxacin hcl (ophth)</i>	87
CEQUA	88	<i>ciprofloxacin hcl (otic)</i>	90
CERDELGA	76	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	90
CESAMET	27	<i>citalopram hydrobromide</i>	20
<i>cetirizine hcl</i>	28	<i>claravis</i>	59
<i>cevimeline hcl</i>	85	<i>clarithromycin</i>	78
CHANTIX	95	<i>clemastine fumarate</i>	28
CHANTIX CONTINUING MONTH	95	CLENPIQ SOL	78
CHANTIX TAB 0.5& 1MG	95	CLEOCIN	101
<i>charlotte 24 fe</i>	52	CLIMARA PRO DIS WEEKLY	70
<i>chateal</i>	52	<i>clindacin etz pledgets</i>	59
<i>chateal eq</i>	52	<i>clindacin-p</i>	59
CHEMET	26	<i>clindamycin hcl</i>	12
CHENODAL	72	<i>clindamycin palmitate hydrochloride</i>	12
<i>chlordiazepoxide hcl</i>	13	<i>clindamycin phosphate (topical)</i>	59
<i>chlordiazepoxide hcl-clidinium bromide</i> cap 5-2.5 mg	98	<i>clindamycin phosphate vaginal</i>	101
<i>chlordiazepoxide-amitriptyline tab 10-</i> 25 mg	92	<i>clindamycin phosphate-benzoyl</i> peroxide gel 1.2-2.5%	60
<i>chlordiazepoxide-amitriptyline tab 5-</i> 12.5 mg	92	<i>clindamycin phosphate-benzoyl</i> peroxide gel 1-5%	59
<i>chlorhexidine gluconate (mouth-throat)</i>	84	<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%	59
<i>chloroquine phosphate</i>	34	<i>clinpro 5000</i>	84
<i>chlorothiazide</i>	68	<i>clobazam</i>	17
<i>chlorpromazine hcl</i>	43	<i>clobetasol propionate</i>	63
CHLORPROMAZINE HYDROCHLOR	43	<i>clobetasol propionate emo</i>	63
<i>chlorthalidone</i>	68	<i>clobetasol propionate emulsion</i>	63
<i>chlorzoxazone</i>	85	<i>clodan</i>	63
<i>cholestyramine</i>	28	<i>clomipramine hcl</i>	21
<i>cholestyramine light</i>	28	<i>clonazepam</i>	17
<i>choline fenofibrate</i>	29	<i>clonidine</i>	30
<i>ciclodan</i>	60	<i>clonidine hcl</i>	30
<i>ciclopirox</i>	60	<i>clonidine hcl (adhd)</i>	2
<i>ciclopirox olamine</i>	60	<i>clopidogrel bisulfate</i>	75
<i>cilostazol</i>	75	<i>clorazepate dipotassium</i>	13

<i>clorpres</i>	32
<i>clotrimazole</i>	84
<i>clotrimazole (topical)</i>	60
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%.....	60
<i>clotrimazole w/ betamethasone lotion</i> 1-0.05%.....	60
<i>clozapine</i>	43
COAGADEX.....	74
COARTEM TAB 20-120MG.....	34
<i>codeine sulfate</i>	7
CODEINE SULFATE	7
<i>colchicine</i>	74
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	74
<i>colesevelam hcl</i>	28
<i>colestipol hcl</i>	28
COMBIGAN SOL 0.2/0.5%	86
COMBIPATCH DIS.....	70
COMBIVENT AER 20-100	16
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<i>compro</i>	43
<i>constulose</i>	78
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<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	9
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	9
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	9
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	9
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	9
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	9
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	9
<i>hydrocortisone</i>	58
<i>hydrocortisone (intrarectal)</i>	10
<i>hydrocortisone (rectal)</i>	11
<i>hydrocortisone (topical)</i>	64
<i>hydrocortisone acetate (rectal)</i>	11
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	11
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	11
<i>hydrocortisone butyrate</i>	64
<i>hydrocortisone butyrate hydrophilic lipo base</i>	64
<i>hydrocortisone valerate</i>	64
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	90
<i>hydromet</i>	58
<i>hydromorphone hcl</i>	7
<i>HYDROMORPHONE HCL</i>	8
<i>hydroxychloroquine sulfate</i>	34
<i>hydroxyurea</i>	40
<i>hydroxyzine hcl</i>	13
<i>hydroxyzine pamoate</i>	13
<i>hyoscyamine sulfate</i>	98
<i>hyosyne</i>	98
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<i>HYQVIA INJ 2.5-200</i>	91
<i>HYQVIA INJ 20-1600</i>	91
<i>HYQVIA INJ 30-2400</i>	91
<i>HYQVIA INJ 5-400</i>	91

