



Your Guide to Prescription Drug Benefits

2023 Essential Formulary Guide for
Small Group EHB and Individual Marketplace



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 2023 Essential Formulary applies to the following Small Group plans:

BlueCross Bronze 40	BlueCross Silver 144	BlueCross Gold 108
BlueCross Bronze 41	BlueCross Silver 145	BlueCross Gold 109
BlueCross Bronze 42	BlueCross Silver 146	BlueCross Gold 110
BlueCross Bronze 43	BlueCross Silver 147	BlueCross Gold 111
BlueCross Bronze 44	BlueCross Silver 148	BlueCross Gold 112
BlueCross Bronze 47	BlueCross Silver 149	BlueCross Gold 113
BlueCross Bronze 48	BlueCross Silver 150	BlueCross Gold 115
BlueCross Bronze 51	BlueCross Silver 151	BlueCross Gold 117
BlueCross Bronze 52	BlueCross Silver 152	BlueCross Gold 118
BlueCross Silver 112	BlueCross Silver 153	BlueCross Gold 119
BlueCross Silver 123	BlueCross Silver 154	BlueCross Gold 120
BlueCross Silver 137	BlueCross Silver 156	BlueCross Platinum 32
BlueCross Silver 139	BlueCross Silver 157	BlueCross Platinum 33
BlueCross Silver 141	BlueCross Gold 105	BlueCross Platinum 34
BlueCross Silver 142	BlueCross Gold 106	BlueCross Platinum 35
BlueCross Silver 143	BlueCross Gold 107	BlueCross Platinum 36

The 2023 Essential Formulary applies to the following Individual Marketplace plans:

BlueCross Bronze 07	BlueCross Bronze 16	BlueCross Silver 27
BlueCross Bronze 08	BlueCross Silver 24	BlueCross Silver 28
BlueCross Bronze 14	BlueCross Silver 25	BlueCross Gold 06
BlueCross Bronze 15	BlueCross Silver 26	BlueCross Gold 08

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** 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

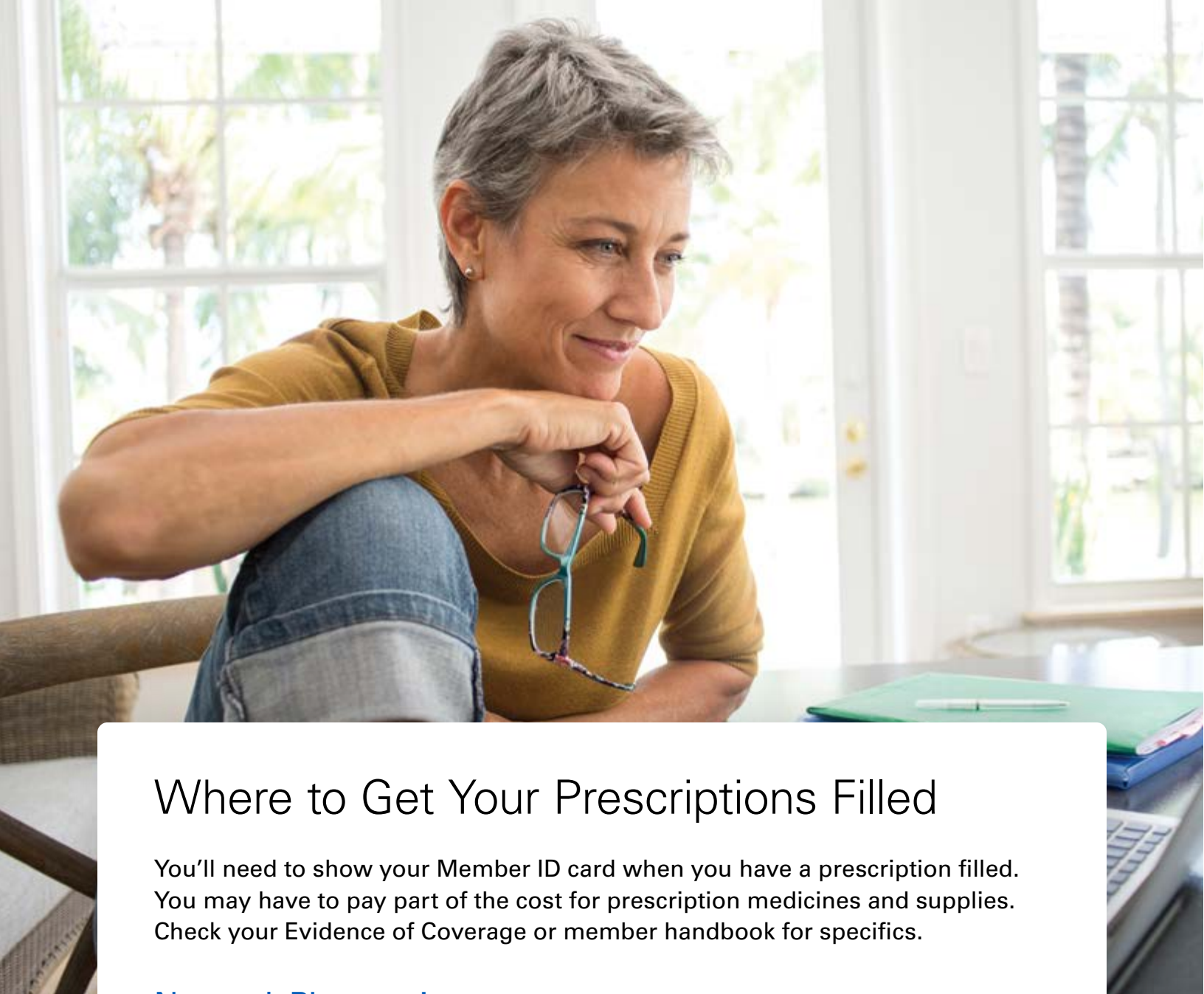
Tier 1	Generic Drugs
Tier 2	Preferred Brand Drugs
Tier 3	Non-Preferred Brand Drugs
Tier 4	Specialty Drugs
Tier 5	Drugs at no cost to you per the Affordable Care Act (ACA) \$0 Copay Preventive List

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
Alocril Alomide Lastacaft	Trial and failure of cromolyn sodium, azelastine, or epinastine
Betimol Brinzolamide	Trial and failure of Alphagan P 0.1%, Combigan, or brimonidine tartrate-timolol maleate.
Epidiolex	Trial and failure of two anticonvulsant products or one anticonvulsant product specifically indicated for Lennox Gastaut Syndrome or Dravet Syndrome.





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.

Effective 11/01/2023

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

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA, QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA, QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	1	PA, QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	1	PA, QL (60 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	PA, QL (1200 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	PA, QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg</i>	1	PA, QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	1	PA, QL (30 tabs every 30 days)
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg</i>	1	PA, QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg</i>	1	PA, QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg</i>	1	PA, QL (60 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
<i>lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg</i>	1	PA, QL (30 tabs every 30 days)
<i>methamphetamine hcl tabs 5mg</i>	1	PA, QL (150 tabs every 30 days)
MYDAYIS CAP 12.5MG	2	PA, QL (60 caps every 30 days)
MYDAYIS CAP 25MG	2	PA, QL (60 caps every 30 days)
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</i>	1	PA, QL (90 tabs every 30 days)
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	1	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	PA, QL (30 patches 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)
<i>modafinil tabs 100mg</i>	1	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 200mg</i>	1	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 20mg, 30mg	3	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 40mg	3	PA, QL (30 tabs every 30 days)
QUILLIVANT XR SRER 25mg/5ml	3	PA, QL (360 mL every 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ODACTRA SUB	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

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 5 CSPK 20mg	4	PA
PALFORZIA LEVEL 6 CSPK 20mg	4	PA
PALFORZIA LEVEL 9 CSPK 100mg	4	PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg	4	PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg	4	PA
RAGWITEK SUBL 12amba1-u	3	PA

AMINOGLYCOSIDES

AMINOGLYCOSIDES

ARIKAYCE SUSP 590mg/8.4ml	4	PA; LD
<i>neomycin sulfate tabs 500mg</i>	1	
<i>tobramycin nebu 300mg/5ml</i>	4	QL (280 mL every 28 days)

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	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 180 days)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	PA, QL (3 injections every 180 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 180 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	4	PA, QL (6 pens every 180 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 (3 pens every 180 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	PA, QL (4 pens every 180 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TB24 15mg, 30mg	4	PA, QL (30 tabs every 30 days)
RINVOQ TB24 45mg	4	PA, QL (84 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)

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
XELJANZ XR TB24 11mg, 22mg	4	PA, QL (30 tabs every 30 days)
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
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>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
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	MT
<i>ketoprofen caps 25mg, 50mg, 75mg</i>	1	QL (120 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

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
SPRIX SOLN 15.75mg/spray	4	
<i>sulindac tabs 150mg, 200mg</i>	1	MT
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	MT
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 180 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tabs 10mg, 20mg</i>	1	MT
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25mg/0.5ml	4	PA, QL (4 vials every 28 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)
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)
<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)

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
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

