

2024 Preferred Formulary Guide

Your Guide to Prescription Drug Benefits

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.



For information about your home delivery prescription, call **1-800-552-8159**.



Or visit: **[bcbst.com](https://www.bcbst.com)**

Important Contacts

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

Visit **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 phone number listed on your BlueCross Member ID card. Some medications have legislative and/or regulatory requirements.

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	Preferred Generic Drugs The most affordable drugs
Tier 2	Non-Preferred Generic Drugs More expensive generic drugs
Tier 3	Preferred Brand Drugs More affordable brand-name drugs
Tier 4	Non-Preferred Brand Drugs More expensive, non-specialty brand drugs
Tier 5	Preferred Specialty Drugs More affordable specialty drugs
Tier 6	Non-Preferred Specialty Drugs The most expensive specialty drugs

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
Briviact	Trial and failure of levetiracetam, levetiracetam ER, Roweepra or Roweepra XR
Edarbi Edarbyclor	Trial and failure of a generic Angiotensin II Receptor Blocker (ARB), including candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan - hydrochlorothiazide, valsartan and valsartan-hydrochlorothiazide

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:

- › Go to bcbst.com/RXplan.
 - Log in to or create your online account.
 - Click on **Find Care & Estimate Costs**.
 - Choose your pharmacy network from the **Network** drop-down menu.

Or

- › Call us at the Member Service number on the back of your Member ID card.
- › You can also find network pharmacies using our free app. Search for "**BCBSTN**" in the App Store® or Google Play®.

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 have the same 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.

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Effective 02/2024

Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	2	PA, QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	2	PA, QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	PA, QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	PA, QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	PA, QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	PA, QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	2	PA, QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	2	PA, QL (60 caps every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	2	PA, QL (1200 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	2	PA, QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 30mg</i>	2	PA, QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg; chew 10mg, 20mg, 30mg</i>	2	PA, QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg; chew 40mg, 50mg, 60mg</i>	2	PA, QL (30 caps every 30 days)
<i>methamphetamine hcl tabs 5mg</i>	2	PA, QL (150 tabs every 30 days)
MYDAYIS CAP 12.5MG	3	PA, QL (60 caps every 30 days)
MYDAYIS CAP 25MG	3	PA, QL (60 caps every 30 days)
MYDAYIS CAP 37.5MG	3	PA, QL (30 caps every 30 days)
MYDAYIS CAP 50MG	3	PA, QL (30 caps every 30 days)
<i>procentra soln 5mg/5ml</i>	2	PA, QL (1200 mL every 30 days)
VYVANSE CAPS 10MG, 20MG, 30MG	3	PA, QL (60 caps every 30 days)
VYVANSE CAPS 40MG, 50MG, 60MG, 70MG	3	PA, QL (30 caps every 30 days)
VYVANSE CHEW 10MG, 20MG, 30MG	3	PA, QL (60 tabs every 30 days)
VYVANSE CHEW 40MG, 50MG, 60MG	3	PA, QL (30 tabs every 30 days)
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	2	PA, QL (120 tabs every 30 days)
<i>zenzedi tabs 15mg, 20mg</i>	2	PA, QL (60 tabs every 30 days)
<i>zenzedi tabs 30mg</i>	2	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>	2	QL (120 caps every 30 days)
<i>atomoxetine hcl caps 40mg</i>	2	QL (60 caps every 30 days)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	2	QL (30 caps every 30 days)
<i>clonidine hcl (adhd) tb12 .1mg</i>	2	QL (120 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	2	QL (30 tabs every 30 days)
STIMULANTS - MISC.		
<i>armodafinil tabs 50mg</i>	2	PA, QL (90 tabs every 30 days)
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	PA, QL (30 tabs every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	PA, QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	PA, QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	2	PA, QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	2	PA, QL (60 tabs every 30 days)
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	2	PA, QL (30 patches every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	2	PA, QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	2	PA, QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	2	PA, QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	2	PA, QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	2	PA, QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 20mg; tbc 10mg, 20mg</i>	2	PA, QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbc 18mg, 27mg, 36mg</i>	2	PA, QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbc 54mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 200mg</i>	2	PA, QL (60 tabs every 30 days)
NUVIGIL TABS 50MG	4	PA, QL (90 tabs every 30 days)
NUVIGIL TABS 150MG, 200MG, 250MG	4	PA, QL (30 tabs every 30 days)
PROVIGIL TABS 100MG	4	PA, QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROVIGIL TABS 200MG	4	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 20MG, 30MG	4	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 40MG	4	PA, QL (30 tabs every 30 days)
QUILLIVANT XR SRER 25MG/5ML	4	PA, QL (360 mL every 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800BAU	3	PA
ODACTRA SUB	4	PA
ORALAIR SUB 300 IR	4	PA
PALFORZIA CAP ESCALAT	6	PA
PALFORZIA CAP LEVEL 3	6	PA
PALFORZIA CAP LEVEL 7	6	PA
PALFORZIA CAP LEVEL 8	6	PA
PALFORZIA CAP LEVEL 10	6	PA
PALFORZIA LEVEL 1 CSPK 1MG	6	PA
PALFORZIA LEVEL 2 CSPK 1MG	6	PA
PALFORZIA LEVEL 4 CSPK 20MG	6	PA
PALFORZIA LEVEL 5 CSPK 20MG	6	PA
PALFORZIA LEVEL 6 CSPK 20MG	6	PA
PALFORZIA LEVEL 9 CSPK 100MG	6	PA
PALFORZIA LEVEL 11 (MAINT PACK 300MG	6	PA
PALFORZIA LEVEL 11 (TITRA PACK 300MG	6	PA
RAGWITEK SUBL 12AMBA1-U	4	PA

AMEBICIDES - DRUGS TO TREAT INFECTIONS

AMEBICIDES - DRUGS TO TREAT INFECTIONS

SOLOSEC PACK 2GM	4	
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

ARIKAYCE SUSP 590MG/8.4ML	6	PA; LD
KITABIS PAK NEBU 300MG/5ML	5	QL (280 mL every 28 days); LD
<i>neomycin sulfate tabs 500mg</i>	2	
TOBI NEBU 300MG/5ML	6	QL (280 mL every 28 days); LD
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 mL every 28 days)

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	5	PA, QL (4 pens every 28 days)
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 pens every 28 days)
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 pens every 28 days)
HUMIRA PSKT 10MG/0.1ML, 20MG/0.2ML	5	PA, QL (2 injections every 28 days)
HUMIRA PSKT 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (2 injections every 28 days)
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	5	PA, QL (3 injections every 28 days)
HUMIRA PEN PNKT 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 pens every 28 days)
HUMIRA PEN PNKT 80MG/0.8ML	5	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	5	PA, QL (3 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40MG/0.8ML	5	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80MG/0.8ML	5	PA, QL (3 pens every 28 days)
HUMIRA PEN-PEDIATRIC UC S PNKT 80MG/0.8ML	5	PA, QL (4 pens every 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML	5	PA, QL (4 pens every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 pens every 28 days); Cordavis brand only
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	5	PA, QL (3 pens (1 starter pack) every 28 days); Cordavis brand only
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	5	PA, QL (4 pens every 28 days); Cordavis brand only
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15MG, 30MG	5	PA, QL (30 tabs every 30 days)
RINVOQ TB24 45MG	5	PA, QL (84 tabs every 180 days)
XELJANZ SOLN 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TABS 5MG, 10MG	5	PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11MG, 22MG	5	PA, QL (30 tabs every 30 days)
GOLD COMPOUNDS		
RIDAURA CAPS 3MG	4	MT
INTERLEUKIN-1 BLOCKERS		
ARCALYST SOLR 220MG	6	PA; LD
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150MG/ML	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TABS 550MG	4	MT
ARTHROTEC 50 TAB	4	MT
ARTHROTEC 75 TAB	4	MT
<i>cataflam tabs 50mg</i>	2	MT
CELEBREX CAPS 50MG, 100MG, 200MG, 400MG	4	MT
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	2	MT
DAYPRO TABS 600MG	4	MT
<i>diclofenac potassium tabs 50mg</i>	2	MT
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	2	MT
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	MT
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	MT
EC-NAPROSYN TBEC 375MG, 500MG	4	MT
<i>ec-naproxen tbec 375mg, 500mg</i>	1	MT
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	2	MT
FELDENE CAPS 10MG, 20MG	4	MT
<i>fenoprofen calcium caps 400mg; tabs 600mg</i>	2	MT
<i>flurbiprofen tabs 100mg</i>	1	MT
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	MT
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MT
<i>indocin supp 50mg</i>	2	MT
INDOCIN SUSP 25MG/5ML	4	MT
<i>indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg</i>	2	MT
<i>ketoprofen caps 50mg, 75mg</i>	2	QL (120 caps every 30 days); MT
KETOROLAC TROMETHAMINE SOLN 15.75MG/SPRAY	6	
<i>ketorolac tromethamine tabs 10mg</i>	2	
LODINE TABS 400MG	4	MT
<i>meclofenamate sodium caps 50mg, 100mg</i>	2	MT
<i>mefenamic acid caps 250mg</i>	2	MT
<i>meloxicam tabs 7.5mg, 15mg</i>	1	MT
MOBIC TABS 7.5MG, 15MG	4	MT
<i>nabumetone tabs 500mg, 750mg</i>	1	MT
NALFON CAPS 400MG	4	MT
NAPROSYN SUSP 125MG/5ML	4	QL (946 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 the table.

Drug Name	Drug Tier	Requirements/Limits
NAPROSYN TABS 500MG	4	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>	2	MT
<i>piroxicam caps 10mg, 20mg</i>	2	MT
<i>relafen tabs 500mg, 750mg</i>	1	MT
SPRIX SOLN 15.75MG/SPRAY	6	
<i>sulindac tabs 150mg, 200mg</i>	1	MT
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	2	MT

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TABS 30MG	5	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days)

PYRIMIDINE SYNTHESIS INHIBITORS

ARAVA TABS 10MG, 20MG	4	MT
<i>leflunomide tabs 10mg, 20mg</i>	2	MT

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25MG/0.5ML	5	PA, QL (4 vials every 28 days)
ENBREL SOLR 25MG; SOSY 50MG/ML	5	PA, QL (4 syringes every 28 days)
ENBREL SOSY 25MG/0.5ML	5	PA, QL (8 syringes every 28 days)
ENBREL MINI SOCT 50MG/ML	5	PA, QL (4 injections every 28 days)
ENBREL SURECLICK SOAJ 50MG/ML	5	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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>esgic</i>	1	QL (120 caps every 30 days)
ESGIC TAB	4	QL (120 tabs every 30 days)
FIORICET CAP	4	QL (120 caps every 30 days)
<i>tencon</i>	1	QL (120 tabs every 30 days)
<i>zebutal</i>	1	QL (120 caps every 30 days)

SALICYLATES

<i>aspirin chew 81mg; tbec 81mg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>diflunisal tabs 500mg</i>	2	MT
<i>salsalate tabs 500mg, 750mg</i>	1	MT

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

ACTIQ LPOP 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG, 1600MCG	4	PA; MME
CODEINE SULFATE TABS 15MG, 60MG	2	PA; MME
<i>codeine sulfate tabs 30mg</i>	2	PA; MME
DILAUDID LIQD 1MG/ML; TABS 2MG, 4MG, 8MG	4	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>	2	PA; MME
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	2	PA; MME
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA; MME
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	2	PA; MME
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	2	PA; MME
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbs 40mg</i>	2	PA; MME
METHADOSE CONC 10MG/ML	4	PA; MME
<i>methadose tbs 40mg</i>	2	PA; MME
METHADOSE SUGAR-FREE CONC 10MG/ML	4	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; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbs 15mg, 30mg, 60mg, 100mg, 200mg</i>	2	PA; MME
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	2	PA; MME
MS CONTIN TBS 15MG, 30MG, 60MG, 100MG, 200MG	4	PA; MME
NUCYNTA TABS 50MG, 75MG, 100MG	3	PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TB12 50MG, 100MG, 150MG, 200MG, 250MG	3	PA; MME
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	PA; MME
<i>oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	2	PA; MME
ROXICODONE TABS 5MG, 15MG, 30MG	4	PA; MME
<i>tramadol hcl tabs 50mg; tb24 100mg, 200mg, 300mg</i>	2	PA; MME
ULTRAM TABS 50MG	4	PA; MME
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG	3	PA; MME

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	PA; MME
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	PA; MME
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	PA; MME
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	PA; MME
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	PA; MME
<i>ascomp/codeine</i>	2	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	2	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	PA; MME
<i>endocet</i>	2	PA; MME
FIORICET CAP CODEINE	4	PA; MME
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	2	PA; MME
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	PA; MME
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	2	PA; MME
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	PA; MME
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	PA; MME
LORTAB ELX 10-300MG	4	PA; MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	PA; MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	PA; MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	PA; MME
PERCOCET TAB 2.5-325	4	PA; MME
PERCOCET TAB 5-325MG	4	PA; MME
PERCOCET TAB 7.5-325	4	PA; MME
PERCOCET TAB 10-325MG	4	PA; MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	PA; MME
<i>trezix</i>	2	PA; MME
ULTRACET TAB 37.5-325	4	PA; MME

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	3	PA, QL (60 films every 30 days); MME
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	2	PA, QL (4 patches every 28 days); MME
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs every 30 days)
<i>butorphanol tartrate soln 10mg/ml</i>	2	PA; MME
BUTRANS PTWK 5MCG/HR, 7.5MCG/HR, 10MCG/HR, 15MCG/HR, 20MCG/HR	4	PA, QL (4 patches every 28 days); MME
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	2	PA; MME
SUBOXONE MIS 2-0.5MG	4	QL (90 films every 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films every 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films every 30 days)
SUBOXONE MIS 12-3MG	4	QL (90 films every 30 days)
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	3	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 the table.

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES		
ANABOLIC STEROIDS		
<i>oxandrolone tabs 2.5mg</i>	2	PA, QL (120 tabs every 30 days)
<i>oxandrolone tabs 10mg</i>	2	PA, QL (60 tabs every 30 days)
ANDROGENS		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	4	PA, QL (30 patches every 30 days)
<i>danazol caps 50mg, 100mg, 200mg</i>	2	
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	2	PA
METHITEST TABS 10MG	3	PA
<i>methyltestosterone caps 10mg</i>	2	PA, QL (600 caps every 30 days)
<i>testosterone gel 1%, 25mg/2.5gm, 50mg/5gm</i>	2	PA, QL (300 grams every 30 days)
<i>testosterone gel 1.62%, 10mg/act, 40.5mg/2.5gm</i>	2	PA, QL (150 grams every 30 days)
<i>testosterone gel 20.25mg/1.25gm</i>	2	PA, QL (37.5 grams every 30 days)
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	2	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
INTRARECTAL STEROIDS		
CORTENEMA ENEM 100MG/60ML	4	
CORTIFOAM FOAM 10%	4	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	2	
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	2	
RECTAL STEROIDS		
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tabs 200mg</i>	2	
ALBENZA TABS 200MG	4	
BILTRICIDE TABS 600MG	4	
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs 600mg</i>	2	
STROMECTOL TABS 3MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
AEMCOLO TBEC 194MG	4	
FLAGYL CAPS 375MG	4	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	2	
NEBUPENT SOLR 300MG	4	
<i>pentamidine isethionate solr 300mg</i>	2	
<i>tinidazole tabs 250mg, 500mg</i>	2	
<i>trimethoprim tabs 100mg</i>	1	
XIFAXAN TABS 200MG	4	PA, QL (9 tabs every 30 days)
XIFAXAN TABS 550MG	3	PA, QL (90 tabs every 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	4	
BACTRIM TAB 400-80MG	4	
<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	4	
ALINIA TABS 500MG	4	QL (14 tabs every 30 days)
<i>atovaquone susp 750mg/5ml</i>	2	
MEPRON SUSP 750MG/5ML	4	
<i>nitazoxanide tabs 500mg</i>	2	QL (14 tabs every 30 days)
GLYCOPEPTIDES		
FIRVANQ SOLR 25MG/ML	4	QL (900 mL every 30 days)
FIRVANQ SOLR 50MG/ML	4	QL (1350 mL every 30 days)
VANCOGIN CAPS 125MG, 250MG	4	QL (120 caps every 30 days)
<i>vancomycin hcl caps 125mg, 250mg</i>	2	QL (120 caps every 30 days)
<i>vancomycin hcl solr 25mg/ml</i>	2	QL (900 mL every 30 day)
<i>vancomycin hcl solr 50mg/ml, 250mg/5ml</i>	2	QL (1350 mL every 30 days)
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	2	
LINCOSAMIDES		
CLEOCIN CAPS 75MG, 150MG, 300MG	4	
CLEOCIN PEDIATRIC GRANULE SOLR 75MG/5ML	4	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
MONOBACTAMS		
CAYSTON SOLR 75MG	6	PA, QL (90 vials every 30 days); LD
OXAZOLIDINONES		
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	2	QL (14 day supply every 30 days)
ZYVOX SUSR 100MG/5ML; TABS 600MG	4	QL (14 day supply every 30 days)
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine pack 3gm</i>	1	
HIPREX TABS 1GM	4	
MACROBID CAPS 100MG	4	
MACRODANTIN CAPS 25MG, 50MG, 100MG	4	
<i>methenamine hippurate tabs 1gm</i>	2	
<i>methenamine mandelate tabs .5gm, 1gm, 500mg</i>	1	
MONUROL PACK 5.631GM	4	
<i>nitrofurantoin susp 25mg/5ml</i>	2	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro caps 100mg</i>	2	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
RANEXA TB12 500MG, 1000MG	4	MT
<i>ranolazine tb12 500mg, 1000mg</i>	2	MT
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	MT
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	MT
NITRO-BID OINT 2%	4	MT
NITRO-DUR PT24 .1MG/HR, .2MG/HR, .3MG/HR, .4MG/HR, .6MG/HR, .8MG/HR	4	MT
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	MT
NITROLINGUAL SOLN .4MG/SPRAY	4	MT
NITROMIST AERS 400MCG/SPRAY	4	MT
NITROSTAT SUBL .3MG, .4MG, .6MG	4	MT
ANTIANGIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANGIETY AGENTS - MISC.		
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	2	
<i>hydroxyzine hcl syrps 10mg/5ml</i>	1	
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	2	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate tabs 200mg</i>	2	QL (360 tabs every 30 days)
<i>meprobamate tabs 400mg</i>	2	QL (180 tabs every 30 days)
VISTARIL CAPS 25MG, 50MG	4	

BENZODIAZEPINES

<i>alprazolam tabs 2mg; tbdp 2mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tabs .25mg, .5mg, 1mg; tbdp .25mg, .5mg, 1mg</i>	2	QL (90 tabs every 30 days)
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	2	QL (60 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (90 mL every 30 days)
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	2	QL (60 tabs every 30 days)
ATIVAN TABS 2MG	4	QL (150 tabs every 30 days)
ATIVAN TABS .5MG, 1MG	4	QL (90 tabs every 30 days)
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	2	QL (120 caps every 30 days)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL (90 tabs every 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 tabs every 30 days)
<i>diazepam conc 5mg/ml</i>	2	QL (120 mL every 30 days)
<i>diazepam soln 5mg/5ml</i>	2	QL (600 mL every 30 days)
<i>diazepam tabs 2mg, 5mg, 10mg</i>	2	QL (120 tabs every 30 days)
<i>lorazepam conc 2mg/ml</i>	2	QL (150 mL every 30 days)
<i>lorazepam tabs 2mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tabs .5mg, 1mg</i>	2	QL (90 tabs every 30 days)
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2	QL (120 caps every 30 days)
VALIUM TABS 2MG, 5MG, 10MG	4	QL (120 tabs every 30 days)
XANAX TABS 2MG	4	QL (150 tabs every 30 days)
XANAX TABS .25MG, .5MG, 1MG	4	QL (90 tabs every 30 days)
XANAX XR TB24 .5MG, 1MG, 2MG, 3MG	4	QL (60 tabs every 30 days)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate caps 100mg, 150mg</i>	1	MT
NORPACE CAPS 100MG, 150MG	4	MT
NORPACE CR CP12 100MG, 150MG	4	MT
<i>quinidine gluconate tbc 324mg</i>	1	MT
<i>quinidine sulfate tabs 200mg, 300mg</i>	1	MT

ANTIARRHYTHMICS TYPE I-B

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

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	MT
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	MT
RYTHMOL SR CP12 225MG, 325MG, 425MG	4	MT

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	MT
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	2	MT
MULTAQ TABS 400MG	4	MT
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	MT
TIKOSYN CAPS 125MCG, 250MCG, 500MCG	4	MT

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

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

NUCALA SOAJ 100MG/ML	5	PA, QL (3 injections every 28 days); LD
NUCALA SOLR 100MG	5	PA, QL (3 vials every 28 days); LD
NUCALA SOSY 40MG/0.4ML	5	PA, QL (1 syringe every 28 days); LD
NUCALA SOSY 100MG/ML	5	PA, QL (3 syringes every 28 days); LD

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AERS 17MCG/ACT	4	QL (2 inhalers every 30 days); MT
<i>ipratropium bromide soln .02%</i>	1	MT
LONHALA MAGNAIR REFILL KI SOLN 25MCG/ML	3	QL (60 mL every 30 days); MT
LONHALA MAGNAIR STARTER K SOLN 25MCG/ML	3	QL (60 mL every 30 days); MT
SPIRIVA HANDIHALER CAPS 18MCG	3	QL (90 caps every 30 days); MT
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3	QL (1 inhaler every 30 days); MT
<i>tiotropium bromide monohydrate caps 18mcg</i>	2	QL (90 caps every 30 days); MT
YUPELRI SOLN 175MCG/3ML	4	QL (90 mL every 30 days); MT

