

WellSense Clarity plans Formulary (List of Covered Drugs)

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

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

This drug list is effective for plan year 2025.

It's updated monthly and the last update was on November 1, 2024.

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

What's a formulary?

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

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



have been withdrawn from the market for safety reasons or a medication becomes available without a prescription.

Which drugs are included in the formulary?

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

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

How do I use the formulary?

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

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

Drugs used to treat multiple conditions

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

What are tiers?

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



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

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

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

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

Glossary

Below is list of common abbreviations and their meaning.

ACA: Affordable Care Act

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

LA: Limited availability

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

MB: Medical benefit

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



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

OC: Oral chemotherapy drugs

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

OTC : Over-the-counter

An OTC drug is a non-prescription drug.

PA: Prior authorization

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

QL: Quantity limit

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

SP : Specialty drugs

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

ST: Step therapy

In some cases, the plan requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A doesn't work for you, we'll then cover Drug B.

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

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



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

Are there any drug exclusions on my formulary?

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

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

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

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

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

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

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

- Call Cornerstone Health Solutions at 844-319-7588



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

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

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

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

Can the formulary change?

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

Appealing a decision

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



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

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List of Abbreviations

1: Generic

2: Preferred Brand

3: Non Preferred Brand

4: Specialty

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

ACA: Affordable Care Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements / Limits
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
ZITHROMAX INTRAVENOUS	MB	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral</i>	2	PA
ALINIA ORAL	3	
<i>atovaquone-proguanil oral</i>	2	
<i>chloramphenicol sod succinate intravenous</i>	MB	
<i>chloroquine phosphate oral</i>	1	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin pediatric oral</i>	1	
COARTEM ORAL	3	
DALVANCE INTRAVENOUS	MB	
<i>dapsone oral</i>	2	
<i>ertapenem injection</i>	2	
<i>ethambutol oral</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/100 ml, 80 mg/50 ml</i>	MB	
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	MB	

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

Drug Name	Tier	Requirements / Limits
<i>gentamicin sulfate (ped) (pf) injection</i>	MB	
<i>hydroxychloroquine oral</i>	1	
<i>isoniazid injection</i>	MB	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	2	PA
KIMYRSA INTRAVENOUS	MB	
<i>linezolid oral</i>	2	
<i>mefloquine oral</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	MB	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	MB	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS	MB	
<i>metronidazole oral</i>	1	
<i>neomycin oral</i>	1	
<i>nitazoxanide oral</i>	2	
ORBACTIV INTRAVENOUS	MB	
<i>paromomycin oral</i>	3	
PASER ORAL	4	
<i>pentamidine inhalation</i>	2	
<i>polymyxin b sulfate injection</i>	MB	
<i>praziquantel oral</i>	2	
PRIFTIN ORAL	3	
<i>pyrazinamide oral</i>	2	

Drug Name	Tier	Requirements / Limits
<i>pyrimethamine oral</i>	3	PA; SP
<i>quinine sulfate oral</i>	2	PA
<i>rifabutin oral</i>	2	
<i>rifampin oral</i>	2	
SIRTURO ORAL	4	PA
<i>tinidazole oral</i>	1	
<i>tobramycin in 0.225 % nacl inhalation</i>	4	SP
<i>tobramycin sulfate injection</i>	MB	
TRECTOR ORAL	3	
XIFAXAN ORAL	3	PA
ZEMDRI INTRAVENOUS	MB	
PENICILLINS		
<i>amoxicillin oral</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral</i>	1	
<i>ampicillin sodium injection</i>	MB	
<i>dicloxacillin oral</i>	1	
<i>nafcillin in dextrose iso-osm intravenous</i>	MB	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS	MB	
<i>penicillin g sodium injection</i>	MB	
<i>penicillin v potassium oral</i>	1	
<i>piperacillin-tazobactam intravenous</i>	MB	

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

Drug Name	Tier	Requirements / Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS	MB	
QUINOLONES		
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral</i>	2	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS	MB	
<i>ofloxacin oral</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
TETRACYCLINES		
<i>demeclocycline oral</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	3	
<i>doxycycline monohydrate oral</i>	2	
MINOCIN INTRAVENOUS	MB	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	2	
<i>minocycline oral tablet extended release 24 hr</i>	3	

Drug Name	Tier	Requirements / Limits
<i>tetracycline oral</i>	1	
URINARY TRACT AGENTS		
<i>methenamine hippurate oral</i>	2	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral</i>	1	
<i>nitrofurantoin oral</i>	2	
VANCOMYCIN		
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	MB	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 2 gram/500 ml</i>	MB	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML	MB	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS	MB	
<i>vancomycin oral</i>	2	PA
VIBATIV INTRAVENOUS	MB	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		

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

Drug Name	Tier	Requirements / Limits
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous</i>	MB	SP
ELITEK INTRAVENOUS	MB	SP
ETHYOL INTRAVENOUS	MB	SP
KEPIVANCE INTRAVENOUS	MB	SP
<i>leucovorin calcium injection</i>	MB	
<i>leucovorin calcium oral</i>	2	
<i>levoleucovorin calcium intravenous recon soln</i>	MB	SP
<i>levoleucovorin calcium intravenous solution</i>	MB	
<i>mesna intravenous</i>	MB	
MESNEX INTRAVENOUS	MB	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS	MB	
<i>abiraterone oral</i>	4	PA; SP
ABRAXANE INTRAVENOUS	MB	SP
ADCETRIS INTRAVENOUS	MB	SP
<i>adrucil intravenous</i>	MB	SP
ALIMTA INTRAVENOUS	MB	SP
ALKERAN (AS HCL) INTRAVENOUS	MB	SP

Drug Name	Tier	Requirements / Limits
<i>anastrozole oral</i>	2	
ARRANON INTRAVENOUS	MB	SP
<i>arsenic trioxide intravenous</i>	MB	SP
AVASTIN INTRAVENOUS	MB	SP
<i>azacitidine injection</i>	MB	SP
<i>azathioprine oral</i>	2	
<i>azathioprine sodium injection</i>	MB	
BAVENCIO INTRAVENOUS	MB	SP
BELEODAQ INTRAVENOUS	MB	SP
<i>bendamustine intravenous</i>	MB	SP
BENDEKA INTRAVENOUS	MB	SP
<i>bexarotene oral</i>	4	PA; SP
<i>bexarotene topical</i>	4	PA; SP
<i>bicalutamide oral</i>	4	SP
BICNU INTRAVENOUS	MB	SP
<i>bleomycin injection</i>	MB	SP
BLINCYTO INTRAVENOUS	MB	SP
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	MB	SP
<i>bortezomib injection recon soln 3.5 mg</i>	MB	SP
BORTEZOMIB INTRAVENOUS	MB	SP
BOSULIF ORAL	4	PA; SP