<i>CODEINE SULFATE TABS 15mg, 60mg</i>	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
<i>levorphanol tartrate tabs 2mg</i>	1	PA; MME
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	1	PA; MME
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	1	PA; MME
<i>methadose tbso 40mg</i>	1	PA; MME
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/0.5ml, 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; tabs 15mg, 30mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	PA; MME
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1	PA; MME
<i>NUCYNTA TABS 50mg, 75mg, 100mg</i>	2	PA; MME
<i>NUCYNTA ER TB12 50mg, 100mg, 150mg, 200mg, 250mg</i>	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
<i>XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
<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-caffeine-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
<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 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>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>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA; MME
<i>trezix</i>	1	PA; MME
OPIOID PARTIAL AGONISTS		
<i>BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	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 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)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 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 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 (60 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	2	QL (60 tabs every 30 days)

ANDROGENS-ANABOLIC ANABOLIC STEROIDS

<i>oxandrolone tabs 2.5mg</i>	1	PA, QL (120 tabs every 30 days)
<i>oxandrolone tabs 10mg</i>	1	PA, QL (60 tabs every 30 days)

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	PA, QL (30 patches every 30 days)
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	1	PA
<i>methyltestosterone caps 10mg</i>	1	PA, QL (600 caps every 30 days)
<i>testosterone gel 1%, 25mg/2.5gm, 50mg/5gm</i>	1	PA, QL (300 gm every 30 days)
<i>testosterone gel 1.62%, 10mg/act, 40.5mg/2.5gm</i>	1	PA, QL (150 gm every 30 days)
<i>testosterone gel 20.25mg/1.25gm</i>	1	PA, QL (37.5 gm every 30 days)
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	1	
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
RECTAL STEROIDS		
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	1	
<i>procto-med hc crea 2.5%</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.		
<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	
XIFAXAN TABS 200mg	3	PA, QL (9 tabs every 30 days)
XIFAXAN TABS 550mg	2	PA, 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	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUSR 100mg/5ml	3	
<i>atovaquone susp 750mg/5ml</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	QL (14 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
GLYCOPEPTIDES		
FIRVANQ SOLR 25mg/ml	3	QL (900 mL every 30 days)
FIRVANQ SOLR 50mg/ml	3	QL (1350 mL every 30 days)
vancomycin hcl caps 125mg, 250mg	1	QL (120 caps every 30 days)
vancomycin hcl solr 25mg/ml	1	QL (900 mL every 30 days)
vancomycin hcl solr 50mg/ml, 250mg/5ml	1	QL (1350 mL every 30 days)
LEPROSTATICS		
dapsone tabs 25mg, 100mg	1	
LINCOSAMIDES		
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	
MONOBACTAMS		
CAYSTON SOLR 75mg	4	PA, QL (90 vials every 30 days); LD
OXAZOLIDINONES		
linezolid susr 100mg/5ml; tabs 600mg	1	QL (14 days supply every 30 days)
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3gm	1	
methenamine hippurate tabs 1gm	1	
methenamine mandelate tabs .5gm, 1gm	1	
nitrofurantoin susp 25mg/5ml	1	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	
nitrofurantoin monohyd macro caps 100mg	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tb12 500mg, 1000mg	1	MT
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg	1	MT
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	1	MT
NITRO-BID OINT 2%	3	MT
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	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
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	
<i>meprobamate tabs 200mg</i>	1	QL (360 tabs every 30 days)
<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)
<i>ALPRAZOLAM INTENSOL CONC 1mg/ml</i>	3	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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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
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>pacorone tabs 100mg, 200mg, 400mg</i>	1	MT
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	MT
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA SOAJ 100mg/ml	4	PA, QL (3 injections every 28 days); LD
NUCALA SOLR 100mg	4	PA, QL (3 vials every 28 days); LD
NUCALA SOSY 40mg/0.4ml	4	PA, QL (1 syringe every 28 days); LD
NUCALA SOSY 100mg/ml	4	PA, QL (3 syringes every 28 days); LD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers every 30 days); MT
<i>ipratropium bromide soln .02%</i>	1	MT
LONHALA MAGNAIR STARTER K SOLN 25mcg/ml	2	QL (60 mL every 30 days); MT
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (90 caps every 30 days); MT
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 inhaler every 30 days); MT
<i>tiotropium bromide monohydrate caps 18mcg</i>	1	QL (90 caps every 30 days); MT

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Drug Name	Drug Tier	Requirements/Limits
YUPELRI SOLN 175mcg/3ml	3	QL (90 mL every 30 days); 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
<i>roflumilast tabs 250mcg</i>	1	MT
<i>roflumilast tabs 500mcg</i>	1	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 blisters every 30 days); MT
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	2	QL (1 inhaler every 30 days); MT
ASMANEX TWISTHALER 7 METE AEPB 110mcg/inh	2	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	2	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	2	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	2	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	2	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	2	QL (1 inhaler every 30 days); MT
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	MT
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	2	QL (60 blisters every 30 days); MT
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (1 inhaler every 30 days); MT
QVAR REDIHALER AERB 40mcg/act	2	QL (1 inhaler every 30 days); MT
QVAR REDIHALER AERB 80mcg/act	2	QL (2 inhalers every 30 days); MT
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	QL (60 inhalations every 30 days); MT
ADVAIR DISKU AER 250/50	2	QL (60 inhalations every 30 days); MT
ADVAIR DISKU AER 500/50	2	QL (60 inhalations every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 45/21	2	QL (1 inhaler every 30 days); MT
ADVAIR HFA AER 115/21	2	QL (1 inhaler every 30 days); MT
ADVAIR HFA AER 230/21	2	QL (1 inhaler every 30 days); 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</i>	1	
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	MT
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters every 30 days); MT
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	MT
BREO ELLIPTA INH 100-25	2	QL (60 blisters every 30 days); MT
BREO ELLIPTA INH 200-25	2	QL (60 blisters every 30 days); MT
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 30 days); MT
COMBIVENT AER 20-100	2	QL (1 inhaler every 30 days); MT
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations every 30 days); MT
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations every 30 days); MT
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations every 30 days); 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	
PROAIR RESPICLICK AEPB 108mcg/act	2	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations every 30 days); MT
STIOLTO AER 2.5-2.5	2	QL (1 inhaler every 30 days); MT
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 inhaler every 30 days); MT
SYMBICORT AER 80-4.5	2	QL (1 inhaler every 30 days); MT
SYMBICORT AER 160-4.5	2	QL (1 inhaler every 30 days); MT
<i>terbutaline sulfate soln 1mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	MT
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days); MT
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days); MT
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers every 30 days)

XANTHINES

<i>elixophyllin elix 80mg/15ml</i>	1	MT
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	1	MT

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	MT
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	MT

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5mg, 5mg	2	MT
ELIQUIS STARTER PACK TBPk 5mg	2	
XARELTO SUSR 1mg/ml	2	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2	MT
XARELTO STAR TAB 15/20MG	2	

HEPARINS AND HEPARINOID-LIKE AGENTS

<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	
FRAGMIN SOLN 10000unit/4ml, 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	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, 10unit/ml, 100unit/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
ANTICONVULSANTS - MISC.		
APTiom TABS 200mg, 400mg, 600mg, 800mg	3	MT
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
gabapentin caps 100mg, 300mg, 400mg	1	PA, QL (180 caps every 30 days)
gabapentin soln 250mg/5ml, 300mg/6ml	1	PA, QL (2160 mL every 30 days)
gabapentin tabs 600mg	1	PA, QL (180 tabs every 30 days)
gabapentin tabs 800mg	1	PA, QL (120 tabs every 30 days)
lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
LAMICTAL XR KIT	3	
lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	MT
lamotrigine kit 25mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	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>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration 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
<i>OXTELLAR XR TB24 150mg, 300mg, 600mg</i>	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)
<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
<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; tabs 25mg, 50mg, 100mg, 200mg</i>	1	MT
<i>VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	2	
<i>ZONISADE SUSP 100mg/5ml</i>	3	MT
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	MT
<i>ZTALMY SUSP 50mg/ml</i>	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</i>	4	QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	QL (180 tabs every 30 days)
<i>vigadrone pack 500mg</i>	4	QL (180 packets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone tabs 500mg</i>	4	QL (180 tabs every 30 days)
HYDANTOINS		
<i>DILANTIN CAPS 30mg</i>	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		
<i>CELONTIN CAPS 300mg</i>	3	MT
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	MT
<i>methsuximide caps 300mg</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
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
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr</i>	3	MT
<i>MARPLAN TABS 10mg</i>	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</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

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>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
<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
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</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</i>	1	QL (360 tabs every 30 days); MT
<i>acarbose tabs 50mg</i>	1	QL (180 tabs every 30 days); MT
<i>acarbose tabs 100mg</i>	1	QL (90 tabs every 30 days); MT
<i>miglitol tabs 25mg</i>	1	QL (360 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
<i>miglitol tabs 50mg</i>	1	QL (180 tabs every 30 days); MT
<i>miglitol tabs 100mg</i>	1	QL (90 tabs every 30 days); MT
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	QL (6 mL every 30 days); MT
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	QL (10.8 mL every 30 days); MT
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs every 30 days); MT
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs every 30 days); MT
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs every 30 days); 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	QL (30 tabs every 30 days); MT
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs every 30 days); MT
JANUMET TAB 50-500MG	2	QL (60 tabs every 30 days); MT
JANUMET TAB 50-1000	2	QL (60 tabs every 30 days); MT
JANUMET XR TAB 50-500MG	2	QL (30 tabs every 30 days); MT
JANUMET XR TAB 50-1000	2	QL (60 tabs every 30 days); MT
JANUMET XR TAB 100-1000	2	QL (30 tabs every 30 days); MT
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (30 tabs every 30 days); MT
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs every 30 days); MT
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs every 30 days); MT
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs every 30 days); MT
SOLIQUA INJ 100/33	2	QL (15 mL every 25 days); MT
SYNJARDY TAB	2	QL (60 tabs every 30 days); MT
SYNJARDY TAB 5-500MG	2	QL (120 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
SYNJARDY TAB 5-1000MG	2	QL (60 tabs every 30 days); MT
SYNJARDY TAB 12.5-500	2	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB	2	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 10-1000	2	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 25-1000	2	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB	2	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB	2	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-500MG	2	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-500MG	2	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-1000	2	QL (30 tabs every 30 days); MT
XULTOPHY INJ 100/3.6	2	QL (15 mL every 30 days); MT