LEUKOTRIENE MODULATORS

ACCOLATE TABS 10MG, 20MG	4	MT
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	MT
SINGULAIR CHEW 4MG, 5MG; PACK 4MG; TABS 10MG	4	MT
<i>zafirlukast tabs 10mg, 20mg</i>	1	MT

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TABS 250MCG, 500MCG	3	MT
<i>roflumilast tabs 250mcg, 500mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
STEROID INHALANTS		
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	3	QL (1 inhaler every 30 days); MT
ASMANEX TWISTHALER 7 METE AEPB 110MCG/INH	3	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH	3	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	3	QL (1 inhaler every 30 days); MT
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	MT
PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML	4	MT
QVAR REDHALER AERB 40MCG/ACT	3	QL (10.6 gm every 30 days); MT
QVAR REDHALER AERB 80MCG/ACT	3	QL (21.2 gm every 30 days); MT
SYMPATHOMIMETICS		
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu .083%, .5%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	MT
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	MT
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters every 30 days); MT
BREO ELLIPTA INH 100-25	3	QL (60 blisters every 30 days); MT
BREO ELLIPTA INH 200-25	3	QL (60 blisters every 30 days); MT
<i>breyna</i>	1	QL (1 inhaler every 30 days); MT
BREZTRI AERO AER SPHERE	3	QL (1 inhaler every 30 days); MT
BROVANA NEBU 15MCG/2ML	3	MT
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (1 inhaler every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (1 inhaler every 30 days); MT
COMBIVENT AER 20-100	3	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	
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEBU 20MCG/2ML	3	MT
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 inhalers every 30 days)
PROVENTIL HFA AERS 108MCG/ACT	3	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 inhalations every 30 days); MT
STIOLTO AER 2.5-2.5	3	QL (1 inhaler every 30 days); MT
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	QL (1 inhaler every 30 days); MT
<i>terbutaline sulfate soln 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	MT
TRELEGY AER 100MCG	3	QL (1 inhaler every 30 days); MT
TRELEGY AER 200MCG	3	QL (1 [30 inhalation] inhaler every 30 days); MT
TRELEGY AER 200MCG	3	QL (2 [14 inhalation] inhalers every 30 days); MT
VENTOLIN HFA AERS 108MCG/ACT	3	QL (2 inhalers every 30 days)
<i>wixela inhub</i>	1	QL (60 inhalations every 30 days); MT
XOPENEX NEBU .31MG/3ML, .63MG/3ML, 1.25MG/3ML	4	
XOPENEX CONCENTRATE NEBU 1.25MG/0.5ML	4	
XOPENEX HFA AERO 45MCG/ACT	3	QL (2 inhalers every 30 days)
XANTHINES		
<i>elixophyllin elix 80mg/15ml</i>	2	MT
THEO-24 CP24 100MG, 200MG, 300MG, 400MG	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	2	MT

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

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	3	MT
ELIQUIS STARTER PACK TBPK 5MG	3	
XARELTO SUSR 1MG/ML	3	
XARELTO TABS 2.5MG, 10MG, 15MG, 20MG	3	MT
XARELTO STAR TAB 15/20MG	3	

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA SOLN 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML, 10MG/0.8ML	4	
<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	4	
HEPARIN SODIUM SOLN 5000UNIT/ML; SOSY 5000UNIT/0.5ML	4	
<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	
LOVENOX SOLN 300MG/3ML; SOSY 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML, 100MG/ML, 120MG/0.8ML, 150MG/ML	4	

ANTICONSULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	4	
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	1	
DIASTAT ACUDIAL GEL 10MG, 20MG	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	1	
KLONOPIN TABS .5MG, 1MG, 2MG	4	
ONFI SUSP 2.5MG/ML; TABS 10MG, 20MG	4	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	4	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	4	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	4	
ANTICONVULSANTS - MISC.		
APTIOM TABS 200MG, 400MG, 600MG, 800MG	4	MT
BANZEL SUSP 40MG/ML; TABS 200MG, 400MG	4	MT
BRIVIACT SOLN 10MG/ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	4	ST
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	MT
CARBATROL CP12 100MG, 200MG, 300MG	4	MT
DIACOMIT CAPS 250MG, 500MG; PACK 250MG, 500MG	6	PA; LD
EPIDIOLEX SOLN 100MG/ML	6	PA; LD
<i>epitol tabs 200mg</i>	1	MT
FINTEPLA SOLN 2.2MG/ML	6	PA; LD
<i>gabapentin caps 100mg, 300mg, 400mg</i>	1	PA, QL (180 caps every 30 days)
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	1	PA, QL (2160 mL every 30 days)
<i>gabapentin tabs 600mg</i>	1	PA, QL (180 tabs every 30 days)
<i>gabapentin tabs 800mg</i>	1	PA, QL (120 tabs every 30 days)
KEPPRA SOLN 100MG/ML; TABS 250MG, 500MG, 750MG, 1000MG	4	MT
KEPPRA XR TB24 500MG, 750MG	4	MT
<i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	2	
<i>lacosamide tab 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	MT
<i>lamotrigine kit 25mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 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
LYRICA CAPS 25MG, 50MG, 75MG, 100MG, 150MG, 200MG	4	PA, QL (90 caps every 30 days)
LYRICA CAPS 225MG, 300MG	4	PA, QL (60 caps every 30 days)
LYRICA SOLN 20MG/ML	4	PA, QL (900 mL every 30 days)
MYSOLINE TABS 50MG, 250MG	4	MT
NEURONTIN CAPS 100MG, 300MG, 400MG	4	PA, QL (180 caps every 30 days)
NEURONTIN SOLN 250MG/5ML	4	PA, QL (2160 mL every 30 days)
NEURONTIN TABS 600MG	4	PA, QL (180 tabs every 30 days)
NEURONTIN TABS 800MG	4	PA, QL (120 tabs every 30 days)
<i>oxcarbazepine susp 60mg/ml, 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	1	MT
OXTELLAR XR TB24 150MG, 300MG, 600MG	3	MT
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg</i>	2	PA, QL (90 caps every 30 days)
<i>pregabalin caps 225mg, 300mg</i>	2	PA, QL (60 caps every 30 days)
<i>pregabalin soln 20mg/ml</i>	2	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/blu kit 25mg</i>	1	
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
TEGRETOL SUSP 100MG/5ML; TABS 200MG	4	MT
TEGRETOL-XR TB12 100MG, 200MG, 400MG	4	MT
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg</i>	2	MT
<i>topiramate cpsp 15mg, 25mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	MT
TRILEPTAL SUSP 300MG/5ML; TABS 150MG, 300MG, 600MG	4	MT
TROKENDI XR CP24 25MG, 50MG, 100MG, 200MG	4	MT
VIMPAT SOLN 10MG/ML; TABS 50MG, 100MG, 150MG, 200MG	3	
ZONEGRAN CAPS 25MG, 100MG	4	MT
ZONISADE SUSP 100MG/5ML	4	MT
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	MT
ZTALMY SUSP 50MG/ML	6	PA; LD
CARBAMATES		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	MT
FELBATOL SUSP 600MG/5ML; TABS 400MG, 600MG	4	MT
GABA MODULATORS		
GABITRIL TABS 2MG, 4MG, 12MG, 16MG	4	MT
SABRIL PACK 500MG	6	QL (180 packets every 30 days); LD
SABRIL TABS 500MG	6	QL (180 tabs every 30 days); LD
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	MT
<i>vigabatrin pack 500mg</i>	5	QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	5	QL (180 tabs every 30 days)
<i>vigadrone pack 500mg</i>	5	QL (180 packets every 30 days); LD
HYDANTOINS		
DILANTIN CAPS 30MG, 100MG	4	MT
DILANTIN INFATABS CHEW 50MG	4	MT
DILANTIN-125 SUSP 125MG/5ML	4	MT
<i>phenytek caps 200mg, 300mg</i>	1	MT
<i>phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml</i>	1	MT
<i>phenytoin infatabs chew 50mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	MT

SUCCINIMIDES

CELONTIN CAPS 300MG	4	MT
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	MT
<i>methsuximide caps 300mg</i>	2	
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	4	MT

VALPROIC ACID

DEPAKOTE TBEC 125MG, 250MG, 500MG	4	MT
DEPAKOTE ER TB24 250MG, 500MG	4	MT
DEPAKOTE SPRINKLES CSDR 125MG	4	MT
<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 - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	MT
REMERON TABS 15MG, 30MG	4	MT
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	4	MT

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	MT
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	4	MT
WELLBUTRIN XL TB24 150MG, 300MG	4	MT

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	4	MT
MARPLAN TABS 10MG	4	MT
NARDIL TABS 15MG	4	MT
PARNATE TABS 10MG	4	MT
<i>phenelzine sulfate tabs 15mg</i>	1	MT
<i>tranylcypromine sulfate tabs 10mg</i>	1	MT

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TABS 10MG, 20MG, 40MG	4	MT
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	MT
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	MT
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	MT
LEXAPRO TABS 5MG, 10MG, 20MG	4	MT
<i>paroxetine hcl susp 10mg/5ml</i>	2	MT
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	MT
PROZAC CAPS 10MG, 20MG, 40MG	4	MT
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	MT
ZOLOFT CONC 20MG/ML; TABS 25MG, 50MG, 100MG	4	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	3	MT
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CPEP 20MG, 30MG, 60MG	4	MT
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	MT
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	MT
EFFEXOR XR CP24 37.5MG, 75MG, 150MG	4	MT
PRISTIQ TB24 25MG, 50MG, 100MG	4	MT
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg</i>	1	MT
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	MT
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	1	MT
ANAFRANIL CAPS 25MG, 50MG, 75MG	4	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
NORPRAMIN TABS 10MG, 25MG	4	MT
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAPS 10MG, 25MG, 50MG, 75MG	4	MT
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	MT
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	MT

ANTIDIABETICS - DRUGS TO TREAT DIABETES

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
<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
PRECOSE TABS 25MG	4	QL (360 tabs every 30 days); MT
PRECOSE TABS 50MG	4	QL (180 tabs every 30 days); MT
PRECOSE TABS 100MG	4	QL (90 tabs every 30 days); MT

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500MCG/1.5ML	4	QL (4 pens every 30 days); MT
SYMLINPEN 120 SOPN 2700MCG/2.7ML	4	QL (4 pens every 30 days); MT

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-500MG	4	QL (90 tabs every 30 days); MT
ACTOPLUS MET TAB 15-850MG	4	QL (90 tabs every 30 days); MT
DUETACT TAB 30-2MG	4	QL (30 tabs every 30 days); MT
DUETACT TAB 30-4MG	4	QL (30 tabs every 30 days); MT
<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

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

Drug Name	Drug Tier	Requirements/Limits
<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	3	QL (30 tabs every 30 days); MT
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs every 30 days); MT
JANUMET TAB 50-500MG	3	QL (60 tabs every 30 days); MT
JANUMET TAB 50-1000	3	QL (60 tabs every 30 days); MT
JANUMET XR TAB 50-500MG	3	QL (30 tabs every 30 days); MT
JANUMET XR TAB 50-1000	3	QL (60 tabs every 30 days); MT
JANUMET XR TAB 100-1000	3	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
SOLQUA INJ 100/33	3	QL (15 mL every 25 days); MT
SYNJARDY TAB	3	QL (60 tabs every 30 days); MT
SYNJARDY TAB 5-500MG	3	QL (120 tabs every 30 days); MT
SYNJARDY TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
SYNJARDY TAB 12.5-500	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 10-1000	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 25-1000	3	QL (30 tabs every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB 5-2.5-1000 MG	3	QL (60 tabs every 30 days); MT
TRIJARDY XR TAB 10-5-1000 MG	3	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB 12.5-2.5-1000 MG	3	QL (60 tabs every 30 days); MT
TRIJARDY XR TAB 25-5-1000 MG	3	QL (30 tabs every 30 days); MT
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-500MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-500MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-1000	3	QL (30 tabs 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>	1	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
RIOMET SOLN 500MG/5ML	4	QL (765 mL every 30 days); MT

DIABETIC OTHER

BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	2	MT
GLUCAGEN HYPOKIT SOLR 1MG	3	
<i>glucagon (rdna) kit 1mg</i>	2	
GLUCAGON EMERGENCY KIT KIT 1MG	4	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	3	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT SOLN 1MG/0.2ML	3	
GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML	3	
KORLYM TABS 300MG	6	PA; LD
PROGLYCEM SUSP 50MG/ML	4	MT
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
JANUVIA TABS 25MG, 50MG, 100MG	3	QL (30 tabs every 30 days); MT
<i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i>		
CYCLOSET TABS .8MG	4	QL (180 tabs every 30 days); MT
<i>INCRETIN MIMETIC AGENTS</i>		
MOUNJARO SOPN 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	3	PA, QL (4 pens every 28 days); MT
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML	3	PA, QL (1 pen every 28 days); MT
OZEMPIC 1 MG/DOSE SOPN 2MG/1.5ML	3	PA, QL (2 pens every 28 days); MT
OZEMPIC 2 MG/DOSE	3	PA, QL (1 pen every 28 days); MT
RYBELSUS TABS 3MG, 7MG, 14MG	3	PA, QL (30 tabs every 30 days); MT
TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	PA, QL (4 pens every 28 days); MT
VICTOZA SOPN 18MG/3ML	3	PA, QL (3 pens every 30 days); MT
<i>INSULIN</i>		
FIASP SOLN 100UNIT/ML	3	QL (90 mL every 30 days); MT
FIASP FLEXTOUCH SOPN 100UNIT/ML	3	QL (60 mL every 30 days); MT
FIASP PENFILL SOCT 100UNIT/ML	3	QL (60 mL every 30 days); MT
FIASP PUMPCART SOCT 100UNIT/ML	3	QL (60 mL every 30 days); MT
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	3	QL (90 mL every 30 days); MT
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	3	QL (60 mL every 30 days); MT
LANTUS SOLN 100UNIT/ML	3	QL (60 mL every 30 days); MT
LANTUS SOLOSTAR SOPN 100UNIT/ML	3	QL (30 mL every 30 days); MT
LEVEMIR SOLN 100UNIT/ML	3	QL (60 mL every 30 days); MT
LEVEMIR FLEXPEN SOPN 100UNIT/ML	3	QL (30 mL every 30 days); MT
LEVEMIR FLEXTOUCH SOPN 100UNIT/ML	3	QL (30 mL every 30 days); MT
NOVOLIN70/30 INJ RELION	3	OTC; MT
NOVOLIN INJ 70/30	3	OTC; MT
NOVOLIN INJ 70/30 FP	3	OTC; MT
NOVOLIN N SUSP 100UNIT/ML	3	OTC; MT

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	3	OTC; MT
NOVOLIN N FLEXPEN RELION SUPN 100UNIT/ML	3	OTC; MT
NOVOLIN N RELION SUSP 100UNIT/ML	3	OTC; MT
NOVOLIN R SOLN 100UNIT/ML	3	OTC; MT
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN R FLEXPEN RELION SOPN 100UNIT/ML	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN R RELION SOLN 100UNIT/ML	3	OTC; MT
NOVOLOG SOLN 100UNIT/ML	3	QL (90 mL every 30 days); MT
NOVOLOG FLEXPEN SOPN 100UNIT/ML	3	QL (60 mL every 30 days); MT
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	3	QL (60 mL every 30 days); MT
NOVOLOG MIX INJ 70/30	3	QL (90 mL every 30 days); MT
NOVOLOG MIX INJ FLEX REL	3	QL (60 mL every 30 days); MT
NOVOLOG MIX INJ FLEXPEN	3	QL (60 mL every 30 days); MT
NOVOLOG PENFILL SOCT 100UNIT/ML	3	QL (60 mL every 30 days); MT
NOVOLOG RELI INJ 70/30	3	QL (90 mL every 30 days); MT
NOVOLOG RELION SOLN 100UNIT/ML	3	QL (90 mL every 30 days); MT
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	3	QL (18 mL every 30 days); MT
TOUJEO SOLOSTAR SOPN 300UNIT/ML	3	QL (13.5 mL every 30 days); MT
TRESIBA SOLN 100UNIT/ML	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 100UNIT/ML	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 200UNIT/ML	3	QL (18 mL every 30 days); MT
INSULIN SENSITIZING AGENTS		
ACTOS TABS 15MG, 30MG, 45MG	4	QL (30 tabs every 30 days); MT
<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	3	QL (60 tabs every 30 days); MT
FARXIGA TABS 10MG	3	QL (30 tabs every 30 days); MT
JARDIANCE TABS 10MG, 25MG	3	QL (30 tabs every 30 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
SULFONYLUREAS		
AMARYL TABS 1MG	4	QL (240 tabs every 30 days); MT
AMARYL TABS 2MG	4	QL (120 tabs every 30 days); MT
AMARYL TABS 4MG	4	QL (60 tabs every 30 days); MT
<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
GLUCOTROL XL TB24 2.5MG	4	QL (240 tabs every 30 days); MT
GLUCOTROL XL TB24 5MG	4	QL (120 tabs every 30 days); MT
GLUCOTROL XL TB24 10MG	4	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
GLYNASE TABS 1.5MG, 3MG, 6MG	4	MT

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TBEC 125MG	4	
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ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
LOMOTIL TAB 2.5MG	4	
MOTOFEN TAB 1-0.025	4	

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

Drug Name	Drug Tier	Requirements/Limits
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ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAPS 100MG	4	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg</i>	5	
<i>deferiprone tabs 500mg, 1000mg</i>	5	LD
EXJADE TBSO 125MG, 250MG, 500MG	6	LD
FERRIPROX TABS 500MG, 1000MG	6	LD
FERRIPROX TWICE-A-DAY TABS 1000MG	6	LD
JADENU TABS 90MG, 180MG, 360MG	6	LD
JADENU SPRINKLE PACK 90MG, 180MG, 360MG	6	LD

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

RADIOGARDASE CAPS .5GM	4	
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OPIOID ANTAGONISTS

KLOXXADO LIQD 8MG/0.1ML	4	QL (2 sprays every 30 days)
<i>naloxone hcl liqd 4mg/0.1ml</i>	2	QL (2 sprays every 30 days)
<i>naloxone hcl liqd 4mg/0.1ml</i>	2	QL (2 sprays every 30 days), OTC
<i>naloxone hcl soct .4mg/ml</i>	2	QL (2 injections every 30 days)
<i>naloxone hcl soln 4mg/10ml</i>	2	QL (1 vial every 30 days)
<i>naloxone hcl soln .4mg/ml</i>	2	QL (2 vials every 30 days)
<i>naloxone hcl sosy 2mg/2ml</i>	2	QL (2 syringes every 30 days)
<i>naltrexone hcl tabs 50mg</i>	2	
NARCAN LIQD 4MG/0.1ML	4	QL (2 sprays every 30 days)
NARCAN LIQD 4MG/0.1ML	4	QL (2 sprays every 30 days), OTC
ZIMHI SOSY 5MG/0.5ML	4	QL (2 injections every 30 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl tabs 1mg</i>	2	
<i>ondansetron tbdp 4mg, 8mg</i>	2	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	2	

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
<i>scopolamine pt72 1mg/3days, 1.5mg</i>	2	
TRANSDERM-SCOP PT72 1MG/3DAYS	4	
<i>trimethobenzamide hcl caps 300mg</i>	1	

ANTIEMETICS - MISCELLANEOUS

<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPS 2.5MG, 5MG, 10MG	4	
SYNDROS SOLN 5MG/ML	4	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant caps 40mg, 80mg, 125mg</i>	2	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	
EMEND CAPS 80MG	4	
EMEND TRIPAC PAK 80 & 125	4	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANCOBON CAPS 250MG, 500MG	4	
<i>flucytosine caps 250mg, 500mg</i>	2	
<i>flucytosine cap 500 mg</i>	2	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>terbinafine hcl tabs 250mg</i>	2	

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAPS 74.5MG, 186MG	4	
DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	4	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	2	
<i>itraconazole caps 100mg</i>	2	QL (120 caps every 30 days)
<i>itraconazole soln 10mg/ml</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
NOXAFIL PACK 300MG	4	QL (32 packs every 28 days)
NOXAFIL SUSP 40MG/ML	4	QL (630 mL every 30 days)
NOXAFIL TBEC 100MG	4	QL (93 tabs every 30 days)
<i>posaconazole susp 40mg/ml</i>	2	QL (630 mL every 30 days)
<i>posaconazole tbec 100mg</i>	2	QL (93 tabs every 30 days)
SPORANOX CAPS 100MG	4	QL (120 caps every 30 days)
SPORANOX SOLN 10MG/ML	4	
SPORANOX PULSEPAK CAPS 100MG	4	QL (120 caps every 30 days)
VFEND SUSR 40MG/ML	4	QL (600 mL every 30 days)
VFEND TABS 50MG	4	QL (480 every 30 days)
VFEND TABS 200MG	4	QL (120 tabs every 30 days)
<i>voriconazole susr 40mg/ml</i>	2	QL (600 mL every 30 days)
<i>voriconazole tabs 50mg</i>	2	QL (480 every 30 days)
<i>voriconazole tabs 200mg</i>	2	QL (120 tabs every 30 days)