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

Drug Name	Tier	Requirements / Limits
BUSULFEX INTRAVENOUS	MB	SP
CAMPTOSAR INTRAVENOUS	MB	SP
<i>capecitabine oral</i>	4	PA; SP
CAPRELSA ORAL	4	PA
<i>carboplatin intravenous</i>	MB	SP
<i>carmustine intravenous recon soln 100 mg</i>	MB	SP
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG	MB	SP
<i>cisplatin intravenous</i>	MB	SP
<i>cladribine intravenous</i>	MB	SP
<i>clofarabine intravenous</i>	MB	SP
COMETRIQ ORAL	4	PA; SP
COSMEGEN INTRAVENOUS	MB	SP
<i>cyclophosphamide intravenous</i>	MB	SP
<i>cyclophosphamide oral</i>	4	SP
<i>cyclosporine modified oral</i>	4	
<i>cyclosporine oral</i>	4	
CYRAMZA INTRAVENOUS	MB	SP
<i>cytarabine (pf) injection</i>	MB	SP
<i>cytarabine injection</i>	MB	SP
<i>dacarbazine intravenous</i>	MB	SP

Drug Name	Tier	Requirements / Limits
<i>dactinomycin intravenous</i>	MB	SP
DANYELZA INTRAVENOUS	MB	SP
DARZALEX FASPRO SUBCUTANEOUS	MB	SP
DARZALEX INTRAVENOUS	MB	SP
<i>daunorubicin intravenous</i>	MB	SP
<i>decitabine intravenous</i>	MB	SP
<i>docetaxel intravenous</i>	MB	SP
DOCIVYX INTRAVENOUS	MB	SP
DOXIL INTRAVENOUS	MB	SP
<i>doxorubicin intravenous</i>	MB	SP
<i>doxorubicin, peg-liposomal intravenous</i>	MB	SP
DROXIA ORAL	4	SP
ELAHERE INTRAVENOUS	MB	SP
ELLECE INTRAVENOUS	MB	SP
ELZONRIS INTRAVENOUS	MB	
EMPLICITI INTRAVENOUS	MB	SP
ENHERTU INTRAVENOUS	MB	SP
<i>epirubicin intravenous</i>	MB	SP

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

Drug Name	Tier	Requirements / Limits
ERBITUX INTRAVENOUS	4	PA; SP
<i>eribulin intravenous</i>	MB	SP
ERIVEDGE ORAL	4	PA; SP
<i>erlotinib oral</i>	4	PA; SP
ERWINASE INJECTION	MB	
ETOPOPHOS INTRAVENOUS	MB	SP
<i>etoposide intravenous</i>	MB	SP
<i>etoposide oral</i>	4	SP
<i>everolimus (antineoplastic) oral</i>	4	PA; SP
<i>exemestane oral</i>	4	SP
FASLODEX INTRAMUSCULAR	MB	SP
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS	4	PA; SP
<i>floxuridine injection</i>	MB	SP
<i>fludarabine intravenous</i>	MB	SP
<i>fluorouracil intravenous</i>	MB	SP
FOLOTYN INTRAVENOUS	MB	SP
GAZYVA INTRAVENOUS	MB	SP
<i>gemcitabine intravenous</i>	MB	SP
<i>gengraf oral</i>	4	
GILOTRIF ORAL	4	PA; SP
GLEOSTINE ORAL	4	PA; SP

Drug Name	Tier	Requirements / Limits
HALAVEN INTRAVENOUS	MB	SP
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL	MB	
HYCAMTIN ORAL	4	PA; SP
<i>hydroxyurea oral</i>	2	
IBRANCE ORAL	4	PA; SP
ICLUSIG ORAL	4	PA
IDAMYCIN PFS INTRAVENOUS	MB	SP
<i>idarubicin intravenous</i>	MB	SP
IFEX INTRAVENOUS	MB	SP
<i>ifosfamide intravenous</i>	MB	SP
<i>imatinib oral</i>	4	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL	4	PA; SP
IMFINZI INTRAVENOUS	MB	SP
IMJUDO INTRAVENOUS	MB	SP
IMLYGIC INJECTION	MB	
INLYTA ORAL	4	PA; SP
<i>irinotecan intravenous</i>	MB	SP
ISTODAX INTRAVENOUS	MB	SP
IXEMPRA INTRAVENOUS	MB	SP
JAKAFI ORAL	4	PA; SP

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

Drug Name	Tier	Requirements / Limits
JELMYTO INTRA-PYELOCALYCEAL	MB	
JEVTANA INTRAVENOUS	MB	SP
KADCYLA INTRAVENOUS	MB	SP
<i>kemoplaf intravenous</i>	MB	SP
KEYTRUDA INTRAVENOUS	MB	
KIMMTRAK INTRAVENOUS	MB	
KYMRIAH INTRAVENOUS	MB	
KYPROLIS INTRAVENOUS	MB	SP
<i>lapatinib oral</i>	4	PA; SP
<i>lenalidomide oral</i>	4	PA; SP; QL (1 per 1 day)
<i>letrozole oral</i>	2	
LEUKERAN ORAL	4	SP
<i>leuprolide subcutaneous</i>	4	PA; SP
LUNSUMIO INTRAVENOUS	MB	SP
LYNPARZA ORAL	4	PA; SP
LYSODREN ORAL	4	
MATULANE ORAL	4	
MEKINIST ORAL	4	PA; SP
<i>melphalan hcl intravenous</i>	MB	SP
<i>mercaptopurine oral</i>	4	SP
<i>methotrexate sodium (pf) injection</i>	MB	SP

Drug Name	Tier	Requirements / Limits
<i>methotrexate sodium injection</i>	MB	
<i>methotrexate sodium oral</i>	2	
<i>mitomycin intravenous</i>	MB	SP
<i>mitoxantrone intravenous</i>	MB	SP
<i>mycophenolate mofetil oral</i>	4	
<i>mycophenolate sodium oral</i>	4	
MYLERAN ORAL	4	SP
<i>nelarabine intravenous</i>	MB	SP
<i>nilutamide oral</i>	4	SP
NIPENT INTRAVENOUS	MB	SP
<i>octreotide acetate injection</i>	MB	SP
ONCASPAR INJECTION	MB	SP
ONIVYDE INTRAVENOUS	MB	SP
OPDIVO INTRAVENOUS	MB	SP
OPDUALAG INTRAVENOUS	MB	SP
<i>oxaliplatin intravenous</i>	MB	SP
<i>paclitaxel intravenous</i>	MB	SP
PACLITAXEL PROTEIN-BOUND INTRAVENOUS	MB	SP
<i>pazopanib oral</i>	4	PA; SP

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

Drug Name	Tier	Requirements / Limits
<i>pemetrexed disodium intravenous recon soln</i>	MB	SP
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	MB	SP
PEMRYDI RTU INTRAVENOUS	MB	SP
PERJETA INTRAVENOUS	MB	SP
PHESGO SUBCUTANEOUS	MB	SP
PHOTOFRIN INTRAVENOUS	MB	SP
POMALYST ORAL	4	PA; SP
PRALATREXATE INTRAVENOUS	MB	SP
REVLIMID ORAL	4	PA; SP; QL (1 per 1 day)
RIABNI INTRAVENOUS	MB	SP
<i>romidepsin intravenous</i>	MB	SP
RYBREVANT INTRAVENOUS	MB	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 30 MG	4	PA; SP; QL (0.036 per 1 day)