BIGUANIDES

<i>metformin hcl soln 500mg/5ml</i>	1	QL (765 mL every 30 days); MT
<i>metformin hcl tabs 500mg</i>	1	QL (150 tabs every 30 days); MT
<i>metformin hcl tabs 850mg</i>	5	QL (90 tabs every 30 days); ACA; MT
<i>metformin hcl tabs 1000mg; tb24 750mg</i>	1	QL (75 tabs every 30 days); MT
<i>metformin hcl tb24 500mg</i>	1	QL (120 tabs every 30 days); 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	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
KORLYM TABS 300mg	4	PA; LD
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs every 30 days); MT
<i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i>		
CYCLOSET TABS .8mg	3	QL (180 tabs every 30 days); MT
<i>INCRETIN MIMETIC AGENTS</i>		
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml	2	PA, QL (1 pen every 28 days); MT
OZEMPIC 1MG/DOSE SOPN 2mg/1.5ml	2	PA, QL (2 pens every 28 days); MT
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 28 days); MT
RYBELSUS TABS 3mg, 7mg, 14mg	2	PA, QL (30 tabs every 30 days); MT
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	PA, QL (4 pens every 28 days); MT
VICTOZA SOPN 18mg/3ml	2	PA, QL (3 pens every 30 days); MT
<i>INSULIN</i>		
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
FIASP PMPCRT INJ U-100	2	QL (60mL every 30 days); MT
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	QL (40 mL every 30 days); MT
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	QL (18 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

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
LEVEMIR FLEXPEN SOPN 100unit/ml	2	QL (30 mL every 30 days); MT
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	QL (30 mL every 30 days); MT
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

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
TRESIBA FLEXTOUCH SOPN 200unit/ml	2	QL (18mL every 30 days); MT
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	QL (30 tabs every 30 days); MT
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	1	MT
<i>repaglinide tabs 2mg</i>	1	QL (240 tabs every 30 days); MT
<i>repaglinide tabs .5mg, 1mg</i>	1	QL (120 tabs every 30 days); MT
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5mg	2	QL (60 tabs every 30 days); MT
FARXIGA TABS 10mg	2	QL (30 tabs every 30 days); MT
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs every 30 days); MT
SULFONYLUREAS		
<i>glimepiride tabs 1mg</i>	1	QL (240 tabs every 30 days); MT
<i>glimepiride tabs 2mg</i>	1	QL (120 tabs every 30 days); MT
<i>glimepiride tabs 4mg</i>	1	QL (60 tabs every 30 days); MT
<i>glipizide tabs 5mg; tb24 2.5mg</i>	1	QL (240 tabs every 30 days); MT
<i>glipizide tabs 10mg; tb24 5mg</i>	1	QL (120 tabs every 30 days); MT
<i>glipizide tb24 10mg</i>	1	QL (60 tabs every 30 days); MT
<i>glipizide xl tb24 2.5mg</i>	1	QL (240 tabs every 30 days); MT
<i>glipizide xl tb24 5mg</i>	1	QL (120 tabs every 30 days); MT
<i>glipizide xl tb24 10mg</i>	1	QL (60 tabs every 30 days); 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		
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	

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>loperamide hcl caps 2mg</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	4	
<i>deferiprone tabs 500mg, 1000mg</i>	4	LD
FERRIPROX TWICE-A-DAY TABS 1000mg	4	LD
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)
<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	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		
<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	

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
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		
<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)
<i>itraconazole soln 10mg/ml</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
NOXAFIL PACK 300mg	3	QL (32 packs every 28 days)
NOXAFIL SUSP 40mg/ml	3	QL (630 mL every 30 days)
<i>posaconazole susp 40mg/ml</i>	1	QL (630 mL every 30 days)
<i>posaconazole tbec 100mg</i>	1	QL (93 tabs every 30 days)
<i>voriconazole susr 40mg/ml</i>	1	QL (600 mL every 30 days)
<i>voriconazole tabs 50mg</i>	1	QL (480 tabs every 30 days)
<i>voriconazole tabs 200mg</i>	1	QL (120 tabs every 30 days)
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>desloratadine 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	

Drug Name	Drug Tier	Requirements/Limits
ANTI HISTAMINES - PIPERIDINES		
<i>ciproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl caps .5gm, 1gm</i>	1	MT
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MT
<i>VASCEPA CAPS .5gm, 1gm</i>	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>prevalite pack 4gm; powd 4gm/dose</i>	1	MT
FIBRIC ACID DERIVATIVES		
<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	1	MT
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	MT
<i>fenofibric acid tabs 35mg, 105mg</i>	1	MT
<i>gemfibrozil tabs 600mg</i>	1	MT
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	5	ACA; MT
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	MT
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	5	ACA; MT
<i>LIVALO TABS 1mg, 2mg, 4mg</i>	2	MT
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	5	ACA; MT
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	5	ACA; MT
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	5	ACA; MT
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	MT
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	5	ACA; MT
<i>simvastatin tabs 80mg</i>	1	MT
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	MT
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tabs 500mg</i>	1	
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1	MT
<i>niacor tabs 500mg</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
<i>REPATHA SOSY 140mg/ml</i>	2	PA, QL (2 pens every 28 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
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	PA, QL (1 cartridge every 28 days); MT
REPATHA SURECLICK SOAJ 140mg/ml	2	PA, QL (2 syr. every 28 days); MT

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MT
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	MT
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	MT
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	MT
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</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	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</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	
<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
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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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>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
<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
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

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 50-25 mg</i>	1	MT
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	MT
<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>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
<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
<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

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>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
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
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	

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
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	
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 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
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 - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days)
TAGRISSO TABS 40mg, 80mg	4	PA, QL (30 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
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)
<i>abiraterone acetate tabs 500mg</i>	4	PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	5	ACA; MT
<i>bicalutamide tabs 50mg</i>	1	
EMCYT CAPS 140mg	3	
ERLEADA TABS 60mg	4	PA, QL (120 tabs every 30 days); LD
ERLEADA TABS 240mg	4	PA, QL (30 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	4	LD
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	1	
NUBEQA TABS 300mg	4	PA, QL (120 tabs every 30 days); LD
ORSERDU TABS 86mg	4	PA, QL (90 tabs every 30 days); LD
ORSERDU TABS 345mg	4	PA, QL (30 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 - IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	PA, QL (21 caps every 28 days); LD
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	4	PA, QL (30 tabs every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
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		
ALECENSA CAPS 150mg	4	PA, QL (240 caps every 30 days); LD
BOSULIF TABS 100mg	4	PA, QL (90 tabs every 30 days)
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); 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)
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
IDHIFA TABS 50mg, 100mg	4	PA, QL (30 tabs every 30 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

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
IMBRUVICA SUSP 70mg/ml	4	PA, QL (324 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
JAYPIRCA TABS 50mg, 100mg	4	PA, QL (90 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)
KRAZATI TABS 200mg	4	PA, QL (180 tabs every 30 days); LD
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs every 30 days)
LUMAKRAS TABS 120mg	4	PA, QL (240 tabs every 30 days); LD
LUMAKRAS TABS 320mg	4	PA, QL (90 tabs every 30 days); LD
LYNPARZA TABS 100mg, 150mg	4	PA, QL (120 tabs every 30 days); LD
MEKINIST SOLR .05mg/ml	4	PA; 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
NEXAVAR TABS 200mg	4	PA, QL (120 tabs every 30 days); LD
REZLIDHIA CAPS 150mg	4	PA, QL (60 caps every 30 days); LD
RUBRACA TABS 200mg, 250mg, 300mg	4	PA, QL (120 tabs every 30 days); 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)
TAFINLAR CAPS 50mg, 75mg	4	PA, QL (120 caps every 30 days); LD
TAFINLAR TBSO 10mg	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
TIBSOVO TABS 250mg	4	PA, QL (60 tabs every 30 days); LD
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
XALKORI CAPS 200mg, 250mg	4	PA, QL (120 caps every 30 days); LD
ZEJULA CAPS 100mg	4	PA, QL (90 caps every 30 days); LD
ZEJULA TABS 100mg, 200mg, 300mg	4	PA, QL (30 tabs 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; 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	

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
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25mg, 1mg	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	1	MT
NOURIANZ TABS 20mg, 40mg	4	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	1	MT
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	MT
ANTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	1	MT
tolcapone tabs 100mg	1	MT
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	MT
APOKYN SOCT 30mg/3ml	4	
apomorphine hydrochloride soct 30mg/3ml	4	
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	MT
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	MT
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	MT
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	MT
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	MT
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	MT
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	MT
DUOPA SUS 4.63-20	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
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
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	2	PA
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	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	
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	