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1	
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	1	
ANTIHISTAMINES - NON-SEDATING		
CLARINEX TABS 5MG	4	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	2	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl soln 6.25mg/5ml; supp 12.5mg, 25mg; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	2	
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MT
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MT
VYTORIN TAB 10-10MG	4	MT
VYTORIN TAB 10-20MG	4	MT
VYTORIN TAB 10-40MG	4	MT
VYTORIN TAB 10-80MG	4	MT
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA CAP 1GM	4	MT
<i>omega-3-acid ethyl esters caps 1gm</i>	1	MT
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MT
VASCEPA CAPS .5GM, 1GM	1	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>	2	MT
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	4	MT
COLESTID FLAVORED GRAN 5GM; PACK 5GM/7.5GM	4	MT
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	MT
<i>prevalite pack 4gm; powd 4gm/dose</i>	1	MT
QUESTRAN PACK 4GM; POWD 4GM/DOSE	4	MT
QUESTRAN LIGHT POWD 4GM/DOSE	4	MT
WELCHOL PACK 3.75GM; TABS 625MG	4	MT
FIBRIC ACID DERIVATIVES		
<i>fenofibrate caps 50mg, 150mg</i>	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
<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
FIBRICOR TABS 35MG, 105MG	4	MT
<i>gemfibrozil tabs 600mg</i>	1	MT
LIPOFEN CAPS 50MG, 150MG	4	MT
LOPID TABS 600MG	4	MT
TRICOR TABS 48MG, 145MG	4	MT
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	ACA, MT
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	MT
CRESTOR TABS 5MG, 10MG, 20MG, 40MG	4	MT
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	ACA, MT
LESCOL XL TB24 80MG	4	MT
LIPITOR TABS 10MG, 20MG, 40MG, 80MG	4	MT
LIVALO TABS 1MG, 2MG, 4MG	3	MT
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	ACA, MT
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	ACA, MT
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	ACA, MT
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	ACA, MT
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	MT
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	ACA, MT
<i>simvastatin tabs 80mg</i>	1	MT
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	4	MT
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	MT
ZETIA TABS 10MG	4	MT
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAPS 5MG, 10MG, 20MG, 30MG	6	PA; LD
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tabs 500mg</i>	1	
<i>niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i>	2	MT
<i>niacor tabs 500mg</i>	1	
NIASPAN TBCR 500MG, 750MG, 1000MG	4	MT
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA SOSY 140MG/ML	3	PA, QL (2 pens every 28 days); MT
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	3	PA, QL (1 cartridge every 28 days); MT

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ 140MG/ML	3	PA, QL (2 syringes every 28 days); MT

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	4	MT
ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG	4	MT
<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 soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	MT
EPANED SOLN 1MG/ML	4	MT
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	MT
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	MT
LOTENSIN TABS 10MG, 20MG, 40MG	4	MT
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	MT
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	MT
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MT
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	MT
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	MT
VASOTEC TABS 2.5MG, 5MG, 10MG, 20MG	4	MT
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	4	MT

AGENTS FOR PHEOCHROMOCYTOMA

DIBENZYLINE CAPS 10MG	4	
<i>phenoxybenzamine hcl caps 10mg</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TABS 4MG, 8MG, 16MG, 32MG	4	MT
AVAPRO TABS 75MG, 150MG, 300MG	4	MT
BENICAR TABS 5MG, 20MG, 40MG	4	MT
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	MT
COZAAR TABS 25MG, 50MG, 100MG	4	MT
DIOVAN TABS 40MG, 80MG, 160MG, 320MG	4	MT
EDARBI TABS 40MG, 80MG	4	ST; MT
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	MT
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	MT
MICARDIS TABS 20MG, 40MG, 80MG	4	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

CARDURA TABS 1MG, 2MG, 4MG, 8MG	4	MT
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-1 PTWK .1MG/24HR	4	MT
CATAPRES-TTS-2 PTWK .2MG/24HR	4	MT
CATAPRES-TTS-3 PTWK .3MG/24HR	4	MT
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	MT
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	MT
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	MT
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	MT
<i>methyldopa tabs 250mg, 500mg</i>	1	MT
MINIPRESS CAPS 1MG, 2MG, 5MG	4	MT
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	MT
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	MT
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	4	MT
ACCURETIC TAB 20-12.5	4	MT
ACCURETIC TAB 20-25MG	4	MT
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	MT
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	MT
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	MT
ATACAND HCT TAB 16-12.5	4	MT
ATACAND HCT TAB 32-12.5	4	MT
ATACAND HCT TAB 32-25MG	4	MT
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	MT
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	MT
AVALIDE TAB 150-12.5	4	MT
AVALIDE TAB 300-12.5	4	MT
AZOR TAB 5-20MG	4	MT
AZOR TAB 5-40MG	4	MT
AZOR TAB 10-20MG	4	MT
AZOR TAB 10-40MG	4	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
BENICAR HCT TAB 20-12.5	4	MT
BENICAR HCT TAB 40-12.5	4	MT
BENICAR HCT TAB 40-25MG	4	MT
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	MT
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	MT
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	MT
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	MT
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	MT
<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
DIOVAN HCT TAB 80/12.5	4	MT
DIOVAN HCT TAB 160-12.5	4	MT
DIOVAN HCT TAB 160-25MG	4	MT
DIOVAN HCT TAB 320-12.5	4	MT
DIOVAN HCT TAB 320-25MG	4	MT
DUTOPROL TAB 25-12.5	4	MT
DUTOPROL TAB 50-12.5	4	MT
DUTOPROL TAB 100-12.5	4	MT
EDARBYCLOR TAB 40-12.5	4	ST; MT

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

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR TAB 40-25MG	4	ST; MT
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	MT
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	MT
EXFORGE TAB 5-160MG	4	MT
EXFORGE TAB 5-320MG	4	MT
EXFORGE TAB 10-160MG	4	MT
EXFORGE TAB 10-320MG	4	MT
EXFORGEH/5- TAB 160-12.5	4	MT
EXFORGEH/5- TAB 160-25	4	MT
EXFORGEH/10- TAB 160-12.5	4	MT
EXFORGEH/10- TAB 160-25	4	MT
EXFORGEH/10- TAB 320-25	4	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
HYZAAR TAB 50-12.5	4	MT
HYZAAR TAB 100-12.5	4	MT
HYZAAR TAB 100-25	4	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
LOTENSIN HCT TAB 10-12.5	4	MT
LOTENSIN HCT TAB 20-12.5	4	MT
LOTENSIN HCT TAB 20-25MG	4	MT
LOTREL CAP 5-10MG	4	MT
LOTREL CAP 5-20MG	4	MT
LOTREL CAP 10-20MG	4	MT
LOTREL CAP 10-40MG	4	MT
<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

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

Drug Name	Drug Tier	Requirements/Limits
MICARDIS HCT TAB 40/12.5	4	MT
MICARDIS HCT TAB 80-25MG	4	MT
MICARDIS HCT TAB 80/12.5	4	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
TEKTURNA HCT TAB 150-12.5	4	MT
TEKTURNA HCT TAB 150-25MG	4	MT
TEKTURNA HCT TAB 300-12.5	4	MT
TEKTURNA HCT TAB 300-25MG	4	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
TENORETIC TAB 50	4	MT
TENORETIC TAB 100	4	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
TRIBENZOR20- TAB 5-12.5MG	4	MT
TRIBENZOR40- TAB 5-12.5MG	4	MT
TRIBENZOR40- TAB 5-25MG	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR40- TAB 10-12.5	4	MT
TRIBENZOR40- TAB 10-25MG	4	MT
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	MT
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	MT
VASERETIC TAB 10-25MG	4	MT
ZESTORETIC TAB 10-12.5	4	MT
ZESTORETIC TAB 20-12.5	4	MT
ZESTORETIC TAB 20-25MG	4	MT
ZIAC TAB 2.5/6.25	4	MT
ZIAC TAB 5-6.25MG	4	MT
ZIAC TAB 10/6.25	4	MT
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	MT
TEKTURNA TABS 150MG, 300MG	4	MT
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	MT
INSPIRA TABS 25MG, 50MG	4	MT
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	MT
<i>minoxidil tabs 2.5mg, 10mg</i>	1	MT
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
COARTEM TAB 20-120MG	4	
MALARONE TAB 62.5-25	4	
MALARONE TAB 250-100	4	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA TABS 100MG	4	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	2	
DARAPRIM TABS 25MG	6	PA
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
KRINTAFEL TABS 150MG	4	
<i>mefloquine hcl tabs 250mg</i>	2	
PLAQUENIL TABS 200MG	4	
<i>primaquine phosphate tabs 26.3mg</i>	2	
PRIMAQUINE PHOSPHATE TABS 26.3MG	4	
<i>pyrimethamine tabs 25mg</i>	5	PA
QUALAQUIN CAPS 324MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
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<i>quinine sulfate caps 324mg</i>	1	
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ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

FIRDAPSE TABS 10MG	6	PA; LD
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MESTINON SOLN 60MG/5ML; TABS 60MG	4	
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MESTINON TIMESPAN TBCR 180MG	4	
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<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg</i>	2	
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>cycloserine caps 250mg</i>	2	
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<i>ethambutol hcl tabs 100mg, 400mg</i>	2	
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<i>isoniazid syrp 50mg/5ml</i>	2	
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<i>isoniazid tabs 100mg, 300mg</i>	1	
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MYAMBUTOL TABS 400MG	4	
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MYCOBUTIN CAPS 150MG	4	
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PASER PACK 4GM	4	
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PRETOMANID TABS 200MG	4	
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PRIFTIN TABS 150MG	4	
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<i>pyrazinamide tabs 500mg</i>	2	
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<i>rifabutin caps 150mg</i>	2	
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<i>rifampin caps 150mg, 300mg</i>	2	
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SIRTURO TABS 20MG, 100MG	6	
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TRECTOR TABS 250MG	4	
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

ALKERAN TABS 2MG	4	
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<i>cyclophosphamide caps 25mg, 50mg</i>	2	
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CYCLOPHOSPHAMIDE TABS 25MG, 50MG	4	
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GLEOSTINE CAPS 10MG, 40MG, 100MG	4	
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LEUKERAN TABS 2MG	4	
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<i>melphalan tabs 2mg</i>	2	
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MYLERAN TABS 2MG	4	
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TEMODAR CAPS 100MG, 140MG, 180MG, 250MG	6	PA
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<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	5	PA
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ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	5	
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<i>mercaptopurine tabs 50mg</i>	2	
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<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm; tabs 2.5mg</i>	2	
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
ONUREG TABS 200MG, 300MG	6	PA, QL (14 tabs every 28 days); LD
PURIXAN SUSP 2000MG/100ML	6	LD
TABLOID TABS 40MG	4	
TREXALL TABS 5MG, 7.5MG, 10MG, 15MG	4	
XELODA TABS 150MG, 500MG	6	LD
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAPS 1MG	6	PA, QL (84 caps every 28 days); LD
FRUZAQLA CAPS 5MG	6	PA, QL (21 caps every 28 days); LD
INLYTA TABS 1MG	6	PA, QL (240 tabs every 30 days); LD
INLYTA TABS 5MG	6	PA, QL (120 tabs every 30 days); LD
LENVIMA 4 MG DAILY DOSE CPPK 4MG	6	PA, QL (30 caps every 30 days); LD
LENVIMA 8 MG DAILY DOSE CPPK 4MG	6	PA, QL (60 caps every 30 days); LD
LENVIMA 10 MG DAILY DOSE CPPK 10MG	6	PA, QL (30 caps every 30 days); LD
LENVIMA 12MG DAILY DOSE CPPK 4MG	6	PA, QL (90 caps every 30 days); LD
LENVIMA 20 MG DAILY DOSE CPPK 10MG	6	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 14 MG	6	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 18 MG	6	PA, QL (90 caps every 30 days); LD
LENVIMA CAP 24 MG	6	PA, QL (90 caps every 30 days); LD
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50MG, 150MG	6	PA; LD
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG	6	PA, QL (112 tabs every 28 days); LD
VENCLEXTA TABS 100MG	6	PA, QL (180 tabs every 30 days); LD
VENCLEXTA TAB START PK	6	PA, QL (42 tabs every 28 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg</i>	5	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	5	PA, QL (30 tabs every 30 days)
EXKIVITY CAPS 40MG	6	PA, QL (120 caps every 30 days); LD
<i>gefitinib tabs 250mg</i>	5	PA, QL (30 tabs every 30 days)
GILOTRIF TABS 20MG, 30MG, 40MG	6	PA, QL (30 tabs every 30 days); LD
IRESSA TABS 250MG	6	PA, QL (30 tabs every 30 days); LD
TAGRISO TABS 40MG, 80MG	6	PA, QL (30 tabs every 30 days); LD
TARCEVA TABS 25MG	6	PA, QL (60 tabs every 30 days); LD
TARCEVA TABS 100MG, 150MG	6	PA, QL (30 tabs every 30 days); LD
VIZIMPRO TABS 15MG, 30MG, 45MG	6	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TABS 25MG	6	PA, QL (60 tabs every 30 days); LD
DAURISMO TABS 100MG	6	PA, QL (30 tabs every 30 days); LD
ERIVEDGE CAPS 150MG	6	PA, QL (28 caps every 28 days); LD
ODOMZO CAPS 200MG	6	PA, QL (30 caps every 30 days); LD
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	5	PA, QL (60 tabs every 30 days)
AKEEGA TAB 50/500MG	6	PA, QL (60 tabs every 30 days); LD
AKEEGA TAB 100/500	6	PA, QL (60 tabs every 30 days); LD
<i>anastrozole tabs 1mg</i>	2	ACA, MT
ARIMIDEX TABS 1MG	4	MT
AROMASIN TABS 25MG	4	MT
<i>bicalutamide tabs 50mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
CASODEX TABS 50MG	4	
EMCYT CAPS 140MG	4	
ERLEADA TABS 60MG	5	PA, QL (120 tabs every 30 days); LD
ERLEADA TABS 240MG	5	PA, QL (30 tabs every 30 days); LD
<i>exemestane tabs 25mg</i>	2	ACA, MT
FARESTON TABS 60MG	4	MT
FEMARA TABS 2.5MG	4	MT
<i>flutamide caps 125mg</i>	2	
<i>letrozole tabs 2.5mg</i>	2	MT
<i>leuprolide acetate kit 1mg/0.2ml</i>	5	
LYSODREN TABS 500MG	6	LD
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	2	
NILANDRON TABS 150MG	6	
<i>nilutamide tabs 150mg</i>	5	
NUBEQA TABS 300MG	5	PA, QL (120 tabs every 30 days); LD
ORGOVYX TABS 120MG	6	PA, QL (30 tabs every 30 days); LD
ORSERDU TABS 86MG	6	PA, QL (90 tabs every 30 days); LD
ORSERDU TABS 345MG	6	PA, QL (30 tabs every 30 days); LD
SOLTAMOX SOLN 10MG/5ML	4	MT
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	ACA, MT
<i>toremifene citrate tabs 60mg</i>	2	MT
XTANDI CAPS 40MG	5	PA, QL (120 caps every 30 days); LD
XTANDI TABS 40MG	5	PA, QL (120 tabs every 30 days); LD
XTANDI TABS 80MG	5	PA, QL (60 tabs every 30 days); LD
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TABS 40MG	6	PA, QL (90 tabs every 30 days); LD
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	6	PA, QL (21 caps every 28 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TABS 25MG, 50MG, 100MG, 200MG, 300MG	6	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO 40 MG ONCE WEEKLY TBPK 40MG	6	PA, QL (4 tabs every 28 days); LD
XPOVIO 40 MG TWICE WEEKLY TBPK 40MG	6	PA, QL (8 tabs every 28 days); LD
XPOVIO 60 MG ONCE WEEKLY TBPK 60MG	6	PA, QL (4 tabs every 28 days); LD
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	6	PA, QL (24 tabs every 28 days); LD
XPOVIO 80 MG ONCE WEEKLY TBPK 40MG	6	PA, QL (8 tabs every 28 days); LD
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	6	PA, QL (32 tabs every 28 days); LD
XPOVIO 100 MG ONCE WEEKLY TBPK 50MG	6	PA, QL (8 tabs every 28 days); LD
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	6	PA, QL (5 tabs every 28 days); LD
KISQALI 200 PAK FEMARA	5	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	5	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	5	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	6	PA; LD
LONSURF TAB 20-8.19	6	PA; LD
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR TABS 2.5MG, 5MG, 7.5MG, 10MG	6	PA, QL (28 tabs every 28 days)
AFINITOR DISPERZ TBSO 2MG, 5MG	6	PA, QL (56 tabs every 28 days)
AFINITOR DISPERZ TBSO 3MG	6	PA, QL (84 tabs every 28 days)
ALECENSA CAPS 150MG	6	PA, QL (240 caps every 30 days); LD
ALUNBRIG TABS 30MG	6	PA, QL (120 tabs every 30 days); LD
ALUNBRIG TABS 90MG, 180MG	6	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 the table.

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG PAK	6	PA, QL (30 tabs every 30 days); LD
BALVERSA TABS 3MG	6	PA, QL (84 tabs every 28 days); LD
BALVERSA TABS 4MG	6	PA, QL (56 tabs every 28 days); LD
BALVERSA TABS 5MG	6	PA, QL (28 tabs every 28 days); LD
BOSULIF TABS 100MG	6	PA, QL (90 tabs every 30 days)
BOSULIF TABS 400MG, 500MG	6	PA, QL (30 tabs every 30 days)
BRAFTOVI CAPS 75MG	6	PA, QL (180 caps every 30 days); LD
BRUKINSA CAPS 80MG	6	PA, QL (120 caps every 30 days); LD
CABOMETYX TABS 20MG, 40MG, 60MG	6	PA, QL (30 tabs every 30 days); LD
CALQUENCE CAPS 100MG	6	PA, QL (60 caps every 30 days); LD
CALQUENCE TABS 100MG	6	PA, QL (60 tabs every 30 days); LD
CAPRELSA TABS 100MG	6	PA, QL (60 tabs every 30 days); LD
CAPRELSA TABS 300MG	6	PA, QL (30 tabs every 30 days); LD
COMETRIQ KIT 20MG	6	LD
COMETRIQ KIT 100MG	6	LD
COMETRIQ KIT 140MG	6	LD
COPIKTRA CAPS 15MG, 25MG	6	PA, QL (56 caps every 28 days); LD
COTELLIC TABS 20MG	6	PA, QL (63 tabs every 28 days); LD
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	5	PA, QL (28 tabs every 28 days)
<i>everolimus tbso 2mg, 5mg</i>	5	PA, QL (56 tabs every 28 days)
<i>everolimus tbso 3mg</i>	5	PA, QL (84 tabs every 28 days)
FOTIVDA CAPS .89MG, 1.34MG	6	PA; LD
GAVRETO CAPS 100MG	6	PA, QL (120 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 the table.

Drug Name	Drug Tier	Requirements/Limits
GLEEVEC TABS 100MG	6	PA, QL (90 tabs every 30 days)
GLEEVEC TABS 400MG	6	PA, QL (60 tabs every 30 days)
IBRANCE CAPS 75MG, 100MG, 125MG	5	PA, QL (21 caps every 28 days); LD
IBRANCE TABS 75MG, 100MG, 125MG	5	PA, QL (21 tabs every 28 days); LD
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	6	PA, QL (30 tabs every 30 days); LD
IDHIFA TABS 50MG, 100MG	6	PA, QL (30 tabs every 30 days); LD
<i>imatinib mesylate tabs 100mg</i>	5	PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70MG	6	PA, QL (28 caps every 28 days); LD
IMBRUVICA CAPS 140MG	6	PA, QL (90 caps every 30 days); LD
IMBRUVICA SUSP 70MG/ML	6	PA, QL (324 mL every 30 days); LD
IMBRUVICA TABS 140MG, 280MG, 420MG, 560MG	6	PA, QL (28 tabs every 28 days); LD
INREBIC CAPS 100MG	6	PA, QL (120 caps every 30 days); LD
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	6	PA, QL (60 tabs every 30 days); LD
JAYPIRCA TABS 50MG, 100MG	6	PA, QL (90 tabs every 30 day); LD
KISQALI 200 MG DAILY DOSE TBPK 200MG	5	PA, QL (21 tabs every 28 days)
KISQALI 400 MG DAILY DOSE TBPK 200MG	5	PA, QL (42 tabs every 28 days)
KISQALI 600 MG DAILY DOSE TBPK 200MG	5	PA, QL (63 tabs every 28 days)
KOSELUGO CAPS 10MG, 25MG	6	PA; LD
KRAZATI TABS 200MG	6	PA, QL (180 tabs every 30 days); LD
<i>lapatinib ditosylate tabs 250mg</i>	5	PA, QL (180 tabs every 30 days)
LORBRENA TABS 25MG	6	PA, QL (90 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 the table.