Drug Name	Tier	Requirements / Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 20 MG	4	PA; SP; QL (0.071 per 1 day)
<i>sirolimus oral</i>	4	
SOMATULINE DEPOT SUBCUTANEOUS	4	PA; SP
<i>sorafenib oral</i>	4	PA; SP
SPRYCEL ORAL	4	PA; SP
STIVARGA ORAL	4	PA; SP
<i>sunitinib malate oral</i>	4	PA; SP
SYLVANT INTRAVENOUS	MB	SP
TABLOID ORAL	4	SP
<i>tacrolimus oral</i>	4	
TAFINLAR ORAL	4	PA; SP
<i>tamoxifen oral</i>	2	
TASIGNA ORAL	4	PA; SP
TECENTRIQ INTRAVENOUS	MB	SP
TEMODAR INTRAVENOUS	MB	SP
<i>temozolomide oral</i>	4	PA; SP
TEPADINA INJECTION	MB	SP
THALOMID ORAL	4	PA; SP
<i>thiotepa injection</i>	MB	SP
<i>topotecan intravenous</i>	MB	SP
<i>toremifene oral</i>	4	SP
TREANDA INTRAVENOUS	MB	SP

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Drug Name	Tier	Requirements / Limits
TRELSTAR INTRAMUSCULAR	MB	
<i>tretinoin (antineoplastic) oral</i>	4	SP
TRODELVY INTRAVENOUS	MB	SP
UNITUXIN INTRAVENOUS	MB	
VECTIBIX INTRAVENOUS	MB	SP
VELCADE INJECTION	MB	SP
VIDAZA INJECTION	MB	SP
<i>vinblastine intravenous</i>	MB	SP
<i>vincasar pfs intravenous</i>	MB	SP
<i>vincristine intravenous</i>	MB	SP
<i>vinorelbine intravenous</i>	MB	SP
VOTRIENT ORAL	4	PA; SP
XALKORI ORAL	4	PA; SP
XTANDI ORAL	4	PA; SP
YERVOY INTRAVENOUS	MB	SP
YESCARTA INTRAVENOUS	MB	
YONDELIS INTRAVENOUS	MB	
ZALTRAP INTRAVENOUS	MB	SP
ZANOSAR INTRAVENOUS	MB	SP
ZELBORAF ORAL	4	PA; SP

Drug Name	Tier	Requirements / Limits
ZOLINZA ORAL	4	PA; SP
ZYDELIG ORAL	4	PA; SP
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
<i>carbamazepine oral</i>	1	
<i>clonazepam oral</i>	1	
DILANTIN ORAL	3	
<i>divalproex oral</i>	2	
<i>epitol oral</i>	1	
<i>ethosuximide oral</i>	1	
<i>felbamate oral</i>	2	
<i>gabapentin oral</i>	2	
<i>lacosamide oral tablet 100 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>lacosamide oral tablet 150 mg, 200 mg</i>	2	QL (3 per 1 day)
<i>lamotrigine oral</i>	1	
<i>levetiracetam oral</i>	2	
<i>methsuximide oral</i>	3	
<i>oxcarbazepine oral</i>	2	
<i>phenobarbital oral</i>	1	
<i>phenytoin oral</i>	1	
<i>phenytoin sodium extended oral</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (3 per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (2 per 1 day)
<i>pregabalin oral solution</i>	2	QL (30 per 1 day)

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

Drug Name	Tier	Requirements / Limits
<i>primidone oral</i>	1	
<i>rufinamide oral</i>	2	
<i>tiagabine oral</i>	2	
<i>topiramate oral</i>	1	
<i>valproic acid (as sodium salt) oral</i>	1	
<i>valproic acid oral</i>	1	
<i>vigabatrin oral</i>	4	SP
<i>vigadrone oral</i>	4	
<i>zonisamide oral</i>	2	

ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS	4	PA; SP; QL (2 per 1 day)
<i>apomorphine subcutaneous</i>	4	PA; SP; QL (2 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine oral capsule</i>	2	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral</i>	2	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>entacapone oral</i>	2	QL (8 per 1 day)
<i>pramipexole oral</i>	2	QL (3 per 1 day)
<i>rasagiline oral</i>	2	QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 5 mg</i>	1	QL (4 per 1 day)
<i>ropinirole oral tablet 1 mg, 2 mg</i>	1	QL (3 per 1 day)
<i>ropinirole oral tablet 3 mg, 4 mg</i>	1	QL (6 per 1 day)
<i>ropinirole oral tablet extended release 24 hr</i>	2	QL (1 per 1 day)
<i>selegiline hcl oral</i>	2	QL (2 per 1 day)
<i>tolcapone oral</i>	3	PA; QL (6 per 1 day)
<i>trihexyphenidyl oral</i>	1	

MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral</i>	1	ST; QL (0.2 per 1 day)
<i>dihydroergotamine nasal</i>	3	ST; QL (0.29 per 1 day)
<i>eletriptan oral</i>	2	ST; QL (0.2 per 1 day)
EMGALITY PEN SUBCUTANEOUS	2	PA; SP; QL (0.08 per 1 day)
EMGALITY SYRINGE SUBCUTANEOUS	2	PA; SP; QL (0.08 per 1 day)
ERGOMAR SUBLINGUAL	3	
<i>ergotamine-caffeine oral</i>	1	
<i>frovatriptan oral</i>	2	ST; QL (0.3 per 1 day)
<i>naratriptan oral</i>	1	QL (0.3 per 1 day)

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

Drug Name	Tier	Requirements / Limits
<i>rizatriptan oral</i>	1	QL (0.3 per 1 day)
<i>sumatriptan succinate subcutaneous</i>	2	ST; QL (0.1 per 1 day)
<i>zolmitriptan oral</i>	1	QL (0.2 per 1 day)

MISCELLANEOUS NEUROLOGICAL THERAPY

<i>dalfampridine oral</i>	4	PA; SP; QL (2 per 1 day)
<i>donepezil oral</i>	2	
<i>galantamine oral</i>	2	
<i>memantine oral solution</i>	2	
<i>memantine oral tablet</i>	2	
MEMANTINE ORAL TABLETS,DOSE PACK	2	
NULIBRY INTRAVENOUS	MB	
ONPATTRO INTRAVENOUS	MB	SP
<i>rivastigmine tartrate oral</i>	2	QL (2 per 1 day)
TYSABRI INTRAVENOUS	MB	SP