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
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
RYKINDO SRER 25mg, 37.5mg, 50mg	3	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	
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 conc 30mg/ml, 100mg/ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	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 ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3	
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	2	
<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</i>	1	QL (960 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1	QL (60 tabs every 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tabs every 30 days)
APRETUDE SUER 600mg/3ml	4	QL (21mL every 365 days); LD
APTIVUS CAPS 250mg	3	QL (120 caps every 30 days)
<i>atazanavir sulfate caps 150mg, 200mg</i>	4	QL (60 caps every 30 days)
<i>atazanavir sulfate caps 300mg</i>	4	QL (30 caps every 30 days)
BIKTARVY TAB	4	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	4	QL (30 tabs every 30 days)
<i>darunavir tabs 600mg</i>	4	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	4	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	4	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
DESCOVY TAB 200/25MG	4	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	4	QL (30 tabs every 30 days)
EDURANT TABS 25mg	3	QL (30 tabs every 30 days)
<i>efavirenz caps 50mg</i>	1	QL (480 caps every 30 days)
<i>efavirenz caps 200mg</i>	1	QL (120 caps every 30 days)
<i>efavirenz tabs 600mg</i>	1	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1	QL (30 caps every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tabs every 30 days); ACA
EMTRIVA SOLN 10mg/ml	3	QL (680 mL every 28 day)
<i>etravirine tabs 100mg</i>	1	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	1	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	4	QL (30 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1	QL (120 tabs every 30 days)
FUZEON SOLR 90mg	4	QL (60 vials every 30 days); LD
GENVOYA TAB	4	QL (30 tabs every 30 days)
INTELENCE TABS 25mg	3	QL (120 tabs every 30 days)
INVIRASE TABS 500mg	3	QL (120 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg	4	QL (180 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
ISENTRESS PACK 100mg	4	QL (300 packets every 30 days)
ISENTRESS TABS 400mg	4	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600mg	4	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1	QL (900 mL every 30 days)
<i>lamivudine tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs every 30 days)
LEXIVA SUSP 50mg/ml	3	QL (1575 mL every 28 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (320 mL every 24 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (150 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	1	QL (240 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	1	QL (120 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1	QL (30 tabs every 30 days)
NORVIR PACK 100mg	3	QL (360 packets every 30 days)
NORVIR SOLN 80mg/ml	3	QL (480 mL every 30 days)
ODEFSEY TAB	4	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	QL (30 tabs every 30 days)
PREZISTA SUSP 100mg/ml	4	QL (360 mL every 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs every 30 days)
PREZISTA TABS 150mg	4	QL (240 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
PREZISTA TABS 600mg	4	QL (60 tabs every 30 days)
PREZISTA TABS 800mg	4	QL (30 tabs every 30 days)
REYATAZ PACK 50mg	4	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1	QL (360 tabs every 30 days)
SELZENTRY SOLN 20mg/ml	3	QL (1800 mL every 30 days)
SELZENTRY TABS 25mg	3	QL (240 tabs every 30 days)
SELZENTRY TABS 75mg	3	QL (120 tabs every 30 days)
<i>stavudine caps 15mg, 20mg</i>	1	QL (120 caps every 30 days)
<i>stavudine caps 30mg, 40mg</i>	1	QL (60 caps every 30 days)
SUNLENCA TBPK 300mg	4	QL (10 tabs every year)
SUNLENCA TBPK 300mg	4	QL (8 tabs every year)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL (30 tabs every 30 days)
TIVICAY TABS 10mg, 25mg, 50mg	4	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5mg	4	QL (180 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)
TRIZIVIR TAB	3	QL (60 tabs every 30 days)
TYBOST TABS 150mg	3	QL (30 tabs every 30 days)
VIRACEPT TABS 250mg	3	QL (300 tabs every 30 days)
VIRACEPT TABS 625mg	3	QL (120 tabs every 30 days)
VIREAD POWD 40mg/gm	3	QL (240 gm every 30 days)
VIREAD TABS 150mg, 200mg, 250mg	3	QL (30 tabs every 30 days)
<i>zidovudine caps 100mg</i>	1	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	1	QL (1680 mL 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>zidovudine tabs 300mg</i>	1	QL (60 tabs every 30 days)
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, QL (30 packets every 30 days)
EPCLUSA PAK 200-50MG	4	PA, QL (60 packets every 30 days)
EPCLUSA TAB 200-50MG	4	PA, QL (60 tabs every 30 days)
EPCLUSA TAB 400-100	4	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5mg/ml	3	
HARVONI PAK	4	PA, QL (30 packets every 30 days)
HARVONI PAK 45-200MG	4	PA, QL (30 packets every 30 days)
HARVONI TAB 45-200MG	4	PA, QL (30 tabs every 30 days)
HARVONI TAB 90-400MG	4	PA, QL (30 tabs every 30 days)
<i>lamivudine (hbv) tabs 100mg</i>	1	
LEDIP-SOFOSB TAB 90-400MG	4	PA, QL (30 tabs every 30 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	LD
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	4	
SOFOS/VELPAT TAB 400-100	4	PA, QL (30 tabs every 30 days)
VEMLIDY TABS 25mg	4	
VOSEVI TAB	4	PA, QL (30 tabs every 30 days)
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	

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
INFLUENZA AGENTS		
oseltamivir phosphate caps 30mg	1	QL (20 caps every 180 days)
oseltamivir phosphate caps 45mg, 75mg	1	QL (10 caps every 180 days)
oseltamivir phosphate susr 6mg/ml	1	QL (180 mL every 180 days)
RELENZA DISKHALER AEPB 5mg/blister	3	QL (1 inhaler every 180 days)
rimantadine hydrochloride tabs 100mg	1	
XOFLUZA TBPK 40mg, 80mg	3	QL (2 tabs every 180 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200mg	2	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	MT
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	1	MT
labetalol hcl tabs 100mg, 200mg, 300mg	1	MT
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl caps 200mg, 400mg	1	MT
atenolol tabs 25mg, 50mg, 100mg	1	MT
betaxolol hcl tabs 10mg, 20mg	1	MT
bisoprolol fumarate tabs 5mg, 10mg	1	MT
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	MT
metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	1	MT
nebivolol hcl tabs 2.5mg	1	
nebivolol hcl tabs 5mg, 10mg, 20mg	1	MT
BETA BLOCKERS NON-SELECTIVE		
nadolol tabs 20mg, 40mg, 80mg	1	MT
pindolol tabs 5mg, 10mg	1	MT
propranolol hcl 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

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
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	MT
<i>CARDIZEM LA TB24 120mg</i>	3	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1	MT
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	1	MT
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	1	MT
<i>diltiazem hcl tb24 120mg, 180mg, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MT
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	MT
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	MT
<i>isradipine caps 2.5mg, 5mg</i>	1	MT
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>nicardipine hcl caps 20mg, 30mg</i>	1	MT
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	MT
<i>nimodipine caps 30mg</i>	1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	MT
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MT
<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

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
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (30 caps every 30 days); LD
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	2	MT
ENTRESTO TAB 49-51MG	2	MT
ENTRESTO TAB 97-103MG	2	MT
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA; LD
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	4	PA; LD
ORENITRAM TAB MONTH 1	4	PA; LD
ORENITRAM TAB MONTH 2	4	PA; LD
ORENITRAM TAB MONTH 3	4	PA; LD
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	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

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>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, QL (60 tabs every 30 days)
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	4	PA, QL (180 mL every 30 days)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (60 tabs every 30 days)
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	2	MT
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg, 10mg	2	MT
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/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
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		

<i>afirmelle</i>	5	ACA; MT
<i>altavera</i>	5	ACA; MT
<i>alyacen 1/35</i>	5	ACA; MT
<i>alyacen 7/7/7</i>	5	ACA; MT
<i>amethia</i>	5	ACA; MT
<i>amethyst</i>	5	ACA; MT
<i>apri</i>	5	ACA; MT
<i>aranelle</i>	5	ACA; MT
<i>ashlyna</i>	5	ACA; MT
<i>aubra</i>	5	ACA; MT
<i>aubra eq</i>	5	ACA; MT
<i>aurovela 1.5/30</i>	5	ACA; MT
<i>aurovela 1/20</i>	5	ACA; MT
<i>aurovela 24 fe</i>	5	ACA; MT
<i>aurovela fe 1.5/30</i>	5	ACA; MT
<i>aurovela fe 1/20</i>	5	ACA; MT
<i>aviane</i>	5	ACA; MT
<i>ayuna</i>	5	ACA; MT
<i>azurette</i>	5	ACA; MT
BALCOLTRA TAB 0.1-20	5	ACA; MT
<i>balziva</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

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>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
<i>FALESSA KIT</i>	5	ACA; MT
<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>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>joyeaux</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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</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>lutra</i>	5	ACA; MT
<i>marlissa</i>	5	ACA; MT
<i>merzee</i>	5	ACA; MT
<i>mibelas 24 fe</i>	5	ACA; MT

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Drug Name	Drug Tier	Requirements/Limits
<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
<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>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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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
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>enilloring</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
<i>haloette</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>curae tabs 1.5mg</i>	5	OTC; ACA
<i>econtra ez tabs 1.5mg</i>	5	OTC; ACA
<i>econtra one-step tabs 1.5mg</i>	5	OTC; ACA
ELLA TABS 30mg	5	ACA
<i>her style tabs 1.5mg</i>	5	OTC; 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

Drug Name	Drug Tier	Requirements/Limits
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