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100MG	6	PA, QL (30 tabs every 30 days); LD
LUMAKRAS TABS 120MG	6	PA, QL (240 tabs every 30 days); LD
LUMAKRAS TABS 320MG	6	PA, QL (90 tabs every 30 days); LD
LYNPARZA TABS 100MG, 150MG	6	PA, QL (120 tabs every 30 days); LD
MEKINIST SOLR .05MG/ML	6	PA; LD
MEKINIST TABS 2MG	6	PA, QL (30 tabs every 30 days); LD
MEKINIST TABS .5MG	6	PA, QL (90 tabs every 30 days); LD
MEKTOVI TABS 15MG	6	PA, QL (180 tabs every 30 days); LD
NERLYNX TABS 40MG	6	PA; LD
NEXAVAR TABS 200MG	6	PA, QL (120 tabs every 30 days); LD
NINLARO CAPS 2.3MG, 3MG, 4MG	6	PA, QL (3 caps every 28 days); LD
OJJAARA TABS 100MG, 150MG, 200MG	6	PA, QL (30 tabs every 30 days); LD
<i>pazopanib hcl tabs 200mg</i>	5	PA, QL (120 tabs every 30 days)
PEMAZYRE TABS 4.5MG, 9MG, 13.5MG	6	PA; LD
PIQRAY 200MG DAILY DOSE TBPK 200MG	6	PA, QL (28 tabs every 28 days)
PIQRAY 250MG TAB DOSE	6	PA, QL (56 tabs every 28 days)
PIQRAY 300MG DAILY DOSE TBPK 150MG	6	PA, QL (56 tabs every 28 days)
QINLOCK TABS 50MG	6	PA, QL (90 tabs every 30 days); LD
RETEVMO CAPS 40MG	6	PA, QL (60 caps every 30 days); LD
RETEVMO CAPS 80MG	6	PA, QL (120 caps every 30 days); LD
REZLIDHIA CAPS 150MG	6	PA, QL (60 caps every 30 days); LD
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	6	PA; LD
RUBRACA TABS 200MG, 250MG, 300MG	6	PA, QL (120 tabs every 30 days); LD
RYDAPT CAPS 25MG	6	PA

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

Drug Name	Drug Tier	Requirements/Limits
SCSEMBLIX TABS 20MG	6	PA, QL (60 tabs every 30 days); LD
SCSEMBLIX TABS 40MG	6	PA, QL (300 tabs every 30 days); LD
<i>sorafenib tosylate tabs 200mg</i>	5	PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20MG	6	PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG	6	PA, QL (30 tabs every 30 days)
STIVARGA TABS 40MG	6	PA, QL (84 tabs every 28 days); LD
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	6	PA, QL (28 caps every 28 days)
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	6	PA, QL (28 caps every 28 days); LD
TABRECTA TABS 150MG, 200MG	6	PA, QL (112 tabs every 28 days)
TAFINLAR CAPS 50MG, 75MG	6	PA, QL (120 caps every 30 days); LD
TAFINLAR TBSO 10MG	6	PA; LD
TALZENNA CAPS .1MG, .25MG, .35MG, .5MG, .75MG, 1MG	6	PA, QL (30 caps every 30 days); LD
TASIGNA CAPS 50MG	6	PA, QL (120 caps every 30 days)
TASIGNA CAPS 150MG, 200MG	6	PA, QL (112 caps every 28 days)
TAZVERIK TABS 200MG	6	PA, QL (240 tabs every 30 days); LD
TEPMETKO TABS 225MG	6	PA, QL (60 tabs every 30 days); LD
TIBSOVO TABS 250MG	6	PA, QL (60 tabs every 30 days); LD
TRUSELTIQ PACK 2 X 25 MG (50 MG DAILY DOSE) CPPK 25MG	6	PA, QL (42 ea every 28 days); LD
TRUSELTIQ PACK 3 X 25 MG (75 MG DAILY DOSE) CPPK 25MG	6	PA, QL (63 ea every 28 days); LD
TRUSELTIQ PACK 100 & 25 MG (125 MG DAILY DOSE)	6	PA, QL (42 ea every 28 days); LD
TRUSELTIQ PACK 100 MG (100 MG DAILY DOSE) CPPK 100MG	6	PA, QL (21 ea every 28 days); LD
TURALIO CAPS 125MG, 200MG	6	PA, QL (120 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 the table.

Drug Name	Drug Tier	Requirements/Limits
TYKERB TABS 250MG	6	PA, QL (180 tabs every 30 days); LD
VANFLYTA TABS 17.7MG, 26.5MG	6	PA
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA, QL (56 tabs every 28 days); LD
VITRAKVI CAPS 25MG	6	PA, QL (180 caps every 30 days); LD
VITRAKVI CAPS 100MG	6	PA, QL (60 caps every 30 days); LD
VITRAKVI SOLN 20MG/ML	6	PA, QL (300 mL every 30 days); LD
VONJO CAPS 100MG	6	PA, QL (120 caps every 30 days); LD
VOTRIENT TABS 200MG	6	PA, QL (120 tabs every 30 days); LD
XALKORI CAPS 200MG, 250MG	6	PA, QL (120 caps every 30 days); LD
XALKORI CPSP 20MG, 50MG	6	PA, QL (240 caps every 30 days)
XALKORI CPSP 150MG	6	PA, QL (180 caps every 30 days)
XOSPATA TABS 40MG	6	PA, QL (90 tabs every 30 days); LD
ZEJULA CAPS 100MG	6	PA, QL (90 caps every 30 days); LD
ZEJULA TABS 100MG, 200MG, 300MG	6	PA, QL (30 tabs every 30 days); LD
ZELBORAF TABS 240MG	6	PA, QL (240 tabs every 30 days); LD
ZOLINZA CAPS 100MG	6	
ZYDELIG TABS 100MG, 150MG	6	PA, QL (60 tabs every 30 days); LD
ZYKADIA TABS 150MG	6	PA, QL (90 tabs every 30 days); LD
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 2000000UNIT/0.5ML	6	LD
BESREMI SOSY 500MCG/ML	6	PA; LD
<i>bexarotene caps 75mg</i>	5	
HYDREA CAPS 500MG	4	
<i>hydroxyurea caps 500mg</i>	2	
INTRON A SOLR 10000000UNIT, 18000000UNIT, 50000000UNIT	6	LD
MATULANE CAPS 50MG	6	LD

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

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR 3.5MG	6	PA; LD
TARGRETIN CAPS 75MG	6	
TICE BCG SUSR 50MG	4	
<i>tretinoin (chemotherapy) caps 10mg</i>	2	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	2	
MESNEX TABS 400MG	4	
MITOTIC INHIBITORS		
<i>etoposide caps 50mg</i>	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25MG, 1MG	6	
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tabs 25mg</i>	2	MT
LODOSYN TABS 25MG	4	MT
NOURIANZ TABS 20MG, 40MG	6	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	2	MT
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	MT
ANTIPARKINSON COMT INHIBITORS		
COMTAN TABS 200MG	4	MT
<i>entacapone tabs 200mg</i>	2	MT
TASMAR TABS 100MG	4	MT
<i>tolcapone tabs 100mg</i>	2	MT
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	2	MT
APOKYN SOCT 30MG/3ML	6	LD
<i>apomorphine hydrochloride soct 30mg/3ml</i>	5	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	2	MT
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	MT
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	MT
DUOPA SUS 4.63-20	6	LD
KYNMOBI FILM 10MG, 15MG, 20MG, 25MG, 30MG	6	
MIRAPEX ER TB24 .375MG, .75MG, 1.5MG, 2.25MG, 3MG, 3.75MG, 4.5MG	4	MT
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	4	MT
PARLODEL CAPS 5MG; TABS 2.5MG	4	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>	2	MT
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	2	MT
SINEMET TAB 10-100MG	4	
STALEVO 50 TAB	4	MT
STALEVO 100 TAB	4	MT
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TABS .5MG, 1MG	4	MT
<i>rasagiline mesylate tabs .5mg, 1mg</i>	2	MT
<i>selegiline hcl caps 5mg; tabs 5mg</i>	2	MT
ZELAPAR TBDP 1.25MG	4	MT
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
LITHIUM SOLN 8MEQ/5ML	2	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	2	
LITHOBID TBCR 300MG	4	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	PA
EQUETRO CP12 100MG, 200MG, 300MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	2	PA
NUPLAZID CAPS 34MG; TABS 10MG	6	PA; LD
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	3	PA
VRAYLAR CAP 1.5-3MG	3	PA
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	PA
BENZISOXAZOLES		
FANAPT TABS 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	4	PA
FANAPT PAK	4	PA
INVEGA TB24 1.5MG, 3MG, 6MG, 9MG	4	PA
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	4	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	4	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	PA
PERSERIS PRSY 90MG, 120MG	3	
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	4	PA
RISPERDAL CONSTA SRER 12.5MG, 25MG, 37.5MG, 50MG	4	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	PA
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	2	
RYKINDO SRER 25MG, 37.5MG, 50MG	4	
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	4	
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
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<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
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	4	PA
SEROQUEL XR TB24 50MG, 150MG, 200MG, 300MG, 400MG	4	PA
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	4	
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>	2	
<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>	2	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	2	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY TABS 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	4	PA
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	4	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	3	
<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	3	
ARISTADA INITIO PRSY 675MG/2.4ML	3	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	4	PA
THIOXANTHENES		
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20mg/ml</i>	5	QL (960 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	5	QL (60 tabs every 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5	QL (30 tabs every 30 days)
APRETUDE SUER 600MG/3ML	6	QL (21 mL every 365 days); LD
APTIVUS CAPS 250MG	6	QL (120 caps every 30 days)
<i>atazanavir sulfate caps 150mg, 200mg</i>	5	QL (60 caps every 30 days)
<i>atazanavir sulfate caps 300mg</i>	5	QL (30 caps every 30 days)
BIKTARVY TAB	5	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	6	QL (50 mL every 365 days); LD
CABENUVA SUS 600-900	6	QL (50 mL every 365 days); LD
CIMDUO TAB 300-300	5	QL (30 tabs every 30 days)
COMBIVIR TAB 150-300	6	QL (60 tabs every 30 days)
COMPLERA TAB	6	QL (30 tabs every 30 days)
<i>darunavir tabs 600mg</i>	5	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	5	QL (30 tabs every 30 days)
DELSTRIGO TAB	6	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	5	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	5	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	5	QL (30 tabs every 30 days)
EDURANT TABS 25MG	6	QL (30 tabs every 30 days)
<i>efavirenz caps 50mg</i>	5	QL (480 caps every 30 days)
<i>efavirenz caps 200mg</i>	5	QL (120 caps every 30 days)
<i>efavirenz tabs 600mg</i>	5	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	5	QL (30 caps every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs every 30 days); ACA
EMTRIVA CAPS 200MG	6	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	6	QL (680 mL every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPIVIR SOLN 10MG/ML	6	QL (900 mL every 30 days)
EPIVIR TABS 150MG	6	QL (60 tabs every 30 days)
EPIVIR TABS 300MG	6	QL (30 tabs every 30 days)
EPZICOM TAB 600-300	6	QL (30 tabs every 30 days)
<i>etravirine tabs 100mg</i>	5	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	5	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	5	QL (30 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	5	QL (120 tabs every 30 days)
FUZEON SOLR 90MG	6	QL (60 mL every 30 days); LD
GENVOYA TAB	5	QL (30 tabs every 30 days)
INTELENCE TABS 25MG, 100MG	6	QL (120 tabs every 30 days)
INTELENCE TABS 200MG	6	QL (60 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	6	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	6	QL (300 every 30 days)
ISENTRESS TABS 400MG	6	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	6	QL (60 tabs every 30 days)
JULUCA TAB 50-25MG	6	QL (30 tabs every 30 days)
KALETRA SOL	6	QL (320 mL every 24 days)
KALETRA TAB 100-25MG	6	QL (300 tabs every 30 days)
KALETRA TAB 200-50MG	6	QL (150 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	5	QL (900 mL every 30 days)
<i>lamivudine tabs 150mg</i>	5	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	5	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	5	QL (60 tabs every 30 days)
LEXIVA SUSP 50MG/ML	6	QL (1575 mL every 28 days)
LEXIVA TABS 700MG	6	QL (120 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	QL (320 mL every 24 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	5	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	QL (150 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	5	QL (240 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	5	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	5	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	5	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	5	QL (120 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	5	QL (30 tabs every 30 days)
NORVIR PACK 100MG	6	QL (360 every 30 days)
NORVIR TABS 100MG	6	QL (360 tabs every 30 days)
ODEFSEY TAB	5	QL (30 tabs every 30 days)
PIFELTRO TABS 100MG	6	QL (60 tabs every 30 days)
PREZCOBIX TAB 800-150	5	QL (30 tabs every 30 days)
PREZISTA SUSP 100MG/ML	6	QL (360 mL every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 75MG	6	QL (480 tabs every 30 days)
PREZISTA TABS 150MG	6	QL (240 tabs every 30 days)
PREZISTA TABS 600MG	6	QL (60 tabs every 30 days)
PREZISTA TABS 800MG	6	QL (30 tabs every 30 days)
RETROVIR CAPS 100MG	6	QL (180 caps every 30 days)
REYATAZ CAPS 200MG	6	QL (60 caps every 30 days)
REYATAZ CAPS 300MG	6	QL (30 caps every 30 days)
REYATAZ PACK 50MG	6	QL (180 every 30 days)
<i>ritonavir tabs 100mg</i>	5	QL (360 tabs every 30 days)
RUKOBIA TB12 600MG	6	QL (60 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	6	QL (1800 mL every 30 days)
SELZENTRY TABS 25MG, 150MG	6	QL (240 tabs every 30 days)
SELZENTRY TABS 75MG, 300MG	6	QL (120 tabs every 30 days)
<i>stavudine caps 15mg, 20mg</i>	5	QL (120 caps every 30 days)
<i>stavudine caps 30mg, 40mg</i>	5	QL (60 caps every 30 days)
STRIBILD TAB	6	QL (30 tabs every 30 days)
SUNLENCA TAB THERAPY PACK 4 X 300 MG TBP 300MG	6	QL (8 tabs every year); LD
SUNLENCA TAB THERAPY PACK 5 X 300 MG TBP 300MG	6	QL (10 tabs every year); LD
SUSTIVA CAPS 50MG	6	QL (480 caps every 30 days)
SUSTIVA CAPS 200MG	6	QL (120 caps every 30 days)
SUSTIVA TABS 600MG	6	QL (30 tabs every 30 days)
SYMFI LO TAB	6	QL (30 tabs every 30 days)
SYMFI TAB	6	QL (30 tabs every 30 days)
SYM TUZA TAB	5	QL (30 tabs every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	5	QL (30 tabs every 30 days)
TIVICAY TABS 10MG, 25MG, 50MG	6	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5MG	6	QL (180 tabs every 30 days)
TRIUMEQ PD TAB	5	QL (180 tabs every 30 days)
TRIUMEQ TAB	5	QL (30 tabs every 30 days)
TRIZIVIR TAB	6	QL (60 tabs every 30 days)
TRUVADA TAB 100-150	6	QL (30 tabs every 30 days)
TRUVADA TAB 133-200	6	QL (30 tabs every 30 days)
TRUVADA TAB 167-250	6	QL (30 tabs every 30 days)
TRUVADA TAB 200-300	6	QL (30 tabs every 30 days)
TYBOST TABS 150MG	6	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	6	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	6	QL (120 tabs every 30 days)
VIREAD POWD 40MG/GM	6	QL (240 every 30 days)
VIREAD TABS 150MG, 200MG, 250MG, 300MG	6	QL (30 tabs every 30 days)
ZIAGEN SOLN 20MG/ML	6	QL (960 mL every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN TABS 300MG	6	QL (60 tabs every 30 days)
<i>zidovudine caps 100mg</i>	5	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	5	QL (1680 mL every 28 days)
<i>zidovudine tabs 300mg</i>	5	QL (60 tabs every 30 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (20 tabs every 5 days)
PAXLOVID TAB 300-100	3	QL (30 tabs every 5 days)
CMV AGENTS		
VALCYTE SOLR 50MG/ML; TABS 450MG	4	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	2	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	2	
BARACLUDE SOLN .05MG/ML; TABS .5MG, 1MG	4	
<i>entecavir tabs .5mg, 1mg</i>	2	
EPCLUSA PAK 150-37.5	5	PA, QL (30 packs every 30 days)
EPCLUSA PAK 200-50MG	5	PA, QL (60 packs every 30 days)
EPCLUSA TAB 200-50MG	5	PA, QL (60 tabs every 30 days)
EPCLUSA TAB 400-100	5	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5MG/ML; TABS 100MG	4	
HARVONI PAK	5	PA, QL (30 packs every 30 days)
HARVONI PAK 45-200MG	5	PA, QL (30 packs every 30 days)
HARVONI TAB 45-200MG	5	PA, QL (30 tabs every 30 days)
HARVONI TAB 90-400MG	5	PA, QL (30 tabs every 30 days)
HEPSERA TABS 10MG	4	
<i>lamivudine (hbv) tabs 100mg</i>	2	
LEDIP-SOFOSB TAB 90-400MG	5	PA, QL (30 tabs every 30 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	5	LD
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	5	
SOFOS/VELPAT TAB 400-100	5	PA, QL (30 tabs every 30 days)
VEMLIDY TABS 25MG	6	
VOSEVI TAB	5	PA, QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HERPES AGENTS		
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg, 1000mg</i>	2	
VALTREX TABS 1GM, 500MG	4	
ZOVIRAX SUSP 200MG/5ML	4	
INFLUENZA AGENTS		
<i>oseltamivir phosphate caps 30mg</i>	1	QL (20 caps every 180 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (10 caps every 180 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (180 mL every 180 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (1 inhaler every 180 days)
<i>rimantadine hydrochloride tabs 100mg</i>	2	
TAMIFLU CAPS 30MG	4	QL (20 caps every 180 days)
TAMIFLU CAPS 45MG, 75MG	4	QL (10 caps every 180 days)
TAMIFLU SUSR 6MG/ML	4	QL (180 mL every 180 days)
XOFLUZA TBPK 40MG, 80MG	4	QL (2 tabs every 180 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	3	QL (40 caps every 5 days)
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	MT
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	MT
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	4	MT
COREG CR CP24 10MG, 20MG, 40MG, 80MG	4	MT
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	MT
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl caps 200mg, 400mg</i>	1	MT
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	MT
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	MT
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	MT
BYSTOLIC TABS 2.5MG, 5MG, 10MG, 20MG	3	MT
LOPRESSOR TABS 50MG, 100MG	4	MT
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	MT
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	MT
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
TENORMIN TABS 25MG, 50MG, 100MG	4	MT
TOPROL XL TB24 25MG, 50MG, 100MG, 200MG	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS NON-SELECTIVE		
BETAPACE TABS 80MG, 120MG, 160MG	4	MT
BETAPACE AF TABS 80MG, 120MG, 160MG	4	MT
CORGARD TABS 20MG, 40MG, 80MG	4	MT
INDERAL LA CP24 60MG, 80MG, 120MG, 160MG	4	MT
INDERAL XL CP24 80MG, 120MG	4	MT
INNOPRAN XL CP24 80MG, 120MG	4	MT
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MT
<i>pindolol tabs 5mg, 10mg</i>	1	MT
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	MT
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1	MT
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	MT
<i>sotalol hcl (afib/afib) tabs 80mg, 120mg, 160mg</i>	1	MT
SOTYLIZE SOLN 5MG/ML	4	MT
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	MT

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	MT
CALAN SR TBCR 120MG	4	MT
CARDIZEM TABS 30MG, 60MG, 120MG	4	MT
CARDIZEM CD CP24 120MG, 180MG, 240MG, 300MG, 360MG	4	MT
CARDIZEM LA TB24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	4	MT
<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; tb24 180mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg</i>	1	MT
<i>diltiazem hcl tb24 120mg</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

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

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	MT
<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
NORVASC TABS 2.5MG, 5MG, 10MG	4	MT
PROCARDIA XL TB24 30MG, 60MG, 90MG	4	MT
SULAR TB24 8.5MG, 17MG, 34MG	4	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
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	4	MT
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	MT
VERAPAMIL HYDROCHLORIDE E CP24 100MG	4	MT
VERELAN CP24 120MG, 180MG, 240MG, 360MG	4	MT
VERELAN PM CP24 100MG, 200MG, 300MG	4	MT

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digitek tabs .125mg, .25mg, 125mcg, 250mcg</i>	1	MT
<i>digox tabs 125mcg, 250mcg</i>	1	MT
<i>digoxin soln .05mg/ml; tabs .125mg, .25mg, 125mcg, 250mcg</i>	1	MT
<i>digoxin tabs .062mg, 62.5mcg</i>	2	MT
LANOXIN TABS 62.5MCG, 125MCG, 250MCG	4	MT