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

<i>baclofen oral</i>	1	
BRIDION INTRAVENOUS	MB	
<i>carisoprodol oral</i>	1	QL (84 per 68 days)
<i>chlorzoxazone oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>cyclobenzaprine oral</i>	1	
<i>dantrolene oral</i>	2	
<i>meprobamate oral</i>	1	
<i>metaxalone oral</i>	1	ST; QL (4 per 1 day)
<i>methocarbamol oral</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	MB	
<i>neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)</i>	MB	
<i>orphenadrine citrate oral</i>	1	
<i>pyridostigmine bromide oral</i>	2	
RYANODEX INTRAVENOUS	MB	
<i>tizanidine oral</i>	1	

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution</i>	1	PA; QL (30 per 1 day)
<i>acetaminophen-codeine oral tablet</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine oral</i>	1	PA; QL (6 per 1 day)
BRIXADI SUBCUTANEOUS	MB	SP
<i>buprenorphine hcl injection</i>	MB	
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QL (12 per 90 days)

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

Drug Name	Tier	Requirements / Limits
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	QL (3 per 90 days)
<i>buprenorphine transdermal</i>	2	PA; QL (4 per 21 days)
<i>butalbital-acetaminop-caf-cod oral</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral</i>	1	
<i>butalbital-aspirin-caffeine oral</i>	1	QL (6 per 1 day)
<i>codeine sulfate oral</i>	2	PA; QL (6 per 1 day)
DEMEROL (PF) INJECTION	MB	QL (99 per 99 days)
DEMEROL INJECTION	MB	QL (99 per 99 days)
DILAUDID (PF) INJECTION	MB	QL (99 per 99 days)
DSUVIA SUBLINGUAL	MB	
<i>duramorph (pf) injection</i>	MB	QL (99 per 99 days)
<i>endocet oral</i>	2	QL (6 per 1 day)
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir</i>	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,500 MCG/50 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	MB	QL (99 per 99 days)

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

Drug Name	Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,000 MCG/50 ML (20 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 16 MCG/ML, 50 MCG/ML	MB	QL (99 per 99 days)

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

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

Drug Name	Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral</i>	1	QL (5 per 1 day)
HYDROMORPHONE (PF) IN WATER INJECTION	MB	QL (99 per 99 days)
HYDROMORPHONE (PF) IN WATER INTRAVENOUS	MB	QL (99 per 99 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	MB	QL (99 per 99 days)
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	MB	QL (99 per 99 days)
<i>hydromorphone (pf) injection syringe</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	MB	QL (99 per 99 days)
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	MB	QL (99 per 99 days)
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml)</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE	MB	QL (99 per 99 days)

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

Drug Name	Tier	Requirements / Limits
<i>hydromorphone injection solution</i>	MB	QL (99 per 99 days)
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	MB	QL (99 per 99 days)
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	MB	QL (99 per 99 days)
<i>hydromorphone oral liquid</i>	1	QL (24 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	QL (8 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	1	QL (4 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION	MB	QL (99 per 99 days)
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS	MB	QL (99 per 99 days)
INFUMORPH P/F INJECTION	MB	QL (99 per 99 days)
<i>levorphanol tartrate oral</i>	3	PA; QL (6 per 1 day)
<i>meperidine (pf) injection</i>	MB	QL (99 per 99 days)
<i>meperidine oral solution</i>	1	QL (99 per 99 days)
<i>meperidine oral tablet</i>	1	QL (6 per 1 day)

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

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

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

Drug Name	Tier	Requirements / Limits
<i>morphine concentrate oral</i>	1	QL (6 per 1 day)
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION	MB	QL (99 per 99 days)
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir</i>	MB	QL (99 per 99 days)
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe</i>	MB	QL (99 per 99 days)
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	MB	QL (99 per 99 days)
MORPHINE INJECTION SOLUTION	MB	QL (99 per 99 days)
MORPHINE INJECTION SYRINGE 2 MG/ML	MB	QL (99 per 99 days)
<i>morphine injection syringe 4 mg/ml</i>	MB	QL (99 per 99 days)
MORPHINE INTRAMUSCULAR	MB	QL (99 per 99 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	MB	QL (99 per 99 days)
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	MB	QL (99 per 99 days)

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

Drug Name	Tier	Requirements / Limits
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	MB	QL (99 per 99 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	MB	QL (99 per 99 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg</i>	2	PA; QL (2 per 1 day)
<i>morphine oral capsule, extend. release pellets 100 mg, 60 mg, 80 mg</i>	2	PA; QL (1 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (30 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (99 per 99 days)
<i>morphine oral tablet extended release</i>	2	PA; QL (2 per 1 day)
<i>oxycodone oral capsule</i>	2	QL (6 per 1 day)
<i>oxycodone oral concentrate</i>	2	QL (6 per 1 day)
<i>oxycodone oral solution</i>	2	QL (30 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral</i>	1	QL (6 per 1 day)
<i>oxymorphone oral tablet</i>	2	QL (3 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS	MB	SP
<i>tencon oral</i>	1	QL (6 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral</i>	1	ACA; OTC
<i>aspirin childrens oral</i>	1	ACA; OTC
<i>aspirin oral</i>	1	ACA; OTC
<i>bayer low dose aspirin oral</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (16 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (4 per 1 day)
<i>butorphanol injection</i>	MB	QL (99 per 99 days)
<i>butorphanol nasal</i>	1	QL (5 per 23 days)
<i>celecoxib oral</i>	2	ST; QL (2 per 1 day)

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

Drug Name	Tier	Requirements / Limits
<i>diclofenac potassium oral</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral</i>	1	
<i>diflunisal oral</i>	1	
<i>ecotrin low strength oral</i>	1	ACA; OTC
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	2	
<i>fenoprofen oral</i>	3	QL (4 per 1 day)
<i>flurbiprofen oral</i>	1	QL (3 per 1 day)
<i>ibuprofen oral</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>ketoprofen oral</i>	2	
<i>ketorolac injection</i>	MB	
<i>ketorolac intramuscular</i>	MB	
KLOXXADO NASAL	2	QL (6 per 90 days)
<i>meclofenamate oral</i>	2	
<i>mefenamic acid oral</i>	1	QL (29 per 30 days)
<i>nalbuphine injection</i>	MB	QL (99 per 99 days)
<i>naloxone injection solution</i>	2	QL (6 per 68 days)
<i>naloxone injection syringe 0.4 mg/ml</i>	2	QL (6 per 68 days)

Drug Name	Tier	Requirements / Limits
<i>naloxone injection syringe 1 mg/ml</i>	2	QL (12 per 68 days)
<i>naloxone nasal</i>	2	
<i>naltrexone oral</i>	1	
<i>naproxen oral</i>	1	
OLINVYK INTRAVENOUS	MB	
<i>oxaprozin oral</i>	2	
<i>piroxicam oral</i>	1	
<i>st joseph aspirin oral</i>	1	ACA; OTC
<i>st. joseph aspirin oral</i>	1	ACA; OTC
<i>sulindac oral</i>	1	
<i>tramadol oral</i>	2	PA; QL (1 per 1 day)
PSYCHOTHERAPEUTIC DRUGS		
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet, disintegrating</i>	2	
<i>amitriptyline oral</i>	1	
<i>amoxapine oral</i>	1	
<i>amphetamine sulfate oral</i>	2	PA
<i>aripiprazole oral</i>	2	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 per 1 day)
<i>asenapine maleate sublingual</i>	2	PA