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	
<i>millipred tabs 5mg</i>	1	
MILLIPRED TABS 5mg	3	
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	1	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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
MINERALOCORTICOIDS		
<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>bromfed dm</i>	1	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</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	
<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	
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>pulmosal nebu 7%</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>acutane caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>adapalene crea .1%; gel .3%</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>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>avita crea .025%; gel .025%</i>	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>clindacin foam 1%</i>	1	QL (200 gm every 30 days)
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</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>EPIDUO FORTE GEL 0.3-2.5%</i>	3	
<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>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>tretinoin crea .025%, .1%; gel .01%, .025%, .05%</i>	1	PA
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	1	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
<i>VEREGEN OINT 15%</i>	3	
ANTIBIOTICS - TOPICAL		
<i>ALTABAX OINT 1%</i>	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)
ANTIFUNGALS - TOPICAL		
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox sham 1%; soln 8%</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate crea 1%</i>	1	QL (255 gm every 30 days)
<i>ERTACZO CREA 2%</i>	3	
<i>ketoconazole (topical) crea 2%</i>	1	QL (120 gm every 30 days)
<i>ketoconazole (topical) sham 2%</i>	1	QL (240 mL every 30 days)
<i>naftifine hcl crea 1%, 2%</i>	1	
<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)
<i>sulconazole nitrate crea 1%</i>	1	
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 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	
<i>COSENTYX SOSY 75mg/0.5ml, 150mg/ml</i>	4	PA, QL (1 syringe every 28 days); LD
<i>COSENTYX 300MG DOSE SOSY 150mg/ml</i>	4	PA, QL (2 syringes every 28 days); LD
<i>COSENTYX SENSOREADY PEN SOAJ 150mg/ml</i>	4	PA, QL (1 pen 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 SENSOREADY PEN 300MG DOSE SOAJ 150mg/ml	4	PA, QL (2 pens every 28 days); LD
COSENTYX UNOREADY SOAJ 300mg/2ml	4	PA, QL (1 pen 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 SOLN 45mg/0.5ml	4	PA, QL (1 vial 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
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
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ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	1
DENAVIR CREA 1%	3
<i>penciclovir crea 1%</i>	1

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

CORTICOSTEROIDS - TOPICAL

<i>ala-cort crea 1%</i>	1
<i>alclometasone dipropionate oint .05%</i>	1
<i>amcinonide lotn .1%</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%; lotn .1%; oint .1%</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	QL (400 gm every 30 days)
<i>clobetasol propionate crea .05%</i>	1	QL (240 gm 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>clodan sham .05%</i>	1	QL (236 mL every 30 days)
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%</i>	1	
<i>diflorasone diacetate crea .05%</i>	1	QL (240 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)
<i>fluocinonide crea .05%; 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>fluticasone propionate crea .05%; oint .005%</i>	1	
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
<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>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate oint .1%</i>	1	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .05%, .1%, .5%</i>	1	QL (454 gm every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1	QL (120 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>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)
ECZEMA AGENTS		
DUPIXENT SOPN 200mg/1.14ml	4	PA, QL (4.56 mL every 28 days)
DUPIXENT SOPN 300mg/2ml	4	PA, QL (8 mL every 28 days)
DUPIXENT SOSY 100mg/0.67ml	4	PA, QL (2.68 mL (4 pens) every 28 days)
DUPIXENT SOSY 200mg/1.14ml	4	PA, QL (4.56 mL (4 pens) every 28 days)
DUPIXENT SOSY 300mg/2ml	4	PA, QL (8 mL (4 pens) every 28 days)
ENZYMES - TOPICAL		
SANTYL OINT 250unit/gm	3	QL (180 gm every 30 days)
HAIR GROWTH AGENTS		
<i>finasteride (alopecia) tabs 1mg</i>	1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus (topical) oint .03%, .1%</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln .5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>glydo prsy 2%</i>	1	
<i>lidocaine oint 5%</i>	1	QL (100 gm every 30 days)
<i>lidocaine ptch 5%</i>	1	QL (90 patches 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)
<i>lidocan ptch 5%</i>	1	QL (90 patches every 30 days)
SYNERA DIS 70-70MG	3	
ROSACEA AGENTS		
<i>doxycycline (rosacea) cpdr 40mg</i>	1	
<i>metronidazole (topical) gel .75%, 1%; lotn .75%</i>	1	
ORACEA CPDR 40mg	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>rosadan gel .75%</i>	1	
SCABICIDES & PEDICULICIDES		
<i>ivermectin (pediculicide) lotn .5%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	1	
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	

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
PKU EXPRESS PAK 15+ ORAN	3	
PKU EXPRESS PAK 15+ RASP	3	
PKU EXPRESS PAK 15+ TROP	3	
PKU EXPRESS PAK 15+ UNFL	3	
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	4	PA, QL (472 mL (4 bottles) every 30 days); LD
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
<i>dichlorphenamide tabs 50mg</i>	4	PA
KEVEYIS TABS 50mg	4	PA
<i>methazolamide tabs 25mg, 50mg</i>	1	MT

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	MT
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Drug Name	Drug Tier	Requirements/Limits
<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
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>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>calcitonin (salmon) soln 200unit/ml</i>	1	
FORTEO SOPN 600mcg/2.4ml	4	
<i>ibandronate sodium tabs 150mg</i>	1	MT
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	
TYMLOS SOPN 3120mcg/1.56ml	4	LD
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	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
GROWTH HORMONES		
GENOTROPIN CART 5mg, 12mg	4	PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	PA
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
METABOLIC MODIFIERS		
*betaine powder for oral solution***	4	LD
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	MT
cinacalcet hcl tabs 30mg, 60mg, 90mg	4	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	MT
javygtor pack 100mg, 500mg; tabs 100mg	4	
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	1	MT
MYALEPT SOLR 11.3mg	4	PA; LD
nitisinone caps 2mg, 5mg, 10mg, 20mg	4	
NITYR TABS 2mg, 5mg, 10mg	4	LD
ORFADIN CAPS 20mg	4	
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	PA; LD
paricalcitol caps 1mcg, 2mcg, 4mcg	1	MT
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	
sodium phenylbutyrate powd 3gm/tsp	4	QL (750 gm every 30 days)
sodium phenylbutyrate tabs 500mg	4	QL (1200 tabs every 30 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	2	QL (30 tabs every 30 days); MT
POSTERIOR PITUITARY HORMONES		
desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .01%	1	
PROLACTIN INHIBITORS		
cabergoline tabs .5mg	1	QL (16 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
SOMATOSTATIC AGENTS		
<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	4	
JYNARQUE TBPB 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
<i>tolvaptan tabs 15mg, 30mg</i>	4	
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
<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
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		
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	2	MT
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</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
estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; 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 10mg/ml, 20mg/ml, 40mg/ml	1	
EVAMIST SOLN 1.53mg/spray	2	MT
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	MT
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	MT

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
ciprofloxacin susr 5gm/100ml, 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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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
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GASTROINTESTINAL STIMULANTS

metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg	1	
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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	
DIPENTUM CAPS 250mg	3	MT
mesalamine cp24 .375gm; cpcr 500mg; tbec 1.2gm	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>mesalamine enem 4gm; supp 1000mg; tbec 800mg</i>	1	
PENTASA CPCR 250mg, 500mg	2	MT
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	4	PA, QL (1 injection every 56 days)
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	MT
INTESTINAL ACIDIFIERS		
<i>enulose soln 10gm/15ml</i>	1	MT
<i>generlac soln 10gm/15ml</i>	1	MT
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	MT
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tabs .5mg, 1mg</i>	1	MT
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	MT
VIBERZI TABS 75mg, 100mg	2	PA, QL (60 tabs every 30 days)
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
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	MT
FOSRENOL PACK 750mg, 1000mg	3	MT
<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
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	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	

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>neomycin-polymyxin b gu irrigation soln</i>	1	
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
SORBITOL SOLN 3%	3	
SORBITOL-MAN SOL	3	
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TABS 200mg, 400mg	4	PA, QL (30 tabs every 30 days); LD
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>tamsulosin hcl caps .4mg</i>	1	MT
URINARY ANALGESICS		
<i>phenazo tabs 200mg</i>	1	
<i>phenazopyridine hcl tabs 200mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tabs 100mg</i>	4	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	MT
GOUT AGENTS		
<i>allopurinol tabs 100mg, 300mg</i>	1	MT
<i>colchicine tabs .6mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	1	MT
URICOSURICS		
<i>probenecid tabs 500mg</i>	1	MT
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	4	PA; LD
ALPHANATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit	4	PA; LD
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	4	PA; LD
BENEFIX KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	4	PA; LD
HUMATE-P SOL 250-600	4	PA; LD
HUMATE-P SOL 500-1200	4	PA; LD
HUMATE-P SOL 2400UNIT	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
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	4	PA; LD
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	4	PA; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate sosy 30mg/3ml</i>	4	PA
<i>sajazir sosy 30mg/3ml</i>	4	PA
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, QL (180 caps every 30 days); LD
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100mg, 150mg	4	PA, QL (60 tabs every 30 days); LD
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc 400mg</i>	1	MT
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 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
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 TBP 5mg	4	PA, QL (7 tabs every 180 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
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84mg	4	PA; LD
<i>miglustat caps 100mg</i>	4	
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200mg, 300mg, 400mg	3	MT
OXBRYTA TABS 300mg; TBSO 300mg	4	PA, QL (270 tabs every 30 days); LD
OXBRYTA TABS 500mg	4	PA, QL (150 tabs every 30 days); 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		
DOPTelet TABS 20mg	4	PA; LD
MULPLETA TABS 3mg	4	PA
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	4	LD
STEM CELL MOBILIZERS		
MOZOBIL SOLN 24mg/1.2ml	4	
<i>plerixafor soln 24mg/1.2ml</i>	4	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid tabs 650mg</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
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	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1	QL (30 tabs every 30 days)
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	QL (30 tabs every 30 days)
<i>flurazepam hcl caps 15mg, 30mg</i>	1	QL (30 caps every 30 days)
<i>temazepam caps 15mg</i>	1	QL (60 caps every 30 days)
<i>temazepam caps 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</i>	1	QL (30 caps every 30 days)
<i>zaleplon caps 10mg</i>	1	QL (60 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	QL (30 tabs every 30 days)
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tabs 8mg</i>	1	QL (30 tabs every 30 days)
LAXATIVES		
LAXATIVE COMBINATIONS		
<i>CLENPIQ SOL</i>	5	ACA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	5	ACA
<i>PEG-PREP KIT</i>	5	ACA
<i>PLENVU SOL</i>	5	ACA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	5	ACA
<i>SUFLAVE SOL</i>	5	ACA
<i>SUPREP BOWEL SOL PREP KIT</i>	2	
<i>SUTAB TAB</i>	5	ACA