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	6	PA, QL (30 caps every 30 days); LD
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	MT
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
<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	4	MT
CADUET TAB 5-10MG	4	MT
CADUET TAB 5-20MG	4	MT
CADUET TAB 5-40MG	4	MT
CADUET TAB 5-80MG	4	MT
CADUET TAB 10-10MG	4	MT
CADUET TAB 10-20MG	4	MT
CADUET TAB 10-40MG	4	MT
CADUET TAB 10-80MG	4	MT
ENTRESTO TAB 24-26MG	3	MT
ENTRESTO TAB 49-51MG	3	MT
ENTRESTO TAB 97-103MG	3	MT
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	5	PA; LD
FOLAN SOLR .5MG, 1.5MG	6	PA; LD
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	6	PA; LD
ORENITRAM TAB MONTH 1	6	PA; LD
ORENITRAM TAB MONTH 2	6	PA; LD
ORENITRAM TAB MONTH 3	6	PA; LD
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	5	PA; LD
TYVASO SOLN .6MG/ML	6	PA; LD
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG	6	PA; LD
TYVASO DPI POW 16-32-48	6	PA; LD
TYVASO DPI POW 16-32MCG	6	PA; LD
TYVASO DPI POW 32-48MCG	6	PA; LD
TYVASO REFILL SOLN .6MG/ML	6	PA; LD
TYVASO STARTER SOLN .6MG/ML	6	PA; LD
VELETRI SOLR .5MG, 1.5MG	5	PA; LD
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	6	PA; LD
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	5	PA
<i>bosentan tabs 62.5mg, 125mg</i>	5	PA; LD
OPSUMIT TABS 10MG	5	PA; LD
TRACLEER TABS 62.5MG, 125MG; TBSO 32MG	6	PA; LD
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TABS 20MG	6	PA, QL (60 tabs every 30 days)
<i>alyq tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)
REVATIO SOLN 10MG/12.5ML	6	PA
REVATIO SUSR 10MG/ML	6	PA, QL (180 mL every 30 days)
REVATIO TABS 20MG	6	PA, QL (360 tabs every 30 days)
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	5	PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	5	PA, QL (180 mL every 30 days)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	6	PA; LD
SINUS NODE INHIBITORS		
CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG	3	MT
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61MG	6	PA; LD
VYNDAQEL CAPS 20MG	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	3	MT
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	2	
<i>cephalexin caps 250mg, 500mg, 750mg; 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>	2	
CEFACLOR ER TB12 500MG	4	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	2	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	2	
SUPRAX CAPS 400MG; SUSR 100MG/5ML	4	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	ACA, MT
<i>altavera</i>	1	ACA, MT
<i>alyacen 1/35</i>	1	ACA, MT
<i>alyacen 7/7/7</i>	1	ACA, MT
<i>amethia</i>	1	ACA, MT
<i>amethyst</i>	1	ACA, MT
<i>apri</i>	1	ACA, MT
<i>aranelle</i>	1	ACA, MT
<i>ashlyna</i>	1	ACA, MT
<i>aubra</i>	1	ACA, MT
<i>aubra eq</i>	1	ACA, MT
<i>aurovela 1.5/30</i>	1	ACA, MT
<i>aurovela 1/20</i>	1	ACA, MT
<i>aurovela 24 fe</i>	1	ACA, MT
<i>aurovela fe 1.5/30</i>	1	ACA, MT
<i>aurovela fe 1/20</i>	1	ACA, MT
<i>aviane</i>	1	ACA, MT
<i>ayuna</i>	1	ACA, MT
<i>azurette</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
BALCOLTRA TAB 0.1-20	4	MT
<i>balziva</i>	1	ACA, MT
BEYAZ TAB	4	MT
<i>blisovi 24 fe</i>	1	ACA, MT
<i>blisovi fe 1.5/30</i>	1	ACA, MT
<i>blisovi fe 1/20</i>	1	ACA, MT
<i>briellyn</i>	1	ACA, MT
<i>camrese</i>	1	ACA, MT
<i>camrese lo</i>	1	ACA, MT
<i>caziant</i>	1	ACA, MT
<i>charlotte 24 fe</i>	1	ACA, MT
<i>chateal</i>	1	ACA, MT
<i>chateal eq</i>	1	ACA, MT
<i>cryselle-28</i>	1	ACA, MT
<i>cyclafem 1/35</i>	1	ACA, MT
<i>cyclafem 7/7/7</i>	1	ACA, MT
<i>cyred</i>	1	ACA, MT
<i>cyred eq</i>	1	ACA, MT
<i>dasetta 1/35</i>	1	ACA, MT
<i>dasetta 7/7/7</i>	1	ACA, MT
<i>daysee</i>	1	ACA, MT
<i>delyla</i>	1	ACA, MT
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA, MT
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA, MT
<i>dolishale</i>	1	ACA, MT
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	ACA, MT
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	ACA, MT
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA, MT
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA, MT
<i>elinest</i>	1	ACA, MT
<i>emoquette</i>	1	ACA, MT
<i>enpresse-28</i>	1	ACA, MT
<i>enskyce</i>	1	ACA, MT
<i>estarylla</i>	1	ACA, MT
ESTROSTEP FE TAB	4	MT
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA, MT
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>falmina</i>	1	ACA, MT
<i>femynor</i>	1	ACA, MT
<i>finzala</i>	1	ACA, MT
<i>gemmily</i>	1	ACA, MT
GENERESS FE CHW	4	MT
<i>hailey 1.5/30</i>	1	ACA, MT
<i>hailey 24 fe</i>	1	ACA, MT
<i>hailey fe 1.5/30</i>	1	ACA, MT
<i>hailey fe 1/20</i>	1	ACA, MT
<i>iclevia</i>	1	ACA, MT
<i>introvale</i>	1	ACA, MT
<i>isibloom</i>	1	ACA, MT
<i>jaimiess</i>	1	ACA, MT
<i>jasmiel</i>	1	ACA, MT
<i>jolessa</i>	1	ACA, MT
<i>joyeaux</i>	1	ACA, MT
<i>juleber</i>	1	ACA, MT
<i>junel 1.5/30</i>	1	ACA, MT
<i>junel 1/20</i>	1	ACA, MT
<i>junel fe 1.5/30</i>	1	ACA, MT
<i>junel fe 1/20</i>	1	ACA, MT
<i>junel fe 24</i>	1	ACA, MT
<i>kaitlib fe</i>	1	ACA, MT
<i>kalliga</i>	1	ACA, MT
<i>kariva</i>	1	ACA, MT
<i>kelnor 1/35</i>	1	ACA, MT
<i>kelnor 1/50</i>	1	ACA, MT
<i>kurvelo</i>	1	ACA, MT
<i>larin 1.5/30</i>	1	ACA, MT
<i>larin 1/20</i>	1	ACA, MT
<i>larin 24 fe</i>	1	ACA, MT
<i>larin fe 1.5/30</i>	1	ACA, MT
<i>larin fe 1/20</i>	1	ACA, MT
<i>larissia</i>	1	ACA, MT
<i>layolis fe</i>	1	ACA, MT
<i>leena</i>	1	ACA, MT
<i>lessina</i>	1	ACA, MT
<i>levonest</i>	1	ACA, MT
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	ACA, MT
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	ACA, MT
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	ACA, MT
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA, MT
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA, MT
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA, MT
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA, MT
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	ACA, MT
<i>levora 0.15/30-28</i>	1	ACA, MT
<i>lillow</i>	1	ACA, MT
LO LOESTRIN TAB 1-10-10	3	ACA, MT
<i>lo-zumandimine</i>	1	ACA, MT
<i>loestrin 1.5/30-21</i>	1	ACA, MT
<i>loestrin 1/20-21</i>	1	ACA, MT
<i>loestrin fe 1.5/30</i>	1	ACA, MT
<i>loestrin fe 1/20</i>	1	ACA, MT
<i>lojaimiess</i>	1	ACA, MT
<i>loryna</i>	1	ACA, MT
LOSEASONIQUE TAB	4	MT
<i>low-ogestrel</i>	1	ACA, MT
<i>lutera</i>	1	ACA, MT
<i>marlissa</i>	1	ACA, MT
<i>merzee</i>	1	ACA, MT
<i>mibelas 24 fe</i>	1	ACA, MT
<i>microgestin 1.5/30</i>	1	ACA, MT
<i>microgestin 1/20</i>	1	ACA, MT
<i>microgestin 24 fe</i>	1	ACA, MT
<i>microgestin fe 1.5/30</i>	1	ACA, MT
<i>microgestin fe 1/20</i>	1	ACA, MT
<i>mili</i>	1	ACA, MT
MINASTRIN 24 CHW FE	4	MT
MIRCETTE TAB 28 DAY	4	MT
<i>mono-lynyah</i>	1	ACA, MT
NATAZIA TAB	4	ACA, MT
<i>necon 0.5/35-28</i>	1	ACA, MT
NEXTSTELLIS TAB 3-14.2MG	4	ACA, MT
<i>nikki</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA, MT
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA, MT
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA, MT
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA, MT
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA, MT
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA, MT
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA, MT
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	ACA, MT
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	ACA, MT
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA, MT
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA, MT
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA, MT
<i>nortrel 0.5/35 (28)</i>	1	ACA, MT
<i>nortrel 1/35</i>	1	ACA, MT
<i>nortrel 7/7/7</i>	1	ACA, MT
<i>nylia 1/35</i>	1	ACA, MT
<i>nylia 7/7/7</i>	1	ACA, MT
<i>nymyo</i>	1	ACA, MT
<i>ocella</i>	1	ACA, MT
<i>orsythia</i>	1	ACA, MT
<i>philith</i>	1	ACA, MT
<i>pimtrea</i>	1	ACA, MT
<i>pirmella 1/35</i>	1	ACA, MT
<i>pirmella 7/7/7</i>	1	ACA, MT
<i>portia-28</i>	1	ACA, MT
<i>previfem</i>	1	ACA, MT
QUARTETTE TAB	4	MT
<i>reclipsen</i>	1	ACA, MT
<i>rivelsa</i>	1	ACA, MT
SAFYRAL TAB	4	MT
SEASONIQUE TAB	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin</i>	1	ACA, MT
<i>simliya</i>	1	ACA, MT
<i>simpesse</i>	1	ACA, MT
<i>sprintec 28</i>	1	ACA, MT
<i>sronyx</i>	1	ACA, MT
<i>syeda</i>	1	ACA, MT
<i>tarina 24 fe</i>	1	ACA, MT
<i>tarina fe 1/20</i>	1	ACA, MT
<i>tarina fe 1/20 eq</i>	1	ACA, MT
<i>taysofy</i>	1	ACA, MT
<i>tilia fe</i>	1	ACA, MT
<i>tri femynor</i>	1	ACA, MT
<i>tri-estarylla</i>	1	ACA, MT
<i>tri-legest fe</i>	1	ACA, MT
<i>tri-linyah</i>	1	ACA, MT
<i>tri-lo-estarylla</i>	1	ACA, MT
<i>tri-lo-marzia</i>	1	ACA, MT
<i>tri-lo-mili</i>	1	ACA, MT
<i>tri-lo-sprintec</i>	1	ACA, MT
<i>tri-mili</i>	1	ACA, MT
<i>tri-nymyo</i>	1	ACA, MT
<i>tri-previfem</i>	1	ACA, MT
<i>tri-sprintec</i>	1	ACA, MT
<i>tri-vylibra</i>	1	ACA, MT
<i>tri-vylibra lo</i>	1	ACA, MT
<i>trivora-28</i>	1	ACA, MT
<i>turqoz</i>	1	ACA, MT
TYBLUME CHW 0.1-0.02	4	ACA, MT
<i>tydemy</i>	1	ACA, MT
<i>velivet</i>	1	ACA, MT
<i>vestura</i>	1	ACA, MT
<i>vienva</i>	1	ACA, MT
<i>viorele</i>	1	ACA, MT
<i>volnea</i>	1	ACA, MT
<i>vyfemla</i>	1	ACA, MT
<i>vylibra</i>	1	ACA, MT
<i>wera</i>	1	ACA, MT
<i>wymzya fe</i>	1	ACA, MT
YASMIN 28 TAB 3-0.03MG	4	MT
YAZ TAB 3-0.02MG	4	MT
<i>zovia 1/35</i>	1	ACA, MT
<i>zovia 1/35e</i>	1	ACA, MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>zumandimine</i>	1	ACA, MT
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA DIS 120-30	4	ACA, MT
<i>xulane</i>	1	ACA, MT
<i>zafemy</i>	1	ACA, MT
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	4	QL (1 ring every 300 days); ACA, MT
<i>eluryng</i>	1	QL (13 rings every 300 days); ACA, MT
<i>enilloring</i>	1	QL (13 rings every 300 days); ACA, MT
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL (13 rings every 300 days); ACA, MT
<i>haloette</i>	1	QL (13 rings every 300 days); ACA, MT
NUVARING MIS	4	QL (13 rings every 300 days); MT
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	4	QL (1 IUD every 300 days); ACA
EMERGENCY CONTRACEPTIVES		
<i>aftera tabs 1.5mg</i>	1	OTC; ACA
<i>afterpill tabs 1.5mg</i>	1	OTC; ACA
<i>curae tabs 1.5mg</i>	1	OTC; ACA
<i>econtra ez tabs 1.5mg</i>	1	OTC; ACA
<i>econtra one-step tabs 1.5mg</i>	1	OTC; ACA
ELLA TABS 30MG	4	ACA
<i>her style tabs 1.5mg</i>	1	OTC; ACA
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	1	OTC; ACA
<i>my choice tabs 1.5mg</i>	1	OTC; ACA
<i>my way tabs 1.5mg</i>	1	OTC; ACA
<i>new day tabs 1.5mg</i>	1	OTC; ACA
<i>opcicon one-step tabs 1.5mg</i>	1	OTC; ACA
<i>option 2 tabs 1.5mg</i>	1	OTC; ACA
<i>react tabs 1.5mg</i>	1	OTC; ACA
<i>take action tabs 1.5mg</i>	1	OTC; ACA
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68MG	4	QL (1 implant every 300 days); ACA

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

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV SUSP 150MG/ML; SUSY 150MG/ML	4	QL (1 injection every 75 days)
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	4	QL (1 injection every 75 days); ACA
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	1	QL (1 injection every 75 days); ACA
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	4	QL (1 IUD every 300 days); ACA
LILETTA IUD 20.1MCG/DAY	4	QL (1 IUD every 300 days); ACA
MIRENA IUD 20MCG/DAY	4	QL (1 IUD every 300 days); ACA
SKYLA IUD 13.5MG	4	QL (1 IUD every 300 days); ACA
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tabs .35mg</i>	1	ACA, MT
<i>deblitane tabs .35mg</i>	1	ACA, MT
<i>errin tabs .35mg</i>	1	ACA, MT
<i>heather tabs .35mg</i>	1	ACA, MT
<i>incassia tabs .35mg</i>	1	ACA, MT
<i>jencycla tabs .35mg</i>	1	ACA, MT
<i>lyleq tabs .35mg</i>	1	ACA, MT
<i>lyza tabs .35mg</i>	1	ACA, MT
<i>nora-be tabs .35mg</i>	1	ACA, MT
<i>norethindrone (contraceptive) tabs .35mg</i>	1	ACA, MT
<i>norlyda tabs .35mg</i>	1	ACA, MT
<i>norlyroc tabs .35mg</i>	1	ACA, MT
<i>sharobel tabs .35mg</i>	1	ACA, MT
SLYND TABS 4MG	4	ACA, MT
<i>tulana tabs .35mg</i>	1	ACA, MT
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
<i>budesonide cpep 3mg; tb24 9mg</i>	2	
CORTEF TABS 5MG, 10MG, 20MG	4	
<i>decadron tabs .5mg, .75mg, 4mg, 6mg</i>	1	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml</i>	2	
<i>dexamethasone tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA SUSP 22.75MG/ML; TABS 6MG, 18MG, 30MG, 36MG	6	PA; LD
ENTOCORT EC CPEP 3MG	4	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	4	
MEDROL DOSEPAK TBPK 4MG	4	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>millipred tabs 5mg</i>	2	
MILLIPRED TABS 5MG	4	
ORAPRED ODT TBDP 10MG, 15MG, 30MG	4	
PEDIAPRED SOLN 6.7MG/5ML	4	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone tabs 5mg</i>	2	
<i>prednisolone sodium phosphate soln 5mg/5ml, 6.7mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg</i>	2	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
PREDNISONE INTENSOL CONC 5MG/ML	4	
TARPEYO CPDR 4MG	6	PA, QL (120 caps every 30 days); LD
UCERIS TB24 9MG	4	
MINERALOCORTICIDS		
<i>fludrocortisone acetate tabs .1mg</i>	1	MT
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS		
ANTITUSSIVES		
<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	
<i>hydromet</i>	2	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	2	
CAPCOF SYP 5-2-10MG	4	OTC
CLARINEX-D TAB 2.5-120	4	
<i>g tussin ac</i>	2	OTC
<i>guaiaatussin ac</i>	2	OTC
<i>guaifenesin ac</i>	2	OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	
M-END PE LIQ	4	OTC
MAR-COF BP LIQ 30-2-7.5	4	OTC
MAR-COF CG LIQ 225-7.5	4	OTC
<i>maxi-tuss ac</i>	2	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine vc</i>	2	
<i>promethazine vc/codeine</i>	2	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUSSICAPS CAP 10-8MG	4	
<i>virtussin a/c</i>	2	OTC
<i>virtussin ac/alc</i>	2	OTC

EXPECTORANTS

<i>potassium iodide (expectorant) soln 1gm/ml</i>	2	
SSKI SOLN 1GM/ML	4	

MUCOLYTICS

<i>acetylcysteine soln 10%, 20%</i>	2	
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	2	
<i>adapalene crea .1%; gel .1%, .3%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
<i>amnestem caps 10mg, 20mg, 40mg</i>	2	
ARAZLO LOTN .045%	3	PA
<i>avita crea .025%; gel .025%</i>	2	PA
AZELEX CREA 20%	4	
BENZAMYCIN GEL 5-3%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	2	
CLEOCIN-T LOTN 1%	4	QL (240 mL every 30 days)
<i>clindacin foam 1%</i>	2	QL (200 gm every 30 days)
<i>clindacin etz pledgets swab 1%</i>	2	
<i>clindacin-p swab 1%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosphate (topical) foam 1%</i>	2	QL (200 gm every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	2	QL (240 mL every 30 days)
<i>clindamycin phosphate (topical) swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	4	
<i>ery pads 2%</i>	2	
ERYGEL GEL 2%	4	QL (180 gm every 30 days)
<i>erythromycin (acne aid) gel 2%</i>	2	QL (180 gm every 30 days)
<i>erythromycin (acne aid) soln 2%</i>	2	
EVOCLIN FOAM 1%	4	QL (200 gm every 30 days)
FABIOR FOAM .1%	4	PA
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	
KLARON LOTN 10%	4	
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	2	
<i>neuac</i>	2	
RETIN-A CREA .025%, .05%, .1%	4	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	2	
TAZAROTENE FOAM .1%	4	PA
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	2	PA
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	2	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT 15%	4	
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	4	
CENTANY OINT 2%	4	QL (90 gm every 30 days)
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	2	QL (90 gm every 30 days)
<i>mupirocin oint 2%</i>	2	QL (90 gm every 30 days)
<i>mupirocin calcium (topical) crea 2%</i>	2	QL (90 gm every 30 days)
NEO-SYNALAR KIT	4	
ANTIFUNGALS - TOPICAL		
<i>ciclodan soln 8%</i>	2	
<i>ciclopirox sham 1%; soln 8%</i>	2	
<i>ciclopirox olamine susp .77%</i>	2	QL (240 mL every 30 days)
<i>clotrimazole (topical) crea 1%; soln 1%</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>econazole nitrate crea 1%</i>	2	QL (255 gm every 30 days)
ERTACZO CREA 2%	4	
EXELDERM CREA 1%	4	
EXODERM LOT 25-1%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>iodoquimez-hc</i>	2	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	2	
<i>ketoconazole (topical) crea 2%</i>	2	QL (120 gm every 30 days)
<i>ketoconazole (topical) sham 2%</i>	2	QL (240 mL every 30 days)
LOPROX SHAMPOO SHAM 1%	4	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	2	
<i>naftifine hcl crea 1%, 2%</i>	2	
<i>nyamyc powd 100000unit/gm</i>	2	QL (180 gm every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	2	QL (90 gm every 30 days)
<i>nystatin (topical) powd 100000unit/gm</i>	2	QL (180 gm every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
<i>nystop powd 100000unit/gm</i>	2	QL (180 gm every 30 days)
<i>oxiconazole nitrate crea 1%</i>	2	QL (90 gm every 30 days)
OXISTAT CREA 1%	4	QL (90 gm every 30 days)
OXISTAT LOTN 1%	4	QL (120 mL every 30 days)
<i>sulconazole nitrate crea 1%</i>	2	
VUSION OIN	4	
XOLEGEL GEL 2%	4	QL (135 gm every 30 days)

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene (topical) gel 1%</i>	5	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	2	QL (100 gm every 30 days)
EFUDEX CREA 5%	4	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	2	
PANRETIN GEL .1%	4	
TARGRETIN GEL 1%	6	
VALCHLOR GEL .016%	6	PA; LD