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<i>ibuprofen</i>	5
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<i>iclevia</i>	53
<i>icosapent ethyl</i>	28
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<i>IMBRUVICA</i>	38
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<i>imipramine pamoate</i>	21
<i>imiquimod</i>	65
<i>IMOVAX RABIES (H.D.C.V.)</i>	100
<i>incassia</i>	57
<i>INCRUSE ELLIPTA</i>	14
<i>indapamide</i>	68
<i>INDOCIN</i>	5
<i>indomethacin</i>	5
<i>INFANRIX INJ</i>	97
<i>INGREZZA</i>	93
<i>INGREZZA CAP 40-80MG</i>	93
<i>INLYTA</i>	35
<i>INSULIN LISP INJ PROTAMIN</i>	24
<i>INSULIN LISPRO</i>	24
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<i>INVEGA SUSTENNA</i>	42
<i>INVEGA TRINZA</i>	43
<i>INVIRASE</i>	45
<i>IPOL INJ INACTIVE</i>	100
<i>ipratropium bromide</i>	14
<i>ipratropium bromide (nasal)</i>	86
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	16
<i>irbesartan</i>	30
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	32

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<i>isoniazid</i>	35
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<i>isosorbide dinitrate</i>	12
<i>isosorbide dinitrate-hydralazine hcl tab</i>	
20-37.5 mg	50
<i>isosorbide mononitrate</i>	12
<i>isotretinoin</i>	60
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<i>ketoconazole</i>	28
<i>ketoconazole (topical)</i>	61
<i>ketodan</i>	61
<i>ketoprofen</i>	6
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KYNMOBI	42	LENVIMA 8 MG DAILY DOSE	35
L		LENVIMA CAP 14 MG	35
<i>labetalol hcl</i>	47	LENVIMA CAP 18 MG	36
<i>lacosamide</i>	18	LENVIMA CAP 24 MG	36
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<i>lactic acid (ammonium lactate)</i>	65	<i>letrozole</i>	36
<i>lactulose</i>	78	<i>leucovorin calcium</i>	40
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<i>lamotrigine tab 84 x 25 mg & 14 x 100</i> <i>mg starter kit</i>	18	<i>levofloxacin</i>	71
<i>lamotrigine tab disint 25 (14) & 50 mg</i> (14) & 100 mg (7) kit	18	<i>levofloxacin (ophth)</i>	88
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<i>lansoprazole</i>	98	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	54
<i>lanthanum carbonate</i>	73	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	54
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<i>lapatinib ditosylate</i>	39	<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	54
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<i>larin 1/20</i>	53	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	53
<i>larin 24 fe</i>	53	<i>levonorg-eth est tab 0.15-0.03mg(84)</i> <i>& eth est tab 0.01mg(7)</i>	53
<i>larin fe 1.5/30</i>	53	<i>levora 0.15/30-28</i>	54
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<i>levo-t</i>	96	<i>losartan potassium</i>	30
<i>levothyroxine sodium</i>	97	<i>losartan potassium &</i>	
<i>levoxyl</i>	97	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
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<i>lidocaine</i>	65	<i>losartan potassium &</i>	
<i>lidocaine hcl</i>	65	<i>hydrochlorothiazide tab 100-25 mg</i>	32
<i>lidocaine hcl (mouth-throat)</i>	84	<i>losartan potassium &</i>	
<i>lidocaine-hydrocortisone acetate</i>		<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>perianal cream 3-0.5%</i>	11		32
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<i>12.5 mg</i>	32	LUPANETA KIT 3.75-5.....	69
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<i>12.5 mg</i>	32	<i>lutra</i>	54
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>lyleq</i>	57
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<i>mg/5ml (80-20 mg/ml)</i>	45	MAYZENT STARTER PACK.....	94
<i>lopinavir-ritonavir tab 100-25 mg</i>	45	<i>meclizine hcl</i>	27
<i>lopinavir-ritonavir tab 200-50 mg</i>	45	<i>meclofenamate sodium</i>	6
<i>lorazepam</i>	13, 14	<i>medroxyprogesterone acetate</i>	92
<i>lorazepam intensol</i>	14	<i>medroxyprogesterone acetate</i>	
LORTAB ELX 10-300MG.....	9	<i>(contraceptive)</i>	57