Drug Name	Drug Tier	Requirements/Limits
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	
CLARITHROMYCIN		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	
ERYTHROMYCINS		
<i>e.e.s. 400 tabs 400mg</i>	1	
<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
CONDOMS (MALE)	5	OTC; 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

Drug Name	Drug Tier	Requirements/Limits
CONTOUR KIT NEXT LNK	2	QL (1 box every year), OTC
CONTOUR NEXT KIT GEN	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)
DEXCOM G7 MIS RECEIVER	3	QL (1 every year)
DEXCOM G7 MIS SENSOR	3	QL (9 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)
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 GO KIT 10UNT/DY	2	
OMNIPOD GO KIT 15UNT/DY	2	
OMNIPOD GO KIT 20UNT/DY	2	
OMNIPOD GO KIT 25UNT/DY	2	
OMNIPOD GO KIT 30UNT/DY	2	
OMNIPOD GO KIT 35UNT/DY	2	
OMNIPOD GO KIT 40UNT/DY	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	
ONE TCH SLVR KIT ULT MINI	2	QL (1 box every year), OTC

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH KIT ULTRA 2	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 FIT	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	
MISC. DEVICES		
ALCOHOL SWABS	2	QL (300 ea every 30 days)
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	2	QL (1000 each every 30 days)
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, QL (1 pen every 30 days)
EMGALITY SOAJ 120mg/ml	2	PA, QL (1 pen every 30 days)
EMGALITY SOSY 100mg/ml	2	PA, QL (3 syr every 30 days)
EMGALITY SOSY 120mg/ml	2	PA, QL (1 syr every 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
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</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)
MINERALS & ELECTROLYTES		
FLUORIDE		
<i>fluoritab soln .125mg/drop</i>	5	ACA; MT
<i>nafrinse drops soln .125mg/drop</i>	5	ACA; MT
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	5	ACA; MT
PHOSPHATE		
<i>K-PHOS TABS 500mg</i>	3	MT
<i>phospho-trin k500 tabs 500mg</i>	1	
POTASSIUM		
<i>effer-k tbef 25meq</i>	1	MT
<i>EFFER-K TAB 10MEQ</i>	3	
<i>EFFER-K TAB 20MEQ</i>	3	
<i>k-prime tbef 25meq</i>	1	MT
<i>klor-con pack 20meq</i>	1	MT
<i>klor-con 8 tbcr 8meq</i>	1	MT
<i>klor-con 10 tbcr 10meq</i>	1	MT
<i>klor-con m10 tbcr 10meq</i>	1	MT
<i>klor-con m15 tbcr 15meq</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>klor-con m20 tbc</i> 20meq	1	MT
<i>klor-con/ef tbc</i> 25meq	1	MT
<i>potassium chloride cpc</i> 8meq, 10meq; <i>pack</i> 20meq; <i>soln</i> 10%, 20%; <i>tbc</i> 8meq, 10meq, 20meq	1	MT
<i>potassium chloride microencapsulated crystals er tbc</i> 10meq, 15meq, 20meq	1	MT
SODIUM		
<i>aquastat soln</i> .9%	1	
<i>aquastat sfr soln</i> .9%	1	
<i>bd posiflush soln</i> .9%	1	
<i>bd posiflush normal salin soln</i> .9%	1	
<i>monoject pharma grade flu soln</i> .9%	1	
<i>sodium chloride soln</i> .9%	1	
<i>sodium chloride flush soln</i> .9%	1	
ZINC		
<i>GALZIN CAPS</i> 50mg	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine tabs</i> 250mg	1	
FECAL INCONTINENCE BULKING AGENTS		
<i>SOLESTA INJ</i> 50-15ML	4	LD
IMMUNOMODULATORS		
<i>lenalidomide caps</i> 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps every 28 days); LD
<i>lenalidomide caps</i> 20mg, 25mg	4	PA, QL (21 caps every 28 days); LD
<i>REVLIMID CAPS</i> 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps every 28 days); LD
<i>REVLIMID CAPS</i> 20mg, 25mg	4	PA, QL (21 caps every 28 days); LD
<i>REZUROCK TABS</i> 200mg	4	PA, QL (60 tabs every 30 days); LD
<i>THALOMID CAPS</i> 50mg, 100mg	4	PA, QL (28 caps every 28 days); LD
<i>THALOMID CAPS</i> 150mg, 200mg	4	PA, QL (56 caps every 28 days); LD
IMMUNOSUPPRESSIVE AGENTS		
<i>ASTAGRAF XL CP24</i> .5mg, 1mg, 5mg	4	
<i>azathioprine tabs</i> 50mg	1	MT
<i>cyclosporine caps</i> 25mg, 100mg	1	MT
<i>cyclosporine modified (for microemulsion) caps</i> 25mg, 50mg, 100mg; <i>soln</i> 100mg/ml	1	MT
<i>ENSPRYNG SOSY</i> 120mg/ml	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
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		
*sodium polystyrene sulfonate powder**	1	
sps susp 15gm/60ml	1	
PROSTAGLANDINS		
alprostadil soln 500mcg/ml	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	4	PA; LD
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
periogard soln .12%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pste .1%	1	QL (20 gm every 30 days)
oralone dental paste pste .1%	1	QL (20 gm every 30 days)
triamcinolone acetonide (mouth) pste .1%	1	QL (20 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
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>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, 10mg</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 (160 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	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	PA, 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

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
XHANCE EXHU 93mcg/act	3	PA, QL (32 mL every 30 days)
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUSP 105mg/5ml	4	PA; LD
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	PA; LD
RELYVRIO PAK 3-1GM	4	PA, QL (60 packets every 30 days); LD
<i>riluzole tabs 50mg</i>	4	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75mg/ml	4	PA; LD
NUTRIENTS		
LIPIDS		
DOJOLVI LIQD 100%	4	PA; LD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETIMOL SOLN .25%, .5%	3	ST
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl (ophth) soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
<i>levobunolol hcl soln .5%</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	
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	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)

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
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%	2	
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	1	
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>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	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	QL (30 mL every 30 days)
<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	QL (60 vials every 30 days)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	QL (60 vials 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
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
altacaine soln .5%	1	
proparacaine hcl soln .5%	1	
tetracaine hcl (ophth) soln .5%	1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
dexamethasone sodium phosphate (ophth) soln .1%	1	QL (30 mL every 30 days)
difluprednate emul .05%	1	
fluorometholone (ophth) susp .1%	1	
FML OINT .1%	3	
FML FORTE SUSP .25%	3	
LOTEMAX GEL .5%; OINT .5%	2	
LOTEMAX SM GEL .38%	2	
loteprednol etabonate gel .5%; susp .5%	1	
neo-polycin hc	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	QL (30 mL every 30 days)
prednisolone acetate (ophth) susp 1%	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	QL (30 mL every 30 days)
ZYLET SUS 0.5-0.3%	3	
OPHTHALMICS - MISC.		
ALOCRIIL SOLN 2%	3	ST
ALOMIDE SOLN .1%	3	ST
azelastine hcl (ophth) soln .05%	1	
bepotastine besilate soln 1.5%	1	
brinzolamide susp 1%	1	ST
bromfenac sodium (ophth) soln .09%	1	
cromolyn sodium (ophth) soln 4%	1	
diclofenac sodium (ophth) soln .1%	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>dorzolamide hcl soln 2%</i>	1	
<i>epinastine hcl (ophth) soln .05%</i>	1	
<i>flurbiprofen sodium soln .03%</i>	1	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
LASTACFT SOLN .25%	3	ST
PROLENSA SOLN .07%	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost soln .03%</i>	1	
<i>latanoprost soln .005%</i>	1	
LUMIGAN SOLN .01%	2	
<i>tafluprost soln .015mg/ml</i>	1	
<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		
CUTAQUIG 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

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
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
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 500mg</i>	1	

NATURAL PENICILLINS

<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
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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	