ANTIPSORIATICS

<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene oint .005%</i>	2	QL (240 gm every 30 days)
<i>calcipotriene soln .005%</i>	2	QL (240 mL every 30 days)
<i>calcitrene oint .005%</i>	2	QL (240 gm every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	2	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	5	PA, QL (1 syringe every 28 days); LD
COSENTYX 300 MG DOSE SOSY 150MG/ML	5	PA, QL (2 syringes every 28 days); LD
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	5	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 the table.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN 300 MG DOSE SOAJ 150MG/ML	5	PA, QL (2 pens every 28 days); LD
COSENTYX UNOREADY SOAJ 300MG/2ML	5	PA, QL (1 pen every 28 days); LD
<i>methoxsalen rapid caps 10mg</i>	2	
SKYRIZI PSKT 75MG/0.83ML	5	PA, QL (1 injection every 84 days)
SKYRIZI SOSY 150MG/ML	5	PA, QL (1 syringe every 84 days)
SKYRIZI PEN SOAJ 150MG/ML	5	PA, QL (1 pen every 84 days)
STELARA SOLN 45MG/0.5ML	5	PA, QL (1 vial every 84 days)
STELARA SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days)
STELARA SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days)
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	5	PA, QL (1 syringe every 28 days); LD
<i>tazarotene crea .1%; gel .05%, .1%</i>	2	PA
TAZORAC CREA .05%, .1%; GEL .05%, .1%	4	PA
TREMFYA SOPN 100MG/ML	5	PA, QL (1 pen every 56 days)
TREMFYA SOSY 100MG/ML	5	PA, QL (1 syringe every 56 days)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotn 2.5%</i>	2	
ANTIVIRALS - TOPICAL		
<i>acyclovir topical crea 5%; oint 5%</i>	2	
DENAVIR CREA 1%	4	
<i>penciclovir crea 1%</i>	2	
BURN PRODUCTS		
<i>mafenide acetate pack 5%</i>	2	
SILVADENE CREA 1%	4	
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
SULFAMYLON CREA 85MG/GM; PACK 5%	4	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate oint .05%</i>	2	
<i>amcinonide lotn .1%</i>	2	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	2	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	2	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	QL (400 gm every 30 days)
CAPEX SHAM .01%	4	
<i>clobetasol propionate crea .05%</i>	2	QL (240 gm every 30 days)
<i>clobetasol propionate lotn .05%; sham .05%</i>	2	QL (236 mL every 30 days)
<i>clobetasol propionate soln .05%</i>	2	QL (200 mL every 30 days)
CLOBEX LOTN .05%; SHAM .05%	4	QL (236 mL every 30 days)
<i>clodan sham .05%</i>	2	QL (236 mL every 30 days)
CORDRAN CREA .025%, .05%; OINT .05%	4	QL (240 gm every 30 days)
CORDRAN LOTN .05%	4	QL (240 mL every 30 days)
CORDRAN TAPE 4MCG/SQCM	4	QL (3 ea every 30 days)
DERMA-SMOOTHIE/FS BODY OIL .01%	4	
DERMA-SMOOTHIE/FS SCALP OIL .01%	4	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	2	
DESOWEN CREA .05%	4	
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%</i>	2	
<i>diflorasone diacetate crea .05%</i>	2	QL (240 gm every 30 days)
DIPROLENE OINT .05%	4	
ENSTILAR AER	3	QL (120 gm every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	2	QL (240 gm every 30 days)
<i>fluocinolone acetonide oil .01%</i>	2	
<i>fluocinolone acetonide soln .01%</i>	2	QL (240 mL every 30 days)
<i>fluocinonide crea .1%</i>	2	QL (120 gm every 30 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	2	QL (240 gm every 30 days)
<i>fluocinonide soln .05%</i>	2	QL (240 mL every 30 days)
<i>fluocinonide emulsified base crea .05%</i>	2	
<i>flurandrenolide crea .05%; oint .05%</i>	2	QL (240 gm every 30 days)
<i>flurandrenolide lotn .05%</i>	2	QL (240 mL every 30 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	2	
<i>halobetasol propionate oint .05%</i>	2	
HALOG OINT .1%	4	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 2.5%</i>	1	
<i>hydrocortisone (topical) oint 1%</i>	2	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	2	
<i>hydrocortisone butyrate lotn .1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate crea .2%; oint .2%</i>	2	
LOCOID LOTN .1%	4	
LOCOID LIPOCREAM CREA .1%	4	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	2	
<i>nolix crea .05%</i>	2	QL (240 gm every 30 days)
<i>nolix lotn .05%</i>	2	QL (240 mL every 30 days)
PANDEL CREA .1%	4	
<i>pramoxine-hc cream 1-2.5%</i>	2	
<i>prednicarbate oint .1%</i>	2	
SYNALAR CREA .025%	4	QL (240 gm every 30 days)
SYNALAR SOLN .01%	4	QL (240 mL every 30 days)
SYNALAR CREAM KIT KIT .025%	4	
SYNALAR OINTMENT KIT KIT .025%	4	
SYNALAR TS KIT .01%	4	
TACLONEX OIN	4	QL (400 gm every 30 days)
TEMOVATE CREA .05%	4	QL (240 gm every 30 days)
TEXACORT SOLN 2.5%	4	
TOPICORT CREA .05%; GEL .05%; LIQD .25%; OINT .05%	4	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .05%, .1%, .5%</i>	2	QL (454 gm every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	2	QL (120 mL every 30 days)
<i>trianex oint .05%</i>	2	QL (454 gm every 30 days)
<i>triderm crea .1%, .5%</i>	2	QL (454 gm every 30 days)
TRIDESILON CREA .05%	4	
<i>tritocin oint .05%</i>	2	QL (454 gm every 30 days)
VERDESO FOAM .05%	4	
ECZEMA AGENTS		
DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 100MG/0.67ML	5	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 200MG/1.14ML, 300MG/2ML	5	PA, QL (4 syringes every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
HYDRO 40 FOAM FOAM 40%	4	
<i>umecta mousse foam 40%</i>	2	
URAMAXIN GEL 45%	4	
<i>urea nail gel 45%</i>	2	
ENZYMES - TOPICAL		
SANTYL OINT 250UNIT/GM	4	QL (180 grams every 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA CREA 5%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod crea 5%</i>	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREA 1%	4	
<i>pimecrolimus crea 1%</i>	2	
<i>tacrolimus (topical) oint .03%, .1%</i>	2	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL .5%	4	
<i>podofilox gel .5%; soln .5%</i>	2	
LOCAL ANESTHETICS - TOPICAL		
<i>glydo prsy 2%</i>	2	
<i>lidocaine oint 5%</i>	2	QL (100 gm every 30 days)
<i>lidocaine ptch 5%</i>	2	QL (90 patches every 30 days)
<i>lidocaine hcl gel 2%; prsy 2%; soln 4%</i>	2	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (60 gm every 30 days)
<i>lidocan ptch 5%</i>	2	QL (90 patches every 30 days)
<i>lidocan ii ptch 5%</i>	2	QL (90 patches every 30 days)
LIDODERM PTCH 5%	4	QL (90 patches every 30 days)
SYNERA DIS 70-70MG	4	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	4	
PIGMENTING-DEPIGMENTING AGENTS		
DY-O-DERM VITILIGO STAIN SOLN 6.55%	3	OTC
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	2	
FINACEA GEL 15%	4	
METROCREAM CREA .75%	4	
METROLOTION LOTN .75%	4	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	2	
<i>rosadan crea .75%; gel .75%</i>	2	
SCABICIDES & PEDICULICIDES		
<i>malathion lotn .5%</i>	2	
NATROBA SUSP .9%	4	
OVIDE LOTN .5%	4	
<i>permethrin crea 5%</i>	2	
<i>spinosad susp .9%</i>	2	
WOUND CARE PRODUCTS		
REGANEX GEL .01%	4	
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC SOLR 1MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC TESTS		
CHEMSTRIP 2 TES GP	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 5 TES OB	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 7 TES	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 9 TES STRIPS	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 10 TES MD	3	QL (102 strips every 30 days), OTC
CHEMSTRIP K TES	3	QL (102 strips every 30 days), OTC
CHEMSTRIP TES -10 SG	3	QL (102 strips every 30 days), OTC
CHEMSTRIP TES UGK	3	QL (102 strips every 30 days), OTC
CVS KETONE TES CARE	3	QL (102 strips every 30 days), OTC
DIASTIX TES STRIPS	3	QL (102 strips every 30 days), OTC
FORA GTEL TES KETONE	3	QL (102 strips every 30 days), OTC
FORA TEST GO TES ADV VOIC	3	QL (102 strips every 30 days), OTC
GOJJI BLOOD TES KETONE	3	QL (102 strips every 30 days), OTC
KETO-DIASTIX TES	3	QL (102 strips every 30 days), OTC
KETONE TES	3	QL (102 strips every 30 days), OTC
KETONE TEST TES	3	QL (102 strips every 30 days), OTC
KETOSTIX TES STRIP	3	QL (102 strips every 30 days), OTC
MULTISTIX 10 TES SG	3	QL (102 strips every 30 days), OTC
NOVA MAX PLS TES KETONE	3	QL (102 strips every 30 days), OTC
ONETOUCH TES ULTRA	3	QL (100 strips every 30 days), OTC
ONETOUCH TES VERIO	3	QL (100 strips every 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limits
PRECISN XTRA TES KETONE	3	QL (102 strips every 30 days), OTC
PTS PANELS TES KETONE	3	QL (102 strips every 30 days), OTC
RELION TES KETONE	3	QL (102 strips every 30 days), OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION

NUTRITIONAL SUPPLEMENTS

CAM PRO COMP BAR GLYTACTI	4	
GLYTAC COMPL BAR 10PE	4	
GLYTACTIN PAK BTMK/DLT	4	
GLYTACTIN PAK SWIRL 15	4	
GLYTACTIN POW APPLE	4	
GLYTACTIN POW BD 20/20	4	
GLYTACTIN POW BETMLK15	4	
GLYTACTIN POW BLD 10PE	4	
GLYTACTIN POW BLD PKU	4	
GLYTACTIN POW PUNCH	4	
GLYTACTIN POW RESTOR 5	4	
GLYTACTIN POW RST LT10	4	
GLYTACTIN POW TROPICAL	4	
HCU EASY TAB	4	
HOMACTIN AA POW PLUS	4	
ISOVACTIN AA POW PLUS	4	
MSUD EASY TAB	4	
PKU EASY TAB	4	
PKU EASY TAB MICROTAB	4	
PKU GO POW	4	
TYLACTIN COM BAR 15 PE	4	
TYLACTIN POW BLD 20PE	4	
TYLACTIN POW RESTOR5	4	
TYR EASY TAB	4	
VILACTIN AA POW PLUS	4	

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
SUCRAID SOLN 8500UNIT/ML	6	QL (472 mL [4 bottles] every 30 days); LD

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	MT
<i>dichlorphenamide tabs 50mg</i>	5	PA
KEVEYIS TABS 50MG	6	PA; LD
<i>methazolamide tabs 25mg, 50mg</i>	1	MT

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 25/25	4	MT
ALDACTAZIDE TAB 50/50	4	MT
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	MT
MAXZIDE TAB 75-50	4	MT
MAXZIDE-25 TAB	4	MT
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	MT
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	MT

LOOP DIURETICS

<i>bumetanide tabs .5mg, 1mg, 2mg</i>	1	MT
EDECIN TABS 25MG	4	MT
<i>ethacrynic acid tabs 25mg</i>	2	MT
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	MT
LASIX TABS 20MG, 40MG, 80MG	4	MT
<i>torseamide tabs 5mg, 10mg, 20mg, 100mg</i>	1	MT

POTASSIUM SPARING DIURETICS

ALDACTONE TABS 25MG, 50MG, 100MG	4	MT
<i>amiloride hcl tabs 5mg</i>	1	MT
DYRENIUM CAPS 50MG, 100MG	4	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	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
<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. - DRUGS TO REGULATE HORMONES

ADRENAL STEROID INHIBITORS

ISTURISA TABS 1MG, 5MG, 10MG	6	PA; LD
RECORLEV TABS 150MG	6	PA; LD

BONE DENSITY REGULATORS

ACTONEL TABS 35MG, 150MG	4	MT
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	MT
AELVIA TBEC 35MG	4	MT
BINOSTO TBEF 70MG	4	MT
BONIVA TABS 150MG	4	MT
<i>calcitonin (salmon) soln 200unit/act</i>	1	MT
<i>calcitonin (salmon) soln 200unit/ml</i>	1	
FORTEO SOPN 600MCG/2.4ML	5	
FOSAMAX TABS 70MG	4	MT
FOSAMAX + D TAB 70-2800	4	MT
FOSAMAX + D TAB 70-5600	4	MT
<i>ibandronate sodium tabs 150mg</i>	1	MT
MIACALCIN SOLN 200UNIT/ML	4	
NATPARA CART 25MCG, 50MCG, 75MCG, 100MCG	6	PA; LD
<i>risedronate sodium tabs 5mg, 35mg, 150mg; tbec 35mg</i>	1	MT
<i>risedronate sodium tabs 30mg</i>	1	
<i>teriparatide (recombinant) sopn 600mcg/2.4ml</i>	5	
TYMLOS SOPN 3120MCG/1.56ML	5	LD

GNRH/LHRH ANTAGONISTS

ORLISSA TABS 150MG, 200MG	3	PA
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GROWTH HORMONE RECEPTOR ANTAGONISTS

SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	6	PA; LD
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GROWTH HORMONES

GENOTROPIN CART 5MG, 12MG	5	PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	5	PA
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	5	PA

HORMONE RECEPTOR MODULATORS

EVISTA TABS 60MG	4	MT
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
OSPHENA TABS 60MG	4	MT
<i>raloxifene hcl tabs 60mg</i>	1	ACA, MT
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOLN 2MG/ML	4	
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	5	LD
BUPHENYL POWD 3GM/TSP	6	QL (750 gm every 30 days); LD
BUPHENYL TABS 500MG	6	QL (1200 tabs every 30 days); LD
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	2	MT
CARBAGLU TBSO 200MG	4	LD, MT
<i>carglumic acid tbso 200mg</i>	2	LD
CARNITOR SOLN 1GM/10ML; TABS 330MG	4	MT
CARNITOR SF SOLN 1GM/10ML	4	MT
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	5	
CYSTADANE POW	6	LD
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	MT
GALAFOLD CAPS 123MG	6	PA; LD
<i>javygtor pack 100mg, 500mg; tabs 100mg</i>	5	LD
KUVAN PACK 100MG, 500MG; TABS 100MG	6	LD
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	2	MT
MYALEPT SOLR 11.3MG	6	PA; LD
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	5	
NITYR TABS 2MG, 5MG, 10MG	6	LD
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG	6	LD
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	6	PA; LD
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	MT
RAVICTI LIQD 1.1GM/ML	6	LD
ROCALTROL CAPS .25MCG, .5MCG; SOLN 1MCG/ML	4	MT
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	5	
SENSIPAR TABS 30MG, 60MG, 90MG	6	
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	QL (750 gm every 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	5	QL (1200 tabs every 30 days)
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA; LD
ZEMPLAR CAPS 1MCG, 2MCG	4	MT
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	3	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 the table.

Drug Name	Drug Tier	Requirements/Limits
POSTERIOR PITUITARY HORMONES		
DDAVP TABS .1MG, .2MG	4	
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	2	
<i>desmopressin acetate spray soln .01%</i>	2	
<i>desmopressin acetate spray refrigerated soln .01%, .1mg/ml</i>	2	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	2	QL (16 tabs every 28 days)
SOMATOSTATIC AGENTS		
MYCAPSSA CPDR 20MG	6	PA; LD
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; soty 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	5	PA
SANDOSTATIN SOLN 50MCG/ML, 100MCG/ML, 500MCG/ML	6	PA
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	6	PA; LD
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15MG, 30MG; TBPK 15MG	6	LD
JYNARQUE PAK 30-15MG	6	LD
JYNARQUE PAK 45-15MG	6	LD
JYNARQUE PAK 60-30MG	6	LD
JYNARQUE PAK 90-30MG	6	LD
SAMSCA TABS 15MG, 30MG	6	LD
<i>tolvaptan tabs 15mg, 30mg</i>	5	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	4	MT
<i>amabelz</i>	2	MT
ANGELIQ TAB 0.5-1MG	4	MT
ANGELIQ TAB 0.25-0.5	4	MT
CLIMARA PRO DIS WEEKLY	4	MT
COMBIPATCH DIS	3	MT
DUAVEE TAB 0.45-20	4	MT
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	MT
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	MT
FEMHRT TAB 0.5-2.5	4	MT
<i>fyavolv</i>	2	MT
<i>jinteli</i>	2	MT
<i>mimvey</i>	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	MT
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	MT
ORIAHNN CAP	3	PA
PREFEST TAB	4	MT
PREMPHASE TAB	3	MT
PREMPRO TAB	3	MT
PREMPRO TAB 0.3-1.5	3	MT
PREMPRO TAB 0.45-1.5	3	MT
PREMPRO TAB 0.625-5	3	MT
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA PTTW .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	4	MT
CLIMARA PTWK .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR	4	MT
DELESTROGEN OIL 10MG/ML, 20MG/ML, 40MG/ML	4	
DEPO-ESTRADIOL OIL 5MG/ML	4	
DIVIGEL GEL .25MG/0.25GM, .5MG/0.5GM, .75MG/0.75GM, 1MG/GM, 1.25MG/1.25GM	3	MT
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MT
ELESTRIN GEL .06%	4	MT
ESTRACE TABS .5MG, 1MG, 2MG	4	MT
<i>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</i>	2	MT
<i>estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml</i>	2	
ESTROGEL GEL .06%	4	MT
EVAMIST SOLN 1.53MG/SPRAY	3	MT
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MT
MENEST TABS 2.5MG	4	
MENEST TABS .3MG, .625MG, 1.25MG	4	MT
MENOSTAR PTWK 14MCG/24HR	4	MT
MINIVELLE PTTW .025MG/24HR, .037MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	MT
VIVELLE-DOT PTTW .025MG/24HR, .037MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	4	MT

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	4	
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml</i>	2	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hcl tabs 400mg</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAPS 50MG, 250MG	6	PA; LD
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FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TABS 5MG, 10MG	6	PA; LD
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GALLSTONE SOLUBILIZING AGENTS

CHENODAL TABS 250MG	6	LD
URSO 250 TABS 250MG	4	MT
URSO FORTE TABS 500MG	4	MT
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	2	MT

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1	MT
GASTROCROM CONC 100MG/5ML	4	MT

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone caps 8mcg, 24mcg</i>	2	MT
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GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg</i>	1	
REGLAN TABS 5MG, 10MG	4	

ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS

BYLVAY CAPS 400MCG, 1200MCG	6	PA; LD
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	6	PA; LD
LIVMARLI SOLN 9.5MG/ML	6	PA; LD

INFLAMMATORY BOWEL AGENTS

AZULFIDINE TABS 500MG	4	MT
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE EN-TABS TBEC 500MG	4	MT
<i>balsalazide disodium caps 750mg</i>	2	
CANASA SUPP 1000MG	4	
COLAZAL CAPS 750MG	4	
<i>mesalamine cp24 .375gm; tbec 1.2gm</i>	2	MT
<i>mesalamine cpcr 500mg; enem 4gm; supp 1000mg; tbec 800mg</i>	2	
<i>mesalamine w/ cleanser kit 4gm</i>	2	
PENTASA CPCR 250MG, 500MG	3	MT
ROWASA KIT 4GM	4	
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	5	PA, QL (1 injection every 56 days)
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	2	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>	2	MT
LINZESS CAPS 72MCG, 145MCG, 290MCG	3	MT
LOTRONEX TABS .5MG, 1MG	4	MT
VIBERZI TABS 75MG, 100MG	3	PA, QL (60 tabs every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5MG, 25MG	3	
RELISTOR SOLN 8MG/0.4ML, 12MG/0.6ML	4	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	4	MT
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	2	MT
FOSRENOL CHEW 500MG, 750MG, 1000MG; PACK 750MG, 1000MG	4	MT
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	2	MT
PHOSLYRA SOLN 667MG/5ML	3	MT
RENAGEL TABS 800MG	4	MT
RENVELA PACK .8GM, 2.4GM; TABS 800MG	4	MT
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	2	MT
<i>sevelamer hcl tabs 400mg, 800mg</i>	2	MT
VELPHORO CHEW 500MG	3	MT

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

Drug Name	Drug Tier	Requirements/Limits
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	6	PA; LD
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250MG	6	PA; LD
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ACIDIFIERS		
K-PHOS TAB NO 2	4	
ALKALINIZERS		
<i>potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg, 1080mg, 1620mg</i>	2	
UROCIT-K 5 TBCR 540MG	4	
UROCIT-K 10 TBCR 1080MG	4	
UROCIT-K 15 TBCR 15MEQ	4	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	6	PA; LD
PROCYSBI CPDR 25MG, 75MG; PACK 75MG, 300MG	6	PA; LD
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	2	
<i>argyle sterile saline soln .9%</i>	2	
<i>curity sterile saline soln .9%</i>	2	
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
<i>sodium chloride (gu irrigant) soln .9%</i>	2	
SORBITOL SOLN 3%	4	
SORBITOL-MAN SOL	4	
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TABS 200MG, 400MG	6	PA, QL (30 tabs every 30 days); LD
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100MG	4	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	MT
AVODART CAPS .5MG	4	MT
CARDURA XL TB24 4MG, 8MG	4	MT
<i>dutasteride caps .5mg</i>	2	MT
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	MT
<i>finasteride tabs 5mg</i>	1	MT
FLOMAX CAPS .4MG	4	MT
JALYN CAP	4	MT
PROSCAR TABS 5MG	4	MT
RAPAFLO CAPS 4MG, 8MG	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
<i>silodosin caps 4mg, 8mg</i>	2	MT
<i>tamsulosin hcl caps .4mg</i>	1	MT
UROXATRAL TB24 10MG	4	MT

URINARY ANALGESICS

<i>phenazo tabs 200mg</i>	1	
<i>phenazopyridine hcl tabs 200mg</i>	1	

URINARY STONE AGENTS

LITHOSTAT TABS 250MG	4	MT
THIOLA TABS 100MG	6	LD
THIOLA EC TBEC 100MG, 300MG	6	LD
<i>tiopronin tabs 100mg</i>	5	

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	MT
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tabs 100mg, 300mg</i>	1	MT
<i>colchicine tabs .6mg</i>	2	
<i>febuxostat tabs 40mg, 80mg</i>	2	MT
ULORIC TABS 40MG, 80MG	4	MT
ZYLOPRIM TABS 100MG	4	MT

URICOSURICS

<i>probenecid tabs 500mg</i>	2	MT
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HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	6	PA; LD
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	6	PA; LD
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	6	PA; LD
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	6	PA; LD
HEMLIBRA SOLN 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML	6	PA; LD
HUMATE-P SOL 250-600	6	PA; LD
HUMATE-P SOL 500-1200	6	PA; LD
HUMATE-P SOL 2400UNIT	6	PA; LD
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	6	PA; LD
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	6	PA; LD

BRADYKININ B2 RECEPTOR ANTAGONISTS

FIRAZYR SOSY 30MG/3ML	6	PA; LD
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate soln 30mg/3ml; sosal 30mg/3ml</i>	5	PA
<i>sajazir sosal 30mg/3ml</i>	5	PA; LD
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	6	PA; LD
CINRYZE SOLR 500UNIT	6	PA; LD
EMPAVELI SOLN 1080MG/20ML	6	PA; LD
HAEGARDA SOLR 2000UNIT, 3000UNIT	6	PA; LD
RUCONEST SOLR 2100UNIT	6	PA; LD
TAVNEOS CAPS 10MG	6	PA, QL (180 caps every 30 days); LD
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALLISSE TABS 100MG, 150MG	6	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	6	PA; LD
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAPS .5MG	4	MT
<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	3	MT
CABLIVI KIT 11MG	6	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
EFFIENT TABS 5MG, 10MG	4	MT
PLAVIX TABS 75MG	4	MT
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	MT
ZONTIVITY TABS 2.08MG	4	MT
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TABS 5MG, 20MG, 50MG	6	PA, QL (60 tabs every 30 days); LD
PYRUKYND TAB 20MGX5MG	6	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAB 50MGX20M	6	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAPER PACK TBPK 5MG	6	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 the table.