<i>mefenamic acid</i>	6	<i>metipranolol</i>	87
<i>mefloquine hcl</i>	34	<i>metoclopramide hcl</i>	72
<i>megestrol acetate</i>	36	<i>metolazone</i>	68
<i>megestrol acetate (appetite)</i>	92	<i>metoprolol & hydrochlorothiazide tab</i>	
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<i>melodetta 24 fe</i>	54	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>meloxicam</i>	6	100-50 mg	33
<i>memantine hcl</i>	92	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		50-25 mg	32
10 mg titration pack	92	<i>metoprolol succinate</i>	47
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MENQUADFI INJ	99	<i>metronidazole vaginal</i>	101
MENVEO INJ	99	<i>mexiletine hcl</i>	14
<i>meperidine hcl</i>	8	MIACALCIN.....	68
<i>meprobamate</i>	13	<i>mibelas 24 fe</i>	54
<i>mercaptapurine</i>	35	<i>miconazole 3</i>	101
<i>merzee</i>	54	<i>microgestin 1.5/30</i>	54
<i>mesalamine</i>	72	<i>microgestin 1/20</i>	54
MESNEX	40	<i>microgestin 24 fe</i>	54
<i>metaxalone</i>	85	<i>microgestin fe 1.5/30</i>	54
<i>metformin hcl</i>	22	<i>microgestin fe 1/20</i>	54
<i>methadone hcl</i>	8	<i>midazolam hcl</i>	78
<i>methadose</i>	8	<i>midodrine hcl</i>	102
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<i>methamphetamine hcl</i>	1	<i>miglustat</i>	76
<i>methazolamide</i>	67	<i>mili</i>	54
<i>methenamine hippurate</i>	12	MILLIPRED	58
<i>methenamine mandelate</i>	12	MILLIPRED DP	58
<i>methimazole</i>	96	<i>mimvey</i>	70
<i>methocarbamol</i>	85	<i>minitran</i>	13
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<i>methotrexate sodium</i>	35	<i>minoxidil</i>	34
<i>methoxsalen rapid</i>	62	MIOCHOL-E	87
<i>methscopolamine bromide</i>	98	MIRCERA.....	77
<i>methyldopa</i>	30	MIRENA	57
<i>methyldopa & hydrochlorothiazide tab</i>		<i>mirtazapine</i>	20
250-15 mg	32	MIRVASO	65
<i>methyldopa & hydrochlorothiazide tab</i>		<i>misoprostol</i>	99
250-25 mg	32	M-M-R II INJ.....	100
<i>methylphenidate</i>	3	<i>modafinil</i>	3
<i>methylphenidate hcl</i>	3	MODERNA COVID-19 VACCINE	100
METHYLPHENIDATE HYDROCHLO	3	MODERNA COVID-19 VACCINE,	100
<i>methylprednisolone</i>	58	MODERNA COVID-19 VACCINE/	100
<i>methyltestosterone</i>	10	<i>moexipril hcl</i>	30