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

Drug Name	Tier	Requirements / Limits
<i>atomoxetine oral</i>	2	PA
<i>bupropion hcl oral</i>	1	
<i>bupirone oral</i>	1	
<i>chlordiazepoxide hcl oral</i>	1	
<i>chlorpromazine oral</i>	2	PA
<i>citalopram oral</i>	1	
<i>clomipramine oral</i>	2	
<i>clonidine hcl oral</i>	2	PA
<i>clozapine oral</i>	2	PA
<i>desipramine oral</i>	2	
<i>desvenlafaxine succinate oral</i>	2	ST
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA
<i>dexmethylphenidate oral tablet</i>	1	PA
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	PA
<i>dextroamphetamine sulfate oral solution</i>	2	PA
<i>dextroamphetamine sulfate oral tablet</i>	1	PA
<i>dextroamphetamine-amphetamine oral</i>	1	PA
<i>diazepam intensol oral</i>	1	
<i>diazepam oral</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	2	ST

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

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

Drug Name	Tier	Requirements / Limits
<i>fluphenazine hcl oral</i>	1	PA
<i>fluvoxamine oral</i>	1	
<i>guanfacine oral</i>	1	PA
<i>haloperidol lactate injection</i>	MB	
<i>haloperidol oral</i>	1	PA
<i>imipramine hcl oral</i>	1	
<i>lisdexamfetamine oral</i>	2	PA; QL (1 per 1 day)
<i>lithium carbonate oral</i>	1	
<i>lithium citrate oral</i>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate oral</i>	1	PA
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
MARPLAN ORAL	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	2	PA
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	1	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA

Drug Name	Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA; QL (2 per 1 day)
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS	MB	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS	MB	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS	MB	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS	MB	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	1	QL (10 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	1	QL (10 per 30 days)
<i>mirtazapine oral</i>	1	
<i>modafinil oral</i>	2	PA; QL (1 per 1 day)
<i>nefazodone oral</i>	2	
<i>nortriptyline oral</i>	1	
<i>olanzapine oral</i>	2	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 6 mg</i>	2	PA

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

Drug Name	Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i>	2	PA; QL (30 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	
<i>perphenazine oral</i>	1	PA
<i>phenelzine oral</i>	1	
<i>pimozide oral</i>	2	PA
<i>protriptyline oral</i>	2	
<i>quetiapine oral tablet</i>	2	PA
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	2	PA
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	2	PA; QL (30 per 30 days)
<i>ramelteon oral</i>	2	PA; QL (2 per 1 day)
<i>risperidone oral solution</i>	1	PA
<i>risperidone oral tablet</i>	1	PA
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 2 mg, 4 mg</i>	2	PA
<i>risperidone oral tablet, disintegrating 1 mg, 3 mg</i>	2	PA; QL (60 per 30 days)
<i>sertraline oral</i>	1	
SUNOSI ORAL	3	PA; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>temazepam oral</i>	1	QL (1 per 1 day)
<i>thioridazine oral</i>	1	
<i>thiothixene oral</i>	1	PA
<i>tranylcypromine oral</i>	2	
<i>trazodone oral</i>	1	
<i>triazolam oral</i>	1	QL (1 per 1 day)
<i>trifluoperazine oral</i>	1	PA
<i>trimipramine oral</i>	1	
<i>venlafaxine oral capsule, extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	QL (90 per 30 days)
<i>vilazodone oral</i>	3	QL (1 per 1 day)
VYVANSE ORAL	3	PA; QL (1 per 1 day)
<i>zaleplon oral</i>	1	QL (1 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	2	PA; QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	2	PA
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase</i>	2	QL (1 per 1 day)
ZULRESSO INTRAVENOUS	MB	

**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements / Limits
<i>nitroglycerin sublingual</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral</i>	4	SP
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical</i>	2	
<i>calcipotriene-betamethasone topical</i>	2	
<i>calcitriol topical</i>	2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS	4	PA; SP; QL (0.29 per 1 day)
COSENTYX PEN (2 PENS) SUBCUTANEOUS	4	PA; SP; QL (0.29 per 1 day)
COSENTYX PEN SUBCUTANEOUS	4	PA; SP; QL (0.29 per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (0.29 per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; QL (0.08 per 1 day)
<i>selenium sulfide topical</i>	1	
STELARA INTRAVENOUS	MB	PA; SP; QL (1.86 per 1 day)
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.02 per 1 day)

Drug Name	Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.02 per 1 day)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (0.04 per 1 day)
BURN THERAPY		
<i>ssd topical</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical</i>	1	
<i>diclofenac sodium topical</i>	2	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (0.15 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (0.15 per 1 day)
<i>fluorouracil topical</i>	4	PA; SP
<i>methoxsalen oral</i>	2	
<i>pimecrolimus topical</i>	2	PA; QL (100 per 23 days)
<i>podofilox topical</i>	1	

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

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

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

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

Drug Name	Tier	Requirements / Limits
SULFAMYLON TOPICAL	3	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical shampoo</i>	2	
<i>ciclopirox topical suspension</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical</i>	1	
<i>clotrimazole topical</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	2	
ERTACZO TOPICAL	3	
<i>ketoconazole topical</i>	3	
<i>klayesta topical</i>	1	
<i>naftifine topical</i>	2	
<i>nyamyc topical</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone topical cream</i>	2	
<i>nystatin-triamcinolone topical ointment</i>	1	
<i>nystop topical</i>	1	
<i>oxiconazole topical</i>	2	
OXISTAT TOPICAL	3	
TOPICAL ANTIVIRALS		

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

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

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

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

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

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

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

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

Drug Name	Tier	Requirements / Limits
<i>stop smoking aid buccal</i>	1	ACA; OTC
<i>varenicline oral tablet</i>	1	ACA; QL (2 per 1 day)
<i>varenicline oral tablets, dose pack</i>	1	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

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

MISCELLANEOUS OTIC PREPARATIONS

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

OTIC STEROID / ANTIBIOTIC

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

ENDOCRINE/DIABETES

ADRENAL HORMONES

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

ANTITHYROID AGENTS

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

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

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

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

Drug Name	Tier	Requirements / Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS	2	

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

Drug Name	Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOUS	2	
INSULIN LISPRO SUBCUTANEOUS	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS	2	
LANTUS U-100 INSULIN SUBCUTANEOUS	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS	2	
TRESIBA FLEXTOUCH U- 100 SUBCUTANEOUS	2	
TRESIBA FLEXTOUCH U- 200 SUBCUTANEOUS	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS	2	
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS	MB	SP