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84MG	6	PA; LD
<i>miglustat caps 100mg</i>	5	
<i>yargesa caps 100mg</i>	5	LD
ZAVESCA CAPS 100MG	6	LD
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	4	MT
OXBRYTA TABS 300MG; TBSO 300MG	6	PA, QL (270 tabs every 30 days); LD
OXBRYTA TABS 500MG	6	PA, QL (150 tabs every 30 days); LD
SIKLOS TABS 100MG, 1000MG	4	
COBALAMINS		
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>dodex soln 1000mcg/ml</i>	1	
FOLIC ACID/FOLATES		
<i>cvs folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>fa-8 caps .8mg</i>	1	QL (100 caps per fill), OTC; ACA, MT
<i>folate tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>folic acid caps 800mcg</i>	1	QL (100 caps per fill), OTC; ACA, MT
<i>folic acid tabs 1mg</i>	1	MT
<i>folic acid tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>kp folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>qc folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>ra folic acid tabs 800mcg</i>	1	QL (100 tabs per fill), OTC; ACA, MT
<i>sm folic acid tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA
<i>yl folic acid tabs 400mcg</i>	1	QL (100 tabs per fill), OTC; ACA
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TABS 20MG	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
MULPLETA TABS 3MG	6	PA
PROMACTA PACK 12.5MG, 25MG; TABS 12.5MG, 25MG, 50MG, 75MG	6	LD
ZARXIO SOSY 300MCG/0.5ML, 480MCG/0.8ML	5	

STEM CELL MOBILIZERS

MOZOBIL SOLN 24MG/1.2ML	6	LD
<i>plerixafor soln 24mg/1.2ml</i>	5	

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

AMICAR SOLN .25GM/ML; TABS 500MG, 1000MG	4	
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	2	
LYSTEDA TABS 650MG	4	
<i>tranexamic acid tabs 650mg</i>	2	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

BARBITURATE HYPNOTICS

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

AMBIEN TABS 5MG, 10MG	4	QL (30 tabs every 30 days)
AMBIEN CR TBCR 6.25MG, 12.5MG	4	QL (30 tabs every 30 days)
DORAL TABS 15MG	4	QL (30 tabs every 30 days)
<i>estazolam tabs 1mg</i>	2	QL (60 tabs every 30 days)
<i>estazolam tabs 2mg</i>	2	QL (30 tabs every 30 days)
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	QL (30 tabs every 30 days)
<i>flurazepam hcl caps 15mg, 30mg</i>	2	QL (30 caps every 30 days)
HALCION TABS .25MG	4	QL (60 tabs every 30 days)
LUNESTA TABS 1MG, 2MG, 3MG	4	QL (30 tabs every 30 days)
<i>midazolam hcl syrp 2mg/ml</i>	2	
<i>quazepam tabs 15mg</i>	2	QL (30 tabs every 30 days)
RESTORIL CAPS 7.5MG	4	QL (120 caps every 30 days)
RESTORIL CAPS 15MG	4	QL (60 caps every 30 days)
RESTORIL CAPS 22.5MG, 30MG	4	QL (30 caps every 30 days)
<i>temazepam caps 7.5mg</i>	2	QL (120 caps every 30 days)
<i>temazepam caps 15mg</i>	2	QL (60 caps every 30 days)
<i>temazepam caps 22.5mg, 30mg</i>	2	QL (30 caps every 30 days)
<i>triazolam tabs .25mg</i>	2	QL (60 tabs every 30 days)
<i>triazolam tabs .125mg</i>	2	QL (120 tabs every 30 days)
<i>zaleplon caps 5mg</i>	2	QL (30 caps every 30 days)
<i>zaleplon caps 10mg</i>	2	QL (60 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	2	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 the table.

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tabs 8mg</i>	2	QL (30 tabs every 30 days)
ROZEREM TABS 8MG	4	QL (30 tabs every 30 days)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	3	ACA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
GOLYTELY SOL	4	
NULYTELY SOL LMN/LIME	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i>	1	ACA
<i>peg-3350/sodium sulf/nacl</i>	1	ACA
PEG-PREP KIT	4	ACA
PLENVU SOL	4	ACA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	ACA
SUFLAVE SOL	4	ACA
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	4	ACA
LAXATIVES - MISCELLANEOUS		
<i>constulose soln 10gm/15ml</i>	1	MT
KRISTALOSE PACK 10GM, 20GM	3	MT
LACTULOSE PACK 10GM	3	MT
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	MT
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
ZITHROMAX PACK 1GM; SUSR 100MG/5ML, 200MG/5ML; TABS 250MG, 500MG	4	
ZITHROMAX TRI-PAK TABS 500MG	4	
ZITHROMAX Z-PAK TABS 250MG	4	
CLARITHROMYCIN		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	2	
ERYTHROMYCINS		
<i>e.e.s. 400 tabs 400mg</i>	2	
E.E.S. GRANULES SUSR 200MG/5ML	4	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
ERYPED 200 SUSR 200MG/5ML	4	
ERYPED 400 SUSR 400MG/5ML	4	
<i>erythrocin stearate tabs 250mg</i>	2	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	2	

FIDAXOMICIN

DIFICID SUSR 40MG/ML; TABS 200MG	4	
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MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR	4	QL (1 each every 300 days); ACA
CONDOMS (MALE)	4	OTC; ACA
FC2 FEMALE MIS CONDOM	4	OTC; ACA
FEMCAP MIS 22MM	4	QL (1 each every 300 days); ACA
FEMCAP MIS 26MM	4	QL (1 each every 300 days); ACA
FEMCAP MIS 30MM	4	QL (1 each every 300 days); ACA
OMNIFLEX DPR	4	QL (1 each every 300 days); ACA
WIDE-SEAL SILICONE DIAPHR DPRH 2%	4	QL (1 each every 300 days); ACA

DIABETIC SUPPLIES

BD MICROTAIN MIS LANCETS	3	
DEXCOM G5 MIS RECEIVER	4	QL (1 each every year)
DEXCOM G5 MIS TRANSMIT	4	QL (1 box every 90 days)
DEXCOM G6 MIS RECEIVER	4	QL (1 each every year)
DEXCOM G6 MIS SENSOR	4	QL (9 each every 90 days)
DEXCOM G6 MIS TRANSMIT	4	QL (1 box every 90 days)
DEXCOM G7 MIS RECEIVER	4	QL (1 each every year)
DEXCOM G7 MIS SENSOR	4	QL (9 each every 90 days)
G4 PLAT PED MIS RVC/SHAR	4	QL (1 each every year)
G4 PLATINUM MIS PEDIATRC	4	QL (1 each every year)
G4 PLATINUM MIS RCV/SHAR	4	QL (1 each every year)
G4 PLATINUM MIS RECEIVER	4	QL (1 each every year)
G4 PLATINUM MIS TRANSMIT	4	QL (1 box every 90 days)
G5/G4 MIS SENSOR	4	QL (12 each every 84 days)
LANCETS	3	OTC

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 KIT INTRO	3	
OMNIPOD 5 G6 MIS PODS	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD GO KIT 10UNT/DY	3	
OMNIPOD GO KIT 15UNT/DY	3	
OMNIPOD GO KIT 20UNT/DY	3	
OMNIPOD GO KIT 25UNT/DY	3	
OMNIPOD GO KIT 30UNT/DY	3	
OMNIPOD GO KIT 35UNT/DY	3	
OMNIPOD GO KIT 40UNT/DY	3	
OMNIPOD MIS CLASSIC	3	
OMNIPOD PDM KIT CLASSIC	3	
ONE TCH SLVR KIT ULT MINI	3	QL (1 box every year), OTC
ONETOUCH KIT ULTRA 2	3	QL (1 box every year), OTC
ONETOUCH KIT VERIO FL	3	QL (1 box every year), OTC
ONETOUCH KIT VERIO IQ	3	QL (1 box every year), OTC
ONETOUCH KIT VERIO RE	3	QL (1 box every year), OTC
ONETOUCH SOL KIT COMPLETE	3	QL (1 kit every 365 days), OTC
ONETOUCH SOL KIT FIT	3	QL (1 box every year), OTC
ONETOUCH SOL KIT REFILL	3	QL (1 kit every 365 days), OTC
ONETOUCH SOL KIT STARTER	3	QL (1 box every year), OTC
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
MISC. DEVICES		
ALCOHOL SWABS	3	QL (300 ea every 30 days)
ALCOHOL SWABS PADS 70%	3	QL (300 ea every 30 days), OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	3	QL (1000 each every 30 days)
INSULIN PEN NEEDLE	3	QL (1000 each every 30 days), OTC
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days)
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days), OTC
NEEDLE	3	QL (1000 each every 30 days)
NEEDLE	3	QL (1000 each every 30 days), OTC
SYRINGE/NEEDLE	3	QL (1000 each every 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	3	PA, QL (1 pen every 28 days)
EMGALITY SOAJ 120MG/ML	3	PA, QL (1 pen every 28 days)
EMGALITY SOSY 100MG/ML	3	PA, QL (3 syringes every 28 days)
EMGALITY SOSY 120MG/ML	3	PA, QL (1 syringe every 28 days)
NURTEC TBDP 75MG	3	PA, QL (16 tabs every 30 days)
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	4	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>migergot</i>	2	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
D.H.E. 45 SOLN 1MG/ML	4	
<i>dihydroergotamine mesylate soln 1mg/ml</i>	2	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	2	QL (8 mL every 30 days)
ERGOMAR SUBL 2MG	4	
MIGRANAL SOLN 4MG/ML	4	QL (8 mL every 30 days)
SEROTONIN AGONISTS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	2	QL (18 tabs every 30 days)
AMERGE TABS 1MG, 2.5MG	4	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>	2	QL (18 tabs every 30 days)
IMITREX SOLN 5MG/ACT, 20MG/ACT	4	QL (12 inhalers every 30 days)
IMITREX TABS 25MG, 50MG, 100MG	4	QL (18 tabs every 30 days)
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	4	QL (10 injections every 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	4	QL (10 injections every 30 days)
MAXALT TABS 10MG	4	QL (18 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	2	QL (18 tabs every 30 days)
RELPAX TABS 20MG, 40MG	4	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	2	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>	2	QL (10 injections every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	2	QL (18 tabs every 30 days)
<i>zolmitriptan soln 2.5mg, 5mg</i>	2	QL (12 inhalers every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	2	QL (18 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN 2.5MG	4	QL (12 inhalers every 30 days)
ZOMIG SOLN 5MG	4	QL (12 bottles every 30 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

FLUORIDE

<i>fluoritab soln .125mg/drop</i>	1	ACA, MT
<i>nafrinse chew 2.2mg</i>	1	MT
<i>nafrinse drops soln .125mg/drop</i>	1	ACA, MT
<i>sodium fluoride chew 1mg, 2.2mg</i>	1	MT
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	ACA, MT

PHOSPHATE

K-PHOS TABS 500MG	4	MT
<i>phospho-trin k500 tabs 500mg</i>	2	

POTASSIUM

<i>effer-k tbef 25meq</i>	1	MT
EFFER-K TAB 10MEQ	4	
EFFER-K TAB 20MEQ	4	
<i>k-prime tbef 25meq</i>	1	MT
K-TAB TBCR 8MEQ, 10MEQ, 20MEQ	4	MT
<i>klor-con pack 20meq</i>	1	MT
<i>klor-con 8 tbc 8meq</i>	1	MT
<i>klor-con 10 tbc 10meq</i>	1	MT
<i>klor-con m10 tbc 10meq</i>	1	MT
<i>klor-con m15 tbc 15meq</i>	1	MT
<i>klor-con m20 tbc 20meq</i>	1	MT
<i>klor-con/ef tbef 25meq</i>	1	MT
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq</i>	1	MT
<i>potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq</i>	1	MT

SODIUM

<i>sodium chloride soln .9%</i>	1	
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ZINC

GALZIN CAPS 50MG	4	
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MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

DEPEN TITRATABS TABS 250MG	4	
<i>penicillamine tabs 250mg</i>	2	

FECAL INCONTINENCE BULKING AGENTS

SOLESTA INJ 50-15ML	6	LD
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Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	6	PA, QL (28 caps every 28 days); LD
<i>lenalidomide caps 20mg, 25mg</i>	6	PA, QL (21 caps every 28 days); LD
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG	6	PA, QL (28 caps every 28 days); LD
REVLIMID CAPS 20MG, 25MG	6	PA, QL (21 caps every 28 days); LD
REZUROCK TABS 200MG	6	PA, QL (60 tabs every 30 days); LD
THALOMID CAPS 50MG, 100MG	6	PA, QL (28 caps every 28 days); LD
THALOMID CAPS 150MG, 200MG	6	PA, QL (56 caps every 28 days); LD
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	6	
<i>azasan tabs 75mg, 100mg</i>	2	MT
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	2	MT
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	4	MT
<i>cyclosporine caps 25mg, 100mg</i>	2	MT
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	2	MT
ENSPRYNG SOSY 120MG/ML	6	PA; LD
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	5	
<i>engraf caps 25mg, 100mg; soln 100mg/ml</i>	2	MT
IMURAN TABS 50MG	4	MT
LUPKYNIS CAPS 7.9MG	6	PA; LD
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	2	MT
<i>mycophenolate sodium tbec 180mg, 360mg</i>	2	MT
MYFORTIC TBEC 180MG, 360MG	4	MT
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	4	MT
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	4	MT
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	4	MT
SANDIMMUNE CAPS 25MG, 100MG; SOLN 100MG/ML	4	MT
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	2	MT
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	MT

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

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	6	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powd 100%</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps susp 15gm/60ml</i>	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAPS 50MG, 75MG	6	PA; LD
PROSTAGLANDINS		
<i>alprostadil soln 500mcg/ml</i>	2	
PROSTIN VR PEDIATRIC SOLN 500MCG/ML	4	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200MG/ML; SOSY 200MG/ML	6	PA; LD
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%</i>	2	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	2	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	2	
ORAVIG TABS 50MG	4	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
PERIDEX SOLN .12%	4	
<i>periogard soln .12%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq pste .1%</i>	2	QL (20 gm every 30 days)
<i>oralone dental paste pste .1%</i>	2	QL (20 gm every 30 days)
<i>triamcinolone acetonide (mouth) pste .1%</i>	2	QL (20 gm every 30 days)
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl caps 30mg</i>	2	MT
EVOXAC CAPS 30MG	4	MT
ORAMAGICRX SUS	4	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	2	MT
SALAGEN TABS 5MG, 7.5MG	4	MT
MULTIVITAMINS - DRUGS FOR NUTRITION		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride</i>	1	OTC
<i>multi-vitamin/fluoride/ir</i>	1	
<i>multivitamin/fluoride/iro</i>	1	OTC
PED MV W/ FLUORIDE		
<i>multi-vitamin/fluoride dr</i>	1	
<i>multivitamin with fluorid</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>multivitamin with fluorid</i>	1	OTC
<i>multivitamin/fluoride</i>	1	
<i>multivitamin/fluoride</i>	1	OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	1	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	
<i>tri-vite/fluoride</i>	1	
<i>vitamins a/c/d/fluoride</i>	1	
PRENATAL VITAMINS		
C-NATE DHA CAP 28-1-200	3	
CO-NATAL FA TAB 29-1MG	3	
COMPLETENATE CHW	3	
CONCEPT DHA CAP	3	
<i>elite-ob</i>	1	
JENLIVA CAP	3	
M-NATAL PLUS TAB	3	
NEONATAL PLS TAB 27-1MG	3	
NEONATAL TAB COMPLETE	3	
NEONATAL TAB COMPLTE	3	
NEONATAL TAB PLUS	3	
NIVA-PLUS TAB	3	
ONE VITE TAB 1MG PLUS	3	
PNV TABS TAB 29-1MG	3	
<i>pnv-dha</i>	1	
PNV-OMEGA CAP	3	
<i>pnv-select</i>	1	
PRENA1 PEARL CAP	3	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
PRENATAL-U CAP 106.5-1	3	
PRENATRIX TAB	3	
PRENATRYL TAB	3	
PREPLUS TAB 27-1MG	3	
PRETAB TAB 29-1MG	3	
RELNATE DHA CAP	3	

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

Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
TARON-C DHA CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRICARE TAB PRENATAL	3	
<i>trinate</i>	1	
VIRT-C DHA CAP	3	
VIRT-NATE CAP DHA	3	
VIRT-PN PLUS CAP	3	
VITAFOL-OB TAB 65-1MG	3	
VITAPEARL CAP	3	
VITATHELY TAB	3	
VIVA DHA CAP	3	
WESCAP-C DHA CAP	3	
WESNATE DHA CAP	3	
WESTAB PLUS TAB 27-1MG	3	
ZATEAN-PN CAP PLUS	3	

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 10mg, 20mg</i>	1	
<i>carisoprodol tabs 250mg, 350mg</i>	2	QL (120 tabs every 30 days)
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 tabs every 30 days)
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	2	QL (90 tabs every 30 days)
<i>metaxalone tabs 800mg</i>	2	QL (90 tabs every 30 days)
<i>methocarbamol tabs 500mg</i>	2	QL (240 tabs every 30 days)
<i>methocarbamol tabs 750mg</i>	2	QL (160 tabs every 30 days)
<i>orphenadrine citrate tb12 100mg</i>	2	QL (60 tabs every 30 days)
SKELAXIN TABS 800MG	4	QL (90 tabs every 30 days)
SOMA TABS 250MG, 350MG	4	QL (120 tabs every 30 days)
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	2	
<i>vanadom tabs 350mg</i>	2	QL (120 tabs every 30 days)
ZANAFLEX CAPS 2MG, 4MG, 6MG; TABS 4MG	4	

DIRECT MUSCLE RELAXANTS

DANTRIUM CAPS 25MG, 50MG	4	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	2	

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	2	PA, QL (240 tabs every 30 days)
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NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL ANTIALLERGY

<i>azelastine hcl soln .1%, .15%, 137mcg/spray</i>	2	
<i>olopatadine hcl (nasal) soln .6%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
PATANASE SOLN .6%	4	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	MT
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	1	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	2	
<i>mometasone furoate (nasal) susp 50mcg/act</i>	2	
XHANCE EXHU 93MCG/ACT	4	PA, QL (32 mL every 30 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOLN .1%	4	
<i>epinephrine hcl (nasal) soln .1%</i>	2	
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
EXSERVAN FILM 50MG	6	
RADICAVA ORS SUSP 105MG/5ML	6	PA; LD
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	6	PA; LD
RELYVRIO PAK 3-1GM	6	PA, QL (60 packs every 30 days); LD
RILUTEK TABS 50MG	6	
<i>riluzole tabs 50mg</i>	5	
TIGLUTIK SUSP 50MG/10ML	6	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75MG/ML	6	PA; LD
NUTRIENTS - DRUGS FOR NUTRITION		
CARBOHYDRATES		
<i>cvs glucose liquid shot</i>	2	OTC
<i>gluco shot</i>	2	OTC
<i>glucose oral liquid</i>	2	OTC
LIPIDS		
DOJOLVI LIQD 100%	6	PA; LD
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT INST 5MG	4	QL (60 vials every 30 days)
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth) soln .5%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>carteolol hcl (ophth) soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	4	
COSOPT SOL 2-0.5%OP	4	
DORZOL/TIMOL SOL 2-0.5%OP	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	2	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	2	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1	
<i>timolol maleate in ocudos soln .5%</i>	2	
<i>timolol maleate preservative free (ophth) soln .25%</i>	2	
TIMOPTIC SOLN .25%	4	
TIMOPTIC OCUDOSE SOLN .25%, .5%	4	
TIMOPTIC-XE SOLG .25%, .5%	4	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin soln 2.5%, 10%</i>	2	
ATROPINE SULFATE SOLN 1%	4	
<i>atropine sulfate (ophthalmic) soln 1%</i>	2	
CYCLOGYL SOLN .5%, 1%, 2%	4	
CYCLOMYDRIL SOL OP	4	
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	2	
ISOPTO ATROPINE SOLN 1%	4	
MYDRIACYL SOLN 1%	4	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	2	
<i>tropicamide soln .5%, 1%</i>	2	
MIOTICS		
ISOPTO CARPINE SOLN 1%, 2%	4	QL (30 mL every 30 days)
MIOCHOL-E SOLR 20MG	4	
PHOSPHOLINE IODIDE SOLR .125%	4	LD
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	QL (30 mL every 30 days)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%	3	
ALPHAGAN P SOLN .15%	4	
<i>apraclonidine hcl soln .5%</i>	2	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	2	
IOPIDINE SOLN 1%	4	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
AZASITE SOLN 1%	4	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
BETADINE OPHTHALMIC PREP SOLN 5%	4	
BLEPH-10 SOLN 10%	4	
CILOXAN SOLN .3%	4	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 the table.