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>amoxicillin & k clavulanate tab er 12hr</i> <i>1000-62.5 mg</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
<i>bacteriostatic sodium chloride soln .9%</i>	1	
<i>glycine diluent for injection</i>	4	
PH 12 STERIL SOL FLOLAN	4	
STERILE DILU SOL TREPROST	4	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate tabs 2.5mg,</i> <i>5mg, 10mg</i>	1	MT
<i>megestrol acetate (appetite) susp</i> <i>625mg/5ml</i>	1	MT
<i>norethindrone acetate tabs 5mg</i>	1	MT
<i>progesterone caps 100mg, 200mg</i>	1	MT
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tbec 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	
LUCEMYRA TABS .18mg	3	
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride tabs 5mg, 10mg,</i> <i>23mg; tbdp 5mg, 10mg</i>	1	
<i>galantamine hydrobromide cp24 8mg,</i> <i>16mg, 24mg; soln 4mg/ml; tabs 4mg,</i> <i>8mg, 12mg</i>	1	
<i>memantine hcl cp24 7mg, 14mg, 21mg,</i> <i>28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg,</i> <i>10mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10</i> <i>mg titration pack</i>	1	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine pt24 4.6mg/24hr,</i> <i>9.5mg/24hr, 13.3mg/24hr</i>	1	
<i>rivastigmine tartrate caps 1.5mg, 3mg,</i> <i>4.5mg, 6mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	PA
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	PA
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	PA
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	PA
<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
AUSTEDO XR TB24 6mg, 12mg, 24mg	4	PA
AUSTEDO XR TAB TITR KIT	4	PA
INGREZZA CAPS 40mg, 60mg, 80mg	4	PA; LD
INGREZZA CAP 40-80MG	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 (14 injections every 28 days)
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)
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (60 ea every 135 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>fingolimod hcl caps .5mg</i>	4	PA, QL (30 caps every 30 days)
GILENYA CAPS .25mg, .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)
<i>glatopa sosy 40mg/ml</i>	4	PA, QL (12 injections every 28 days)
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 180 days); LD
MAYZENT STARTER PACK TBPK .25mg	4	PA, QL (7 tabs every 4 days); LD
PLEGRIDY SOPN 125mcg/0.5ml; 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 box every 180 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)
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA, QL (30 tabs every 30 days); LD
VUMERITY CPDR 231mg	4	PA, QL (120 caps every 30 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)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tabs 1mg</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>pimozide tabs 1mg, 2mg</i>	1	
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
<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
NICOTINE SYS KIT TRANSDER	5	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 13.4mg	4	PA, QL (56 packets 28 days); LD
KALYDECO PACK 25mg, 50mg, 75mg	4	PA, QL (60 packets every 30 days); LD
KALYDECO TABS 150mg	4	PA, QL (60 tabs every 30 days); LD
ORKAMBI GRA 75-94MG	4	PA, QL (60 packets every 30 days); LD
ORKAMBI GRA 100-125	4	PA, QL (60 packets every 30 days); LD
ORKAMBI GRA 150-188	4	PA, QL (60 packets every 30 days); LD
ORKAMBI TAB 100-125	4	PA, QL (120 tabs every 30 days); LD
ORKAMBI TAB 200-125	4	PA, QL (120 tabs every 30 days); LD
PULMOZYME SOLN 2.5mg/2.5ml	4	LD
SYMDEKO TAB 50-75MG	4	PA, QL (60 tabs every 30 days); LD
SYMDEKO TAB 100-150	4	PA, QL (60 tabs every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 59.5MG	4	PA, QL (56 paks every 28 days); LD
TRIKAFTA PAK 75MG	4	PA, QL (56 paks every 28 days); LD
TRIKAFTA TAB	4	PA, QL (90 tabs every 30 days); LD
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS 267mg; TABS 267mg, 801mg	4	PA
OFEV CAPS 100mg, 150mg	4	PA; LD
pirfenidone caps 267mg; tabs 267mg, 801mg	4	PA
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tabs 500mg	1	
TETRACYCLINES		
TETRACYCLINES		
avidoxy tabs 100mg	1	
demeclocycline hcl tabs 150mg, 300mg	1	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 100mg	1	
doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg	1	
lymepak tabs 100mg	1	
minocycline hcl caps 50mg, 75mg, 100mg	1	
monodoxyne nl caps 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	1	MT
propylthiouracil tabs 50mg	1	MT
THYROID HORMONES		
ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	1	MT
euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	MT
levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	MT

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; 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
NIVA THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg	1	MT
NP THYROID 15 TABS 15mg	1	MT
NP THYROID 30 TABS 30mg	1	MT
NP THYROID 60 TABS 60mg	1	MT
NP THYROID 90 TABS 90mg	1	MT
NP THYROID 120 TABS 120mg	1	MT
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	MT
THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg	1	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
TET/DIP TOX INJ 2-2 LF	5	ACA
VAXELIS INJ	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
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		

ANTISPASMODICS

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

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300mg/5ml,</i>	1	MT
<i>400mg/6.67ml</i>		
<i>famotidine susr 40mg/5ml</i>	1	
<i>nizatidine caps 150mg, 300mg</i>	1	MT

MISC. ANTI-ULCER

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

<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	PA, QL (30 caps every 30 days); MT
<i>esomeprazole magnesium cpdr 20mg,</i>	1	PA, QL (30 caps every 30 days); MT
<i>40mg</i>		
<i>esomeprazole magnesium pack 10mg,</i>	1	PA, QL (30 packets every 30 days); MT
<i>20mg, 40mg</i>		
<i>lansoprazole cpdr 15mg, 30mg</i>	1	PA, QL (30 caps every 30 days); MT
<i>lansoprazole tbdd 15mg, 30mg</i>	1	PA, QL (30 tabs every 30 days); MT
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	PA, QL (30 caps every 30 days); MT
<i>pantoprazole sodium pack 40mg</i>	1	PA, QL (30 packets every 30 days); MT
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	PA, QL (30 tabs every 30 days); MT
<i>rabeprazole sodium tbec 20mg</i>	1	PA, QL (30 tabs every 30 days); MT

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tabs 100mcg, 200mcg</i>	1	MT
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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS		
(ANTICHOLINERGIC)		
darifenacin hydrobromide tb24 7.5mg, 15mg	1	MT
GELNIQUE GEL 10%	2	MT
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	1	MT
solifenacin succinate tabs 5mg, 10mg	1	MT
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	1	MT
tropium chloride cp24 60mg; tabs 20mg	1	MT
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	2	MT
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tabs 100mg	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
MENVEO SOL	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		
ABRYSVO SOLR 120mcg/0.5ml	3	
AFLURIA QUAD INJ 2022-23	5	ACA
AFLURIA QUAD INJ 2023-24	5	ACA
AREXVY SUSR 120mcg/0.5ml	3	

Drug Name	Drug Tier	Requirements/Limits
COVID-19 MRNA BIVAL VACC 6MO-4YR-PFIZER IM SUSP 3 MCG/0.2ML SUSP 3mcg/0.2ml	5	ACA
COVID-19 MRNA BIVAL VACC 6MO-5Y-MODERNA IM SUSP 10 MCG/0.2ML SUSP 10mcg/0.2ml	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 QUADRI INJ 2023-24	5	ACA
FLUARIX QUAD INJ 2022-23	5	ACA
FLUARIX QUAD INJ 2023-24	5	ACA
FLUBLOK QUAD INJ 2022-23	5	ACA
FLUBLOK QUAD INJ 2023-24	5	ACA
FLUCLVX QUAD INJ 2022-23	5	ACA
FLUCLVX QUAD INJ 2023-24	5	ACA
FLULAVAL QUA INJ 2022-23	5	ACA
FLULAVAL QUA INJ 2023-24	5	ACA
FLUMIST QUAD SUS 2022-23	5	ACA
FLUMIST QUAD SUS 2023-24	5	ACA
FLUZONE HD INJ 2022-23	5	ACA
FLUZONE HD INJ 2023-24	5	ACA
FLUZONE QUAD INJ 2022-23	5	ACA
FLUZONE QUAD INJ 2023-24	5	ACA
GARDASIL 9 INJ	5	ACA
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	5	ACA
HEPLISAV-B 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	
M-M-R II INJ	5	ACA
MODERNA COVID-19 VACCINE BIVALENT BOOSTER- ORIGINAL AND OMICRON BA4/BA5 SUSP 50mcg/0.5ml	5	ACA
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML SUSP 5mcg/0.5ml	5	ACA
PFIZER COVID-19 VAC BIVAL 5-11 INTRAMUSCULAR SUSPENSION 10 MCG/0.2ML SUSP 10mcg/0.2ml	5	ACA
PFIZER COVID-19 VAC BIVALENT INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML SUSP 30mcg/0.3ml	5	ACA
PREHEVBRIO SUSP 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
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
ROTARIX SUS	5	ACA
ROTATEQ SOL	5	ACA
SHINGRIX SUSR 50mcg/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	

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
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	

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	5	ACA
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VAGINAL ESTROGENS

<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	1	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)
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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	1	QL (2 pens every 30 days)
<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	