Drug Name	Tier	Requirements / Limits
<i>cabergoline oral</i>	1	
<i>calcitonin (salmon) nasal</i>	2	
<i>calcitriol intravenous</i>	MB	
<i>calcitriol oral capsule</i>	1	PA
<i>calcitriol oral solution</i>	2	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULA R	4	PA; SP
<i>cinacalcet oral</i>	4	PA; SP
<i>danazol oral</i>	2	
<i>desmopressin nasal</i>	2	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	PA
ELAPRASE INTRAVENOUS	MB	SP
ELELYSO INTRAVENOUS	MB	SP
<i>javygtor oral</i>	4	PA; SP
LUMIZYME INTRAVENOUS	MB	SP
METHITEST ORAL	3	
MYALEPT SUBCUTANEOUS	4	PA; SP
NAGLAZYME INTRAVENOUS	MB	SP
<i>pamidronate intravenous</i>	MB	SP
<i>paricalcitol oral</i>	2	PA
<i>sapropterin oral</i>	4	PA; SP
SYNAREL NASAL	4	PA; SP

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Drug Name	Tier	Requirements / Limits
<i>testosterone cypionate intramuscular</i>	1	
<i>testosterone transdermal</i>	2	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; SP; QL (2 per 1 day)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS	MB	
<i>vasopressin intravenous</i>	MB	
<i>zoledronic acid intravenous</i>	MB	SP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS	MB	SP
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral</i>	1	
CYCLOSET ORAL	3	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	ST
GLIPIZIDE ORAL TABLET 2.5 MG	1	ST
<i>glipizide oral tablet extended release 24hr</i>	1	ST
<i>glipizide-metformin oral</i>	1	
<i>glyburide micronized oral</i>	1	ST
<i>glyburide oral</i>	1	ST
<i>glyburide-metformin oral</i>	1	ST

Drug Name	Tier	Requirements / Limits
JANUMET ORAL	2	ST
JANUMET XR ORAL	2	ST
JANUVIA ORAL	2	ST
JARDIANCE ORAL	2	ST
<i>metformin oral</i>	1	
<i>migliitol oral</i>	2	
<i>nateglinide oral</i>	2	
OZEMPIC SUBCUTANEOUS	2	PA; QL (0.108 per 1 day)
<i>pioglitazone oral</i>	1	ST
<i>repaglinide oral</i>	1	
SYMLINPEN 120 SUBCUTANEOUS	3	PA
SYMLINPEN 60 SUBCUTANEOUS	3	PA
SYNJARDY ORAL	2	ST
SYNJARDY XR ORAL	2	ST
TRULICITY SUBCUTANEOUS	2	PA; QL (0.08 per 1 day)
VICTOZA 2-PAK SUBCUTANEOUS	2	PA; QL (0.3 per 1 day)
VICTOZA 3-PAK SUBCUTANEOUS	2	PA; QL (0.3 per 1 day)
THYROID HORMONES		
<i>euthyrox oral</i>	1	
<i>levo-t oral</i>	1	
LEVOTHYROXINE ORAL CAPSULE	2	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral</i>	1	
<i>liothyronine oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>unithroid oral</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>atropine intravenous</i>	MB	
<i>dicyclomine oral</i>	1	
<i>diphenoxylate-atropine oral</i>	1	
<i>glycopyrrolate intravenous</i>	MB	
<i>glycopyrrolate oral</i>	1	
MOTOFEN ORAL	3	
MISCELLANEOUS AGENTS		
<i>lanthanum oral</i>	2	
<i>sevelamer carbonate oral powder in packet</i>	2	
<i>sevelamer carbonate oral tablet</i>	1	
<i>sodium polystyrene sulfonate oral</i>	2	
<i>sps (with sorbitol) oral</i>	2	
<i>sps (with sorbitol) rectal</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS	MB	
<i>alosetron oral</i>	2	PA; QL (2 per 1 day)
ANZEMET ORAL	3	PA
APONVIE INTRAVENOUS	MB	SP

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

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

Drug Name	Tier	Requirements / Limits
<i>gentlelax oral</i>	1	ACA; OTC
<i>granisetron hcl oral</i>	2	QL (0.86 per 1 day)
<i>hydrocortisone rectal</i>	1	
INFLECTRA INTRAVENOUS	MB	SP
INFLIXIMAB INTRAVENOUS	MB	SP
<i>lactulose oral</i>	1	
<i>laxative (bisacodyl) oral</i>	1	ACA; OTC
<i>lubiprostone oral</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral</i>	1	ACA; OTC
<i>meclizine oral</i>	1	
<i>mesalamine oral</i>	2	
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia concentrated oral</i>	3	ACA; OTC
<i>milk of magnesia oral</i>	3	ACA; OTC
<i>ondansetron hcl oral solution</i>	2	QL (3.34 per 1 day)
<i>ondansetron hcl oral tablet</i>	2	QL (9 per 30 days)
<i>ondansetron oral</i>	2	QL (0.3 per 1 day)
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	MB	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	MB	SP

Drug Name	Tier	Requirements / Limits
<i>palonosetron intravenous syringe</i>	MB	
<i>peg 3350-electrolytes oral</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral</i>	1	ACA
<i>peg-electrolyte soln oral</i>	1	ACA
<i>polyethylene glycol 3350 oral</i>	1	ACA; OTC
<i>powderlax oral</i>	1	ACA; OTC
<i>prochlorperazine maleate oral</i>	1	
<i>proctosol hc topical</i>	1	
<i>purelax oral</i>	1	ACA; OTC
RELISTOR SUBCUTANEOUS	MB	
REMICADE INTRAVENOUS	MB	SP
RENFLEXIS INTRAVENOUS	MB	SP
<i>scopolamine base transdermal</i>	3	
<i>smoothlax oral</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates oral</i>	1	ACA
<i>sulfasalazine oral</i>	1	
TRULANCE ORAL	3	ST; QL (1 per 1 day)
<i>ursodiol oral</i>	2	
<i>women's gentle laxative(bisac) oral</i>	1	ACA; OTC
ZYMFENTRA SUBCUTANEOUS	MB	SP
ULCER THERAPY		
<i>cimetidine oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	3	ST; QL (30 per 23 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	3	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral</i>	2	QL (1 per 1 day)
<i>esomeprazole sodium intravenous</i>	MB	
<i>famotidine oral</i>	1	
<i>lansoprazole oral</i>	1	QL (1 per 1 day)
<i>misoprostol oral</i>	1	
<i>nizatidine oral</i>	1	
<i>omeprazole oral</i>	1	QL (1 per 1 day)
<i>pantoprazole oral</i>	2	QL (1 per 1 day)
<i>rabeprazole oral</i>	2	QL (1 per 1 day)
<i>sucralfate oral</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral</i>	2	SP
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BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION	4	PA; SP
FULPHILA SUBCUTANEOUS	4	PA; SP
MIRCERA INJECTION	MB	