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	2	
<i>gentak oint .3%</i>	2	QL (18 gm every 30 days)
<i>gentamicin sulfate (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
KLARITY-A SOLN 1%	4	
<i>levofloxacin (ophth) soln .5%</i>	2	QL (30 mL every 30 days)
MITOSOL KIT .2MG	4	
<i>maxifloxacin hcl (ophth) soln .5%</i>	2	QL (30 mL every 30 days)
NATACYN SUSP 5%	4	
<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>	2	
OCUFLOX SOLN .3%	4	QL (30 mL every 30 days)
<i>ofloxacin (ophth) soln .3%</i>	2	QL (30 mL every 30 days)
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	4	
POVIDONE IODINE SOLN 5%	4	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	2	
<i>tobramycin (ophth) soln .3%</i>	1	QL (30 mL every 30 days)
TOBEX OINT .3%	4	QL (18 gm every 30 days)
<i>trifluridine soln 1%</i>	2	
VIGAMOX SOLN .5%	4	QL (30 mL every 30 days)
ZIRGAN GEL .15%	4	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOLN .09%	3	QL (60 vials every 30 days)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	3	QL (60 vials every 30 days)
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	4	
<i>altacaine soln .5%</i>	2	
<i>proparacaine hcl soln .5%</i>	2	
<i>tetracaine hcl (ophth) soln .5%</i>	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	4	
BLEPHAMIDE SUS OP	4	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	2	QL (30 mL every 30 days)
<i>difluprednate emul .05%</i>	2	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) susp .1%</i>	2	
FML OINT .1%	4	
FML FORTE SUSP .25%	4	
FML LIQUIFILM SUSP .1%	4	
LOTEMAX GEL .5%	4	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
<i>loteprednol etabonate gel .5%; susp .5%</i>	2	
MAXIDEX SUSP .1%	4	
MAXITROL OIN 0.1% OP	4	
MAXITROL SUS 0.1% OP	4	
<i>neo-polycin hc</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	2	QL (30 mL every 30 days)
PRED FORTE SUSP 1%	4	
PRED MILD SUSP .12%	4	
PRED-G S.O.P OIN OP	4	
PRED-G SUS OP	4	
<i>prednisolone acetate (ophth) susp 1%</i>	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX SUS 0.3-0.1%	4	QL (30 mL every 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	QL (30 mL every 30 days)
OPHTHALMICS - MISC.		
<i>azelastine hcl (ophth) soln .05%</i>	2	
<i>bromfenac sodium (ophth) soln .09%</i>	2	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
CYSTARAN SOLN .44%	6	LD
<i>diclofenac sodium (ophth) soln .1%</i>	2	QL (30 mL every 30 days)
<i>dorzolamide hcl soln 2%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl (ophth) soln .05%</i>	2	
<i>flurbiprofen sodium soln .03%</i>	1	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	2	
PAREMYD SOL 1-0.25%	4	
PROLENSA SOLN .07%	3	
TRUSOPT SOLN 2%	4	

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost soln .03%</i>	2	
<i>latanoprost soln .005%</i>	2	
LATANOPROST SOLN .005%	4	
LUMIGAN SOLN .01%	3	
<i>tafluprost soln .015mg/ml</i>	2	
<i>travoprost soln .004%</i>	2	
XALATAN SOLN .005%	4	

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid (otic) soln 2%</i>	1	
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OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl (otic) soln .2%</i>	2	QL (56 ea every 30 days)
<i>ofloxacin (otic) soln .3%</i>	2	QL (30 mL every 30 days)

OTIC COMBINATIONS

CIPRO HC SUS OTIC	4	
CIPRODEX SUS 0.3-0.1%	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	
CORTISPORIN SUS -TC OTIC	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	QL (30 mL every 30 days)
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	QL (30 mL every 30 days)
OTOVEL DRO	4	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	QL (30 mL every 30 days)
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PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS

IMMUNE SERUMS

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	6	PA; LD
CUVITRU SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML, 10GM/50ML	6	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	6	PA; LD
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	6	PA; LD
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	6	PA; LD
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML	6	PA; LD
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	6	PA; LD

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA INJ 2.5-200	6	PA; LD
HYQVIA INJ 5-400	6	PA; LD
HYQVIA INJ 10-800	6	PA; LD
HYQVIA INJ 20-1600	6	PA; LD
HYQVIA INJ 30-2400	6	PA; LD

PENICILLINS - DRUGS TO TREAT INFECTIONS

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	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	4	
AUGMENTIN SUS ES-600	4	
AUGMENTIN TAB 500MG	4	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
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PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

LIQUID VEHICLES

<i>glycine diluent for injection</i>	6	
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PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TABS 5MG	4	MT
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	2	MT
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	2	MT
<i>norethindrone acetate tabs 5mg</i>	2	MT
<i>progesterone caps 100mg, 200mg</i>	2	MT
PROMETRIUM CAPS 100MG, 200MG	4	MT
PROVERA TABS 2.5MG, 5MG, 10MG	4	MT

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	2	
<i>disulfiram tabs 250mg, 500mg</i>	2	
LUCEMYRA TABS .18MG	4	

ANTIDEMENTIA AGENTS

ARICEPT TABS 5MG, 10MG, 23MG	4	
<i>donepezil hydrochloride tabs 5mg, 10mg</i>	1	
<i>donepezil hydrochloride tabs 23mg; tbdp 5mg, 10mg</i>	2	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	2	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
NAMENDA TABS 5MG, 10MG	4	
NAMENDA TAB 5-10MG	4	
NAMENDA XR CP24 7MG, 14MG, 21MG, 28MG	4	
NAMZARIC CAP	3	
NAMZARIC CAP 7-10MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
RAZADYNE ER CP24 8MG, 16MG, 24MG	4	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	2	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	2	
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	
SYMBYAX CAP 3-25MG	4	PA
SYMBYAX CAP 6-25MG	4	PA
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	
SAVELLA MIS TITR PAK	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	6	PA
AUSTEDO XR TB24 6MG, 12MG, 24MG	6	PA
AUSTEDO XR TAB TITR KIT	6	PA
INGREZZA CAPS 40MG, 60MG, 80MG	6	PA; LD
INGREZZA CAP 40-80MG	6	PA; LD
<i>tetrabenazine tabs 12.5mg, 25mg</i>	5	PA
XENAZINE TABS 12.5MG, 25MG	6	PA; LD
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10MG	5	PA, QL (60 tabs every 30 days); LD
AVONEX PSKT 30MCG/0.5ML	5	PA, QL (4 injections every 30 days)
AVONEX PEN AJKT 30MCG/0.5ML	5	PA, QL (4 injections every 30 days)
BETASERON KIT .3MG	5	PA, QL (14 injections every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 20MG/ML	5	PA, QL (30 injections every 30 days)
COPAXONE SOSY 40MG/ML	5	PA, QL (12 injections every 28 days)
<i>dalfampridine tb12 10mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	5	PA, QL (56 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit every 180 days)
<i>fingolimod hcl caps .5mg</i>	5	PA, QL (30 caps every 30 days)
GILENYA CAPS .25MG, .5MG	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate sosy 20mg/ml</i>	5	PA, QL (30 injections every 30 days)
<i>glatiramer acetate sosy 40mg/ml</i>	5	PA, QL (12 injections every 28 days)
<i>glatopa sosy 20mg/ml</i>	5	PA, QL (30 injections every 30 days)
<i>glatopa sosy 40mg/ml</i>	5	PA, QL (12 injections every 28 days)
KESIMPTA SOAJ 20MG/0.4ML	5	PA, QL (1 pen every 28 days); LD
MAYZENT TABS 1MG, 2MG	5	PA, QL (30 tabs every 30 days); LD
MAYZENT TABS .25MG	5	PA, QL (120 tabs every 30 days); LD
MAYZENT PAK STARTER 1 MG/DOSE TBPK .25MG	5	PA, QL (7 tabs every 4 days); LD
MAYZENT PAK STARTER 2 MG/DOSE TBPK .25MG	5	PA, QL (12 tabs every 5 days); LD
PLEGRIDY SOPN 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	PA, QL (2 injections every 28 days); LD
PLEGRIDY INJ STARTER	5	PA, QL (1 mL every 28 days); LD
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pen every 28 days); LD
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	5	PA, QL (12 injections every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ TITRATN	5	PA, QL (12 injections every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	5	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	5	PA, QL (12 injections every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	5	PA, QL (30 tabs every 30 days)
VUMERITY CPDR 231MG	5	PA, QL (120 caps every 30 days); LD
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
LYRICA CR TB24 82.5MG, 165MG	4	PA, QL (30 tabs every 30 days)
LYRICA CR TB24 330MG	4	PA, QL (60 tabs every 30 days)
<i>pregabalin (once-daily) tb24 82.5mg, 165mg</i>	2	PA, QL (30 tabs every 30 days)
<i>pregabalin (once-daily) tb24 330mg</i>	2	PA, QL (60 tabs every 30 days)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	4	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>ergoloid mesylates tabs 1mg</i>	2	
<i>pimozide tabs 1mg, 2mg</i>	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TBCR 300MG, 600MG	4	
SMOKING DETERRENTS		
APO-VARENICLINE TABS .5MG, 1MG	4	QL (168 day supply every 365 days); ACA
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	QL (168 day supply every 365 days); ACA
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	1	QL (168 day supply every 365 days), OTC; ACA
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	1	QL (168 day supply every 365 days), OTC; ACA
NICOTINE SYS KIT TRANSDER	4	OTC; ACA
NICOTROL INHALER INHA 10MG	4	QL (168 day supply every 365 days); ACA
NICOTROL NS SOLN 10MG/ML	4	QL (168 day supply every 365 days); ACA

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

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tabs .5mg, 1mg</i>	2	QL (168 day supply every 365 days); ACA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (168 day supply every 365 days); ACA

TRANSTHYRETIN AMYLOIDOSIS AGENTS

TEGSEDI SOSY 284MG/1.5ML	6	PA; LD
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RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	6	PA, QL (56 packets every 28 days); LD
KALYDECO TABS 150MG	6	PA, QL (60 tabs every 30 days); LD
ORKAMBI GRA 75-94MG	6	PA, QL (60 packs every 30 days); LD
ORKAMBI GRA 100-125	6	PA, QL (60 packs every 30 days); LD
ORKAMBI GRA 150-188	6	PA, QL (60 packs every 30 days); LD
ORKAMBI TAB 100-125	6	PA, QL (120 tabs every 30 days); LD
ORKAMBI TAB 200-125	6	PA, QL (120 tabs every 30 days); LD
PULMOZYME SOLN 2.5MG/2.5ML	6	LD
SYMDEKO TAB 50-75MG	6	PA, QL (60 tabs every 30 days); LD
SYMDEKO TAB 100-150	6	PA, QL (60 tabs every 30 days); LD
TRIKAFTA PAK 59.5MG	6	PA, QL (56 packets every 28 days); LD
TRIKAFTA PAK 75MG	6	PA, QL (56 packets every 28 days); LD
TRIKAFTA TAB	6	PA, QL (90 tabs every 30 days); LD

PULMONARY FIBROSIS AGENTS

ESBRIET CAPS 267MG; TABS 267MG, 801MG	6	PA; LD
OFEV CAPS 100MG, 150MG	6	PA; LD
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	5	PA

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

<i>sulfadiazine tabs 500mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
AMINOMETHYLCYCLINES		
NUZYRA TABS 150MG	4	PA
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>avidoxy tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	2	
<i>doxycycline (monohydrate) caps 50mg, 100mg, 150mg; tabs 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxycycline (monohydrate) susr 25mg/5ml</i>	2	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg; tbec 75mg, 150mg</i>	2	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	
VIBRAMYCIN CAPS 100MG; SUSR 25MG/5ML	4	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ANTITHYROID AGENTS		
<i>methimazole tabs 5mg, 10mg</i>	1	MT
<i>propylthiouracil tabs 50mg</i>	1	MT
THYROID HORMONES		
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	2	MT
CYTOMEL TABS 5MCG, 25MCG, 50MCG	4	MT
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	MT
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MT
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	MT
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MT
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	MT
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	MT
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	2	MT

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

Drug Name	Drug Tier	Requirements/Limits
NP THYROID 15 TABS 15MG	2	MT
NP THYROID 30 TABS 30MG	2	MT
NP THYROID 60 TABS 60MG	2	MT
NP THYROID 90 TABS 90MG	2	MT
NP THYROID 120 TABS 120MG	2	MT
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	4	MT
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	2	MT
TIROSINT CAPS 13MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	4	MT
TIROSINT-SOL SOLN 13MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML, 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML	4	MT
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MT

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	4	ACA
BOOSTRIX INJ	4	ACA
DAPTACEL INJ	4	ACA
DIP/TET PED INJ 25-5LFU	4	ACA
INFANRIX INJ	4	ACA
KINRIX INJ	4	ACA
PEDIARIX INJ 0.5ML	4	ACA
PENTACEL INJ	4	ACA
QUADRACEL INJ	4	ACA
QUADRACEL INJ 0.5ML	4	ACA
TDVAX INJ 2-2 LF	4	ACA
TENIVAC INJ 5-2LF	4	ACA
TET/DIP TOX INJ 2-2 LF	4	ACA
VAXELIS INJ	4	ACA

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	2	
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
CUVPOSA SOLN 1MG/5ML	4	MT
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	2	
<i>ed-spaz tbdp .125mg</i>	1	MT
<i>glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg</i>	2	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	1	MT
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	1	MT
LEVSIN TABS .125MG	4	MT
LEVSIN/SL SUBL .125MG	4	MT
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	MT
<i>oscimin subl .125mg; tabs .125mg</i>	1	MT
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>phenohydro</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine tabs 300mg, 400mg, 800mg</i>	2	MT
<i>cimetidine hcl soln 300mg/5ml, 400mg/6.67ml</i>	2	MT
<i>famotidine susr 40mg/5ml</i>	1	
<i>famotidine tabs 40mg</i>	1	MT
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1	MT
PEPCID TABS 40MG	4	MT
MISC. ANTI-ULCER		
CARAFATE SUSP 1GM/10ML; TABS 1GM	4	MT
<i>sucralfate susp 1gm/10ml</i>	2	MT
<i>sucralfate tabs 1gm</i>	1	MT
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30MG, 60MG	4	QL (30 caps every 30 days); MT
<i>dexlansoprazole cpdr 30mg, 60mg</i>	2	QL (30 caps every 30 days)
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL (30 caps every 30 days); MT
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	2	QL (30 packs every 30 days); MT
<i>lansoprazole cpdr 30mg</i>	2	QL (30 caps every 30 days); MT
<i>lansoprazole tbdd 15mg, 30mg</i>	2	QL (30 tabs every 30 days); MT
NEXIUM CPDR 20MG, 40MG	4	QL (30 caps every 30 days); MT
NEXIUM PACK 2.5MG, 5MG	4	MT

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

Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACK 10MG, 20MG, 40MG	4	QL (30 packs every 30 days); MT
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	2	QL (30 caps every 30 days); MT
<i>pantoprazole sodium pack 40mg</i>	2	QL (30 packs every 30 days); MT
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	QL (30 tabs every 30 days); MT
PREVACID CPDR 30MG	4	QL (30 caps every 30 days); MT
PREVACID SOLUTAB TBDD 15MG, 30MG	4	QL (30 tabs every 30 days); MT
PRILOSEC PACK 2.5MG, 10MG	4	MT
PROTONIX PACK 40MG	4	QL (30 packs every 30 days); MT
PROTONIX TBEC 20MG, 40MG	4	QL (30 tabs every 30 days); MT
<i>rabeprazole sodium tbec 20mg</i>	2	QL (30 tabs every 30 days); MT

ULCER DRUGS - PROSTAGLANDINS

CYTOTEC TABS 100MCG, 200MCG	4	MT
<i>misoprostol tabs 100mcg, 200mcg</i>	2	MT

ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	
OMECLAMOX- MIS PAK	3	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	2	MT
DITROPAN XL TB24 5MG, 10MG	4	MT
GELNIQUE GEL 10%	3	MT
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	2	MT
OXYTROL PTTW 3.9MG/24HR	4	MT
<i>solifenacin succinate tabs 5mg, 10mg</i>	2	MT
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	2	MT
<i>tropium chloride cp24 60mg; tabs 20mg</i>	2	MT
VESICARE TABS 5MG, 10MG	4	MT

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	3	MT
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URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	2	
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tabs 100mg</i>	2	MT
VACCINES - DRUGS TO PREVENT INFECTIONS		
BACTERIAL VACCINES		
ACTHIB INJ	4	ACA
BCG VACCINE SOLR 50MG	4	
BEXSERO INJ	4	ACA
BIOTHRAX INJ	4	
HIBERIX SOLR 10MCG	4	ACA
MENACTRA INJ	4	ACA
MENQUADFI INJ	4	ACA
MENVEO INJ	4	ACA
MENVEO SOL	4	ACA
PEDVAX HIB SUSP 7.5MCG/0.5ML	4	ACA
PNEUMOVAX 23 INJ 25MCG/0.5ML	4	ACA
PNEUMOVAX 23/1 DOSE INJ 25MCG/0.5ML	4	ACA
PREVNAR 13 INJ	4	ACA
PREVNAR 20 INJ	4	ACA
TRUMENBA INJ	4	ACA
TYPHIM VI SOLN 25MCG/0.5ML; SOSY 25MCG/0.5ML	4	
VAXNEUVANCE INJ	4	ACA
VIRAL VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	4	
AREXVY SUSR 120MCG/0.5ML	4	
COMIRNATY 2023-24 SUSY 30MCG/0.3ML	3	ACA
DENGVAXIA SUS	4	ACA
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	4	ACA
GARDASIL 9 INJ	4	ACA
HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML	4	ACA
HEPLISAV-B SOSY 20MCG/0.5ML	4	ACA
IMOVAX RABIES (H.D.C.V.) SUSR 2.5UNIT/ML	4	
INFLUENZA VIRUS VACCINE	3	ACA
IPOL INJ INACTIVE	4	ACA
IXIARO INJ	4	
M-M-R II INJ	4	ACA
MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML	3	ACA
MODERNA COVID-19 VACCINE/ SUSP 10MCG/0.2ML, 50MCG/0.5ML	3	ACA
NOVAVAX COVID-19 VACCINE SUSP 5MCG/0.5ML	3	ACA

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

Drug Name	Drug Tier	Requirements/Limits
NOVAVAX COVID-19 VACCINE/ SUSP 5MCG/0.5ML	3	ACA
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.2ML, 3MCG/0.3ML, 10MCG/0.2ML, 10MCG/0.3ML, 30MCG/0.3ML	3	ACA
PREHEVBRIO SUSP 10MCG/ML	4	ACA
PRIORIX INJ	4	ACA
PROQUAD INJ	4	ACA
RABAVERT INJ	4	
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	4	ACA
ROTARIX SUS	4	ACA
ROTATEQ SOL	4	ACA
SHINGRIX SUSR 50MCG/0.5ML	4	ACA
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML	3	ACA
STAMARIL INJ	4	
TICOVAC SUSY 1.2MCG/0.25ML, 2.4MCG/0.5ML	4	
TWINRIX INJ	4	ACA
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	4	ACA
VARIVAX INJ 1350PFU/0.5ML	4	ACA
YF-VAX INJ	4	

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA INST 6.5MG	4	MT
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SPERMICIDES

ENCARE SUPP 100MG	4	OTC; ACA
OPTIONS GYNOL II VAGINAL GEL 3%	4	OTC; ACA
TODAY SPONGE MISC 1000MG	4	OTC; ACA
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	4	OTC; ACA

VAGINAL ANTI-INFECTIVES

CLEOCIN CREA 2%; SUPP 100MG	4	
<i>clindamycin phosphate vaginal crea 2%</i>	2	
CLINDESSE CREA 2%	4	
GYNAZOLE-1 CREA 2%	4	
<i>metronidazole vaginal gel .75%</i>	2	
<i>miconazole 3 supp 200mg</i>	2	
NUVESSA GEL 1.3%	4	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	2	
VANDAZOLE GEL .75%	2	

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	4	ACA
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ESTROGENS		
ESTRACE CREA .1MG/GM	4	MT
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	2	MT
PREMARIN CREA .625MG/GM	3	MT
<i>yuvafem tabs 10mcg</i>	2	MT
VAGINAL PROGESTINS		
CRINONE GEL 4%	4	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN SOLN 30MG/30ML	4	
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	2	QL (4 pens every 30 days)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	2	QL (2 pens every 30 days)
<i>epinephrine (anaphylaxis) soln 30mg/30ml</i>	2	
EIPEN 2-PAK SOAJ .3MG/0.3ML	4	QL (4 pens every 30 days)
EIPEN-JR 2-PAK SOAJ .15MG/0.3ML	4	QL (4 pens every 30 days)
SYMJEPI SOSY .15MG/0.3ML, .3MG/0.3ML	3	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa caps 100mg, 200mg, 300mg</i>	5	PA
NORTHERA CAPS 100MG, 200MG, 300MG	6	PA; LD
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	2	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	MT
MEPHYTON TABS 5MG	4	
<i>phytonadione tabs 5mg</i>	2	
WATER SOLUBLE VITAMINS		
POTABA CAPS 500MG	4	MT

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

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<i>calcipotriene-betamethasone dipropionate</i>		<i>tab 25-100 mg</i>	62
<i>oint 0.005-0.064%</i>	88	<i>carbidopa & levodopa orally disintegrating</i>	
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<i>calcitriol</i>	95	<i>carbidopa & levodopa tab 25-100 mg</i>	62
<i>calcitriol (topical)</i>	86	<i>carbidopa & levodopa tab 25-250 mg</i>	62
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<i>16-12.5 mg</i>	48	<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
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<i>danazol</i>	23	<i>desonide</i>	88
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<i>doxercalciferol</i>	95	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	66
<i>doxycycline (monohydrate)</i>	125	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	66
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BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

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

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

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

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

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

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالامكان. إذا كنت عضواً، فاتصل 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).

ပြည်သူများ: ဘုံတို့က ဘာသာစကား ခက်ခဲမှုများကို ကူညီပေးရန်အတွက် အခမဲ့ ဘာသာစကား ဝန်ဆောင်မှုများကို ပေးအပ်ပါသည်။ အင်္ဂလိပ်စကားမဟုတ်ဘဲ အခြားဘာသာစကားကို အသုံးပြုလိုပါက အင်္ဂလိပ်စကားပြောသူများအတွက် အသုံးပြုရန် အညွှန်းစာရွက်ကို 1-800-565-9140 (TTY: 1-800-848-0298) နှင့် ဆက်သွယ်ပါ။

ማስታዎት: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። አባል ከሆኑ፣ በአባልነት መታወቅያዎ ጀርባ ላይ በሚገኘው የአባልነት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፡ TTY: 1-800-848-0298) ይያውቁ።

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 સહાયતા 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 ડાલ 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 بہ 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 nínzín: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiik'eh, éí ná hóíł. Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nit'ízi bee néehozinígíí bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anída'áwo'í bibésh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóógo q TTY: 1-800-848-0298) bee hodílnih.