<i>molindone hcl</i>	43	NAMZARIC CAP 28-10MG	92
<i>mometasone furoate</i>	64	NAMZARIC CAP 7-10MG	92
<i>mometasone furoate (nasal)</i>	86	<i>naproxen</i>	6
<i>mondoxylene nl</i>	96	<i>naproxen sodium</i>	6
<i>monoject pharma grade flu</i>	82	<i>naratriptan hcl</i>	81
<i>mono-lynyah</i>	54	NARCAN	27
MONONINE	75	NATACYN	88
<i>montelukast sodium</i>	15	NATAZIA TAB	54
<i>morgidox 1x100mg</i>	96	<i>nateglinide</i>	26
<i>morgidox 2x100mg</i>	96	NATPARA	68
<i>morphine sulfate</i>	8	<i>nebivolol hcl</i>	48
<i>morphine sulfate beads</i>	8	<i>nebusal</i>	59
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<i>moxifloxacin hcl</i>	71	<i>nefazodone hcl</i>	20
<i>moxifloxacin hcl (ophth)</i>	88	<i>neomycin sulfate</i>	4
MOZOBIL	77	<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	88
MSUD EASY TAB	66	<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	88
MULPLETA	77	<i>neomycin-polymyxin b gu irrigation</i> soln	73
MULTAQ	14	<i>neomycin-polymyxin-dexamethasone</i> ophth oint 0.1%	89
<i>mupirocin</i>	60	<i>neomycin-polymyxin-dexamethasone</i> ophth susp 0.1%	89
<i>mupirocin calcium (topical)</i>	60	<i>neomycin-polymyxin-hc ophth susp</i> ..	89
<i>my choice</i>	57	<i>neomycin-polymyxin-hc otic soln 1%</i>	90
<i>my way</i>	57	<i>neomycin-polymyxin-hc otic susp 3.5</i> mg/ml-10000 unit/ml-1%	90
MYALEPT	69	<i>neo-polycin</i>	88
MYCAPSSA	70	<i>neo-polycin hc</i>	89
<i>mycophenolate mofetil</i>	83	NERLYNX	39
<i>mycophenolate sodium</i>	83	<i>neuac</i>	60
MYDAYIS CAP 12.5MG	1	NEULASTA	77
MYDAYIS CAP 25MG	1	NEULASTA ONPRO KIT	77
MYDAYIS CAP 37.5MG	2	NEUPOGEN	77
MYDAYIS CAP 50MG	2	NEUPRO	42
<i>myorisan</i>	60	NEVANAC	89
MYRBETRIQ	99	<i>nevirapine</i>	45
MYTESI	26	<i>new day</i>	57
N		NEXAVAR	39
<i>nabumetone</i>	6	NEXPLANON	57
<i>nadolol</i>	48	NEXTSTELLIS TAB 3-14.2MG	54
<i>nafrinse drops</i>	82	<i>niacin (antihyperlipidemic)</i>	29
<i>naftifine hcl</i>	61	<i>niacor</i>	29
NAFTIN	61	<i>nicardipine hcl</i>	48
<i>naloxone hcl</i>	26, 27	<i>nicotine</i>	95
<i>naltrexone hcl</i>	27		
NAMENDA TAB 5-10MG	92		
NAMENDA XR CAP TITRATIO	92		
NAMZARIC CAP	92		
NAMZARIC CAP 14-10MG	92		
NAMZARIC CAP 21-10MG	92		

<i>nicotine dis</i>	95	<i>norgestimate-eth estrad tab 0.18-</i>	
NICOTROL.....	95	25/0.215-25/0.25-25 mg-mcg	55
NICOTROL NS SPR	95	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nifedipine</i>	48	35/0.215-35/0.25-35 mg-mcg	55
<i>nikki</i>	54	<i>norlyda</i>	57
<i>nimodipine</i>	48	<i>norlyroc</i>	57
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<i>nisoldipine</i>	48	<i>nortrel 0.5/35 (28)</i>	55
<i>nitazoxanide</i>	12	<i>nortrel 1/35</i>	55
<i>nitisinone</i>	69	<i>nortrel 7/7/7</i>	55
NITRO-BID	13	<i>nortriptyline hcl</i>	21
NITRO-DUR	13	NORVIR	45
<i>nitrofurantoin</i>	12	NOURIANZ	41
<i>nitrofurantoin macrocrystal</i>	12	NOVOEIGHT	75
<i>nitrofurantoin monohyd macro</i>	12	NOVOLIN INJ 70/30.....	25
<i>nitroglycerin</i>	13	NOVOLIN INJ 70/30 FP	25
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<i>nizatidine</i>	98	NOVOLIN N FLEXPEN	25
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BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

CVS Caremark is an independent company that manages your pharmacy benefits on behalf of BlueCross BlueShield of Tennessee.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالأمكان.
إذا كنت عضواً، فالتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。

若您是會員, 請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY): 1-800-848-0298)。

CHŨ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS: 1-800-848-0298).

ປຶດຊາດ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ງານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡

አባል ከሆኑ፣ በአባልነት መታወቂያ ጀርባ ላይ በሚገኘው የአባልነት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፡ TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર ઓલો.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。

会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140

(TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłt'ígo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hólq.

Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nitł'ízí bee nééhozinígíí bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'ánída'áwo'í bibéésh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóógo q TTY: 1-800-848-0298) bee hodílnih.