Drug Name	Tier	Requirements / Limits
PROCRIT INJECTION	4	PA; SP; QL (0.43 per 1 day)
PROLEUKIN INTRAVENOUS	MB	
REBLOZYL SUBCUTANEOUS	MB	
ZARXIO INJECTION	4	PA; SP
ZIEXTENZO SUBCUTANEOUS	4	PA; SP

GROWTH HORMONES

NUTROPIN AQ NUSPIN SUBCUTANEOUS	4	PA; SP
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INTERFERONS

ACTIMMUNE SUBCUTANEOUS	4	PA; SP
ALFERON N INJECTION	MB	SP
PEGASYS SUBCUTANEOUS SOLUTION	4	SP; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	SP; QL (2 per 21 days)

MULTIPLE SCLEROSIS AGENTS

BRIUMVI INTRAVENOUS	MB	SP
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	2	PA; SP; QL (60 per 720 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>	2	PA; SP; QL (2 per 1 day)

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

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

Drug Name	Tier	Requirements / Limits
ABRYSVO (PF) INTRAMUSCULAR	3	PA; ACA
ACTHIB (PF) INTRAMUSCULAR	3	PA; ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR	3	PA; ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR	1	PA; ACA
AREXVY (PF) INTRAMUSCULAR	3	PA; ACA
BEXSERO INTRAMUSCULAR	2	PA; ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR	2	ACA
CYTOGAM INTRAVENOUS	MB	SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR	3	PA; ACA
ENGERIX-B (PF) INTRAMUSCULAR	3	ACA

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

Drug Name	Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR	3	ACA
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR	1	PA; ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR	1	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR	1	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR	1	PA; ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR	1	PA; ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR	1	ACA
FLUMIST TRIVALENT 2024-2025 NASAL	1	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR	1	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR	1	ACA

Drug Name	Tier	Requirements / Limits
FLUZONE TRIV 2024-2025 INTRAMUSCULAR	1	ACA
GARDASIL 9 (PF) INTRAMUSCULAR	2	PA; ACA
HAVRIX (PF) INTRAMUSCULAR	3	PA; ACA
HEPAGAM B INJECTION	MB	SP
HEPLISAV-B (PF) INTRAMUSCULAR	3	PA; ACA
HIBERIX (PF) INTRAMUSCULAR	3	PA; ACA
HYQVIA SUBCUTANEOUS	4	PA; SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR	3	PA; ACA
IPOX INJECTION	3	PA; ACA
IXIARO (PF) INTRAMUSCULAR	3	PA
KINRIX (PF) INTRAMUSCULAR	3	PA; ACA
MENQUADFI (PF) INTRAMUSCULAR	3	PA; ACA

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

Drug Name	Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR	3	PA; ACA
M-M-R II (PF) SUBCUTANEOUS	3	PA; ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR	2	ACA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR	2	ACA
PEDIARIX (PF) INTRAMUSCULAR	3	PA; ACA
PEDVAX HIB (PF) INTRAMUSCULAR	3	PA; ACA
PENBRAYA (PF) INTRAMUSCULAR	3	ACA
PENTACEL (PF) INTRAMUSCULAR	3	PA; ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR	2	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR	2	ACA
PNEUMOVAX-23 INJECTION	2	PA; ACA
PREHEVBRIO (PF) INTRAMUSCULAR	3	PA; ACA

Drug Name	Tier	Requirements / Limits
PREVNAR 20 (PF) INTRAMUSCULAR	2	PA; ACA
PRIORIX (PF) SUBCUTANEOUS	3	PA; ACA
PROQUAD (PF) SUBCUTANEOUS	3	PA; ACA
QUADRACEL (PF) INTRAMUSCULAR	3	PA; ACA
RABAVERT (PF) INTRAMUSCULAR	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR	3	ACA
ROTATEQ VACCINE ORAL	3	PA; ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR	2	ACA
TDVAX INTRAMUSCULAR	3	PA; ACA
TENIVAC (PF) INTRAMUSCULAR	3	PA; ACA
TRUMENBA INTRAMUSCULAR	2	PA; ACA
TWINRIX (PF) INTRAMUSCULAR	3	PA; ACA
TYPHIM VI INTRAMUSCULAR	3	PA

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

Drug Name	Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR	3	PA; ACA
VARIVAX (PF) SUBCUTANEOUS	3	PA; ACA
VAXELIS (PF) INTRAMUSCULAR	3	PA; ACA
VAXNEUVANCE (PF) INTRAMUSCULAR	2	PA; ACA
VIVOTIF ORAL	2	PA
XEOMIN INTRAMUSCULAR	4	PA; SP

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical</i>	2	
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg</i>	1	QL (8 per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1	QL (2 per 1 day)
<i>colchicine oral capsule</i>	2	ST
<i>colchicine oral tablet</i>	2	
<i>febuxostat oral</i>	2	ST; QL (1 per 1 day)
KRYSTEXXA INTRAVENOUS	MB	SP
<i>probenecid oral</i>	1	
<i>probenecid-colchicine oral</i>	1	

Drug Name	Tier	Requirements / Limits
OSTEOPOROSIS THERAPY		
<i>alendronate oral</i>	1	
FORTEO SUBCUTANEOUS	4	PA; SP; QL (0.09 per 1 day)
<i>ibandronate oral</i>	1	
<i>raloxifene oral</i>	1	
<i>risedronate oral</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; SP; QL (0.09 per 1 day)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; SP; QL (0.09 per 1 day)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN SUBCUTANEOUS	4	PA; SP; QL (0.13 per 1 day)
ACTEMRA INTRAVENOUS	MB	SP
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL (0.13 per 1 day)
BENLYSTA INTRAVENOUS	MB	SP
ENBREL MINI SUBCUTANEOUS	4	PA; SP; QL (0.15 per 1 day)
ENBREL SUBCUTANEOUS	4	PA; SP; QL (0.15 per 1 day)
ENBREL SURECLICK SUBCUTANEOUS	4	PA; SP; QL (0.15 per 1 day)

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

Drug Name	Tier	Requirements / Limits
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; QL (0.15 per 1 day)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; QL (0.15 per 1 day)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (0.08 per 1 day)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; QL (0.15 per 1 day)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; QL (0.15 per 1 day)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; QL (3 per 720 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS	4	PA; SP; QL (4 per 720 days)

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

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

Drug Name	Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; QL (1 per 23 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; QL (1 per 23 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

BIJUVA ORAL	3	QL (1 per 1 day)
<i>camila oral</i>	1	ACA
<i>deblitane oral</i>	1	ACA
<i>dotti transdermal</i>	1	
<i>errin oral</i>	1	ACA
<i>estradiol oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>estradiol transdermal</i>	1	
<i>estradiol vaginal</i>	2	
ESTRING VAGINAL	3	
<i>fyavolv oral</i>	1	
<i>heather oral</i>	1	ACA
<i>incassia oral</i>	1	ACA
<i>jencycla oral</i>	1	ACA
<i>jinteli oral</i>	1	
<i>lyleq oral</i>	1	ACA
<i>lyllana transdermal</i>	1	
<i>lyza oral</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone oral</i>	1	
MENEST ORAL	2	
<i>mimvey oral</i>	1	
<i>nora-be oral</i>	1	ACA
<i>norethindrone (contraceptive) oral</i>	1	ACA
<i>norethindrone acetate oral</i>	1	
<i>norethindrone ac-eth estradiol oral</i>	1	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE ORAL	3	
PREMPRO ORAL	3	
<i>progesterone micronized oral</i>	1	
<i>sharobel oral</i>	1	ACA

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

Drug Name	Tier	Requirements / Limits
<i>tulana oral</i>	1	ACA
<i>yuvafem vaginal</i>	2	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	
<i>eluryng vaginal</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal</i>	1	ACA
GYNAZOLE-1 VAGINAL	3	
<i>haloette vaginal</i>	1	ACA
<i>metronidazole vaginal</i>	1	
<i>norelgestromin-ethin.estradiol transdermal</i>	1	ACA
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	2	
<i>tranexamic acid oral</i>	1	
<i>vandazole vaginal</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL	3	ACA; OTC
<i>xulane transdermal</i>	1	ACA
<i>zafemy transdermal</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral</i>	1	ACA
<i>after pill oral</i>	1	ACA; OTC
<i>altavera (28) oral</i>	1	ACA
<i>alyacen 7/7/7 (28) oral</i>	1	ACA
<i>amethia oral</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>amethyst (28) oral</i>	1	ACA
<i>apri oral</i>	1	ACA
<i>aranelle (28) oral</i>	1	ACA
<i>aubra eq oral</i>	1	ACA
<i>aubra oral</i>	1	ACA
<i>aurovela 1.5/30 (21) oral</i>	1	ACA
<i>aurovela 1/20 (21) oral</i>	1	ACA
<i>aurovela 24 fe oral</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral</i>	1	ACA
<i>aurovela fe 1-20 (28) oral</i>	1	ACA
<i>aviane oral</i>	1	ACA
<i>ayuna oral</i>	1	ACA
<i>azurette (28) oral</i>	1	ACA
<i>balziva (28) oral</i>	1	ACA
<i>blisovi 24 fe oral</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral</i>	1	ACA
<i>blisovi fe 1/20 (28) oral</i>	1	ACA
<i>briellyn oral</i>	1	ACA
<i>camrese lo oral</i>	1	ACA
<i>camrese oral</i>	1	ACA
<i>caziant (28) oral</i>	1	ACA
<i>charlotte 24 fe oral</i>	1	ACA
<i>chateal (28) oral</i>	1	ACA
<i>chateal eq (28) oral</i>	1	ACA
<i>cryselle (28) oral</i>	1	ACA
<i>cyred eq oral</i>	1	ACA
<i>cyred oral</i>	1	ACA

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

Drug Name	Tier	Requirements / Limits
<i>dasetta 1/35 (28) oral</i>	1	ACA
<i>dasetta 7/7/7 (28) oral</i>	1	ACA
<i>daysee oral</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral</i>	1	ACA
<i>dolishale oral</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral</i>	1	ACA
<i>econtra ez oral</i>	1	ACA; OTC
<i>econtra one-step oral</i>	1	ACA; OTC
<i>elinest oral</i>	1	ACA
<i>enpresse oral</i>	1	ACA
<i>enskyce oral</i>	1	ACA
<i>estarylla oral</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral</i>	1	ACA
<i>falmina (28) oral</i>	1	ACA
<i>finzala oral</i>	1	ACA
<i>gemmily oral</i>	1	ACA
<i>hailey 24 fe oral</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral</i>	1	ACA
<i>hailey fe 1/20 (28) oral</i>	1	ACA
<i>hailey oral</i>	1	ACA
<i>iclevia oral</i>	1	ACA
<i>isibloom oral</i>	1	ACA
<i>jaimiess oral</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>jasmiel (28) oral</i>	1	ACA
<i>jolessa oral</i>	1	ACA
<i>juleber oral</i>	1	ACA
<i>junel 1.5/30 (21) oral</i>	1	ACA
<i>junel 1/20 (21) oral</i>	1	ACA
<i>junel fe 1.5/30 (28) oral</i>	1	ACA
<i>junel fe 1/20 (28) oral</i>	1	ACA
<i>junel fe 24 oral</i>	1	ACA
<i>kaitlib fe oral</i>	1	ACA
<i>kalliga oral</i>	1	ACA
<i>kariva (28) oral</i>	1	ACA
<i>kelnor 1/35 (28) oral</i>	1	ACA
<i>kelnor 1/50 (28) oral</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral</i>	1	ACA
<i>larin 1.5/30 (21) oral</i>	1	ACA
<i>larin 1/20 (21) oral</i>	1	ACA
<i>larin 24 fe oral</i>	1	ACA
<i>larin fe 1.5/30 (28) oral</i>	1	ACA
<i>larin fe 1/20 (28) oral</i>	1	ACA
<i>layolis fe oral</i>	1	ACA
<i>leena 28 oral</i>	1	ACA
<i>lessina oral</i>	1	ACA
<i>levonest (28) oral</i>	1	ACA
<i>levonorgestrel oral</i>	1	ACA; OTC
<i>levonorgestrel-ethinyl estradiol oral</i>	1	ACA
<i>levonorg-eth estradiol triphasic oral</i>	1	ACA

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

Drug Name	Tier	Requirements / Limits
<i>levora-28 oral</i>	1	ACA
LO LOESTRIN FE ORAL	2	ACA
<i>lojaimiess oral</i>	1	ACA
<i>loryna (28) oral</i>	1	ACA
<i>low-ogestrel (28) oral</i>	1	ACA
<i>lo-zumandimine (28) oral</i>	1	ACA
<i>lutra (28) oral</i>	1	ACA
<i>merzee oral</i>	1	ACA
<i>mibelas 24 fe oral</i>	1	ACA
<i>microgestin 1.5/30 (21) oral</i>	1	ACA
<i>microgestin 1/20 (21) oral</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral</i>	1	ACA
<i>microgestin fe 1/20 (28) oral</i>	1	ACA
<i>mili oral</i>	1	ACA
<i>mono-linyah oral</i>	1	ACA
<i>my choice oral</i>	1	ACA; OTC
<i>my way oral</i>	1	ACA; OTC
<i>necon 0.5/35 (28) oral</i>	1	ACA
<i>new day oral</i>	1	ACA; OTC
<i>nikki (28) oral</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral</i>	1	ACA
<i>norethindrone ac-eth estradiol oral</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral</i>	1	ACA
<i>norgestimate-ethinyl estradiol oral</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>nortrel 0.5/35 (28) oral</i>	1	ACA
<i>nortrel 1/35 (21) oral</i>	1	ACA
<i>nortrel 1/35 (28) oral</i>	1	ACA
<i>nortrel 7/7/7 (28) oral</i>	1	ACA
<i>nylia 1/35 (28) oral</i>	1	ACA
<i>ocella oral</i>	1	ACA
<i>opcicon one-