VASOPRESSORS

<i>epinephrine hydrochloride 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>*sodium polystyrene sulfonate powder**</i>	80	
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<i>abacavir sulfate</i>	42	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	42	
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<i>abiraterone acetate</i>	35	
ABRYSVO	94	
<i>acamprosate calcium</i>	87	
<i>acarbose</i>	20	
<i>accutane</i>	58	
<i>acebutolol hcl</i>	47	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	7	
<i>acetaminophen w/ codeine tab 300-15 mg</i>	7	
<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>	65	
<i>acetic acid</i>	70	
<i>acetic acid (otic)</i>	85	
<i>acetylcysteine</i>	58	
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<i>amethia</i>	51	<i>medoxomil tab 10-40 mg</i>	30
<i>amethyst</i>	51	<i>amlodipine besylate-olmesartan</i>	
<i>amiloride & hydrochlorothiazide tab 5-</i>		<i>medoxomil tab 5-20 mg</i>	30
<i>50 mg</i>	65	<i>amlodipine besylate-olmesartan</i>	
<i>amiloride hcl</i>	66	<i>medoxomil tab 5-40 mg</i>	30
<i>aminocaproic acid</i>	73	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>amiodarone hcl</i>	13	<i>160 mg</i>	30
<i>amitriptyline hcl</i>	20	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>amlodipine besylate</i>	48	<i>320 mg</i>	30
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 5-</i>	
<i>calcium tab 10-10 mg</i>	49	<i>160 mg</i>	30
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 5-</i>	
<i>calcium tab 10-20 mg</i>	49	<i>320 mg</i>	30
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 10-40 mg</i>	49	<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i>	30
<i>calcium tab 10-80 mg</i>	49	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 10-160-25</i>	
<i>calcium tab 2.5-10 mg</i>	49	<i>mg</i>	30
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 2.5-20 mg</i>	49	<i>hydrochlorothiazide tab 10-320-25</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i>	30
<i>calcium tab 2.5-40 mg</i>	49	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>calcium tab 5-10 mg</i>	49	<i>mg</i>	30
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 5-20 mg</i>	49	<i>hydrochlorothiazide tab 5-160-25 mg</i>	
<i>amlodipine besylate-atorvastatin</i>			30
<i>calcium tab 5-40 mg</i>	49	<i>amnestem</i>	59
<i>amlodipine besylate-atorvastatin</i>		<i>amoxapine</i>	20
<i>calcium tab 5-80 mg</i>	49	<i>amoxicillin</i>	86
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate chew tab</i>	
<i>10-20 mg</i>	30	<i>200-28.5 mg</i>	86
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate chew tab</i>	
<i>10-40 mg</i>	30	<i>400-57 mg</i>	86
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate for susp</i>	
<i>2.5-10 mg</i>	29	<i>200-28.5 mg/5ml</i>	86
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate for susp</i>	
<i>5-10 mg</i>	30	<i>250-62.5 mg/5ml</i>	86
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate for susp</i>	
<i>5-20 mg</i>	30	<i>400-57 mg/5ml</i>	86
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate for susp</i>	
<i>5-40 mg</i>	30	<i>600-42.9 mg/5ml</i>	86
<i>amlodipine besylate-olmesartan</i>		<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>medoxomil tab 10-20 mg</i>	30	<i>mg</i>	86

<i>amoxicillin & k clavulanate tab 500-125 mg</i>	86
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	86
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	87
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>ampicillin</i>	86
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<i>anastrozole</i>	35
<i>ANDRODERM</i>	9
<i>ANGELIQ TAB 0.25-0.5</i>	68
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<i>ANORO ELLIPT AER 62.5-25</i>	15
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<i>APOKYN</i>	39
<i>apomorphine hydrochloride</i>	39
<i>APO-VARENICLINE</i>	90
<i>apraclonidine hcl</i>	83
<i>aprepitant</i>	26

<i>aprepitant capsule therapy pack 80 & 125 mg</i>	26
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<i>APTIOM</i>	17
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<i>ARCALYST</i>	5
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<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	72
<i>ASTAGRAF XL</i>	79
<i>atazanavir sulfate</i>	42
<i>atenolol</i>	47
<i>atenolol & chlorthalidone tab 100-25 mg</i>	30
<i>atenolol & chlorthalidone tab 50-25 mg</i>	30
<i>atomoxetine hcl</i>	2
<i>atorvastatin calcium</i>	28
<i>atovaquone</i>	10
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	33
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	33

<i>atropine sulfate (ophthalmic)</i>	82	<i>benazepril & hydrochlorothiazide tab</i>	
ATROVENT HFA	13	10-12.5 mg	30
AUBAGIO	88	<i>benazepril & hydrochlorothiazide tab</i>	
<i>aubra</i>	51	20-12.5 mg	30
<i>aubra eq</i>	51	<i>benazepril & hydrochlorothiazide tab</i>	
<i>aurovela 1.5/30</i>	51	20-25 mg	30
<i>aurovela 1/20</i>	51	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>aurovela 24 fe</i>	51	6.25 mg	30
<i>aurovela fe 1.5/30</i>	51	<i>benazepril hcl</i>	29
<i>aurovela fe 1/20</i>	51	BENEFIX	71
AURYXIA	70	BENLYSTA	80
AUSTEDO	88	<i>benzonatate</i>	58
AUSTEDO XR	88	<i>benzoyl peroxide-erythromycin gel 5-</i>	
AUSTEDO XR TAB TITR KIT	88	3%	59
<i>aviane</i>	51	<i>benztropine mesylate</i>	39
<i>avidoxy</i>	91	<i>bepotastine besilate</i>	84
<i>avita</i>	59	BERINERT	72
AVONEX	88	BESIVANCE	83
AVONEX PEN	88	BESREMI	38
<i>ayuna</i>	51	BETADINE OPHTHALMIC PREP	83
AYVAKIT	35	<i>betamethasone dipropionate (topical)</i>	
AZASITE	83		61
<i>azathioprine</i>	79	<i>betamethasone dipropionate</i>	
<i>azelastine hcl</i>	81	<i>augmented</i>	61
<i>azelastine hcl (ophth)</i>	84	<i>betamethasone valerate</i>	61
<i>azithromycin</i>	75	BETASERON	88
<i>azurette</i>	51	<i>betaxolol hcl</i>	47
B		<i>bethanechol chloride</i>	94
<i>bac</i>	6	BETIMOL	82
<i>bacitracin (ophthalmic)</i>	83	<i>bexarotene</i>	38
<i>bacitracin-polymyxin b ophth oint</i>	83	BEXSERO INJ	94
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>bicalutamide</i>	35
<i>ophth oint 1%</i>	84	BIDIL TAB	49
<i>baclofen</i>	81	BIKTARVY TAB	42
<i>bacteriostatic sodium chloride</i>	87	<i>bimatoprost</i>	85
BALCOLTRA TAB 0.1-20	51	BIOTHRAX INJ	94
<i>balsalazide disodium</i>	69	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>balziva</i>	51	10-6.25 mg	31
BAQSIMI ONE PACK	22	<i>bisoprolol & hydrochlorothiazide tab</i>	
BAQSIMI TWO PACK	22	2.5-6.25 mg	31
BARACLUDE	46	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
BCG VACCINE	94	6.25 mg	31
<i>bd heparin posiflush</i>	16	<i>bisoprolol fumarate</i>	47
<i>bd posiflush</i>	79	BLEPHAMIDE OIN S.O.P.	84
<i>bd posiflush normal salin</i>	79	BLEPHAMIDE SUS OP	84
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		<i>blisovi fe 1.5/30</i>	51

<i>blisovi fe 1/20</i>	51
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BREO ELLIPTA INH 200-25	15
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<i>briellyn</i>	51
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<i>brimonidine tartrate</i>	83
<i>brimonidine tartrate-timolol maleate</i> ophth soln 0.2-0.5%	82
<i>brinzolamide</i>	84
<i>bromfed dm</i>	58
<i>bromfenac sodium (ophth)</i>	84
<i>bromocriptine mesylate</i>	39
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<i>butalbital-acetaminophen tab 50-325</i> mg	6
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<i>butalbital-acetaminophen-caff w/ cod</i> cap 50-325-40-30 mg	8
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<i>carbamazepine</i>	17	<i>cefpodoxime proxetil</i>	50
<i>carbidopa</i>	39	<i>cefprozil</i>	50
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	39	<i>cefuroxime axetil</i>	50
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		<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	8
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<i>prazosin hcl</i>	29	<i>promethazine w/ codeine syrup 6.25-</i> <i>10 mg/5ml</i>	58
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<i>sm folic acid</i>	73	SUFLAVE SOL	74
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>sulconazole nitrate</i>	60
<i>17.5-3.13-1.6 gm/177ml</i>	74	<i>sulfacetamide sodium (acne)</i>	59
<i>sodium chloride</i>	79	<i>sulfacetamide sodium (ophth)</i>	83
<i>sodium chloride (gu irrigant)</i>	71	<i>sulfacetamide sodium-prednisolone</i>	
<i>sodium chloride (inhalant)</i>	58	<i>ophth soln 10-0.23(0.25)%</i>	84
<i>sodium chloride flush</i>	79	<i>sulfadiazine</i>	91
<i>sodium fluoride</i>	78	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sodium phenylbutyrate</i>	67	<i>200-40 mg/5ml</i>	10
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<i>sulfamethoxazole-trimethoprim tab</i>		<i>tarina fe 1/20</i>	55
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<i>sulfatrim pediatric</i>	10	<i>taztia xt</i>	48
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SYMBICORT AER 80-4.5	15	12.5 mg	32
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<i>trandolapril</i>	29	<i>tri-lo-mili</i>	55
<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	32	<i>tri-lo-sprintec</i>	55
<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	32	<i>trimethobenzamide hcl</i>	26
<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	32	<i>trimethoprim</i>	10
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- 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.
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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>.

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

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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)。

CHỦ Ý: 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, ໃຫ້ໃຈທາງເບື້ອງຜ່ານບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ 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 છો, 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 કોલ કરો.

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'í go Diné Bizaad, saad bee áká'anída'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'anída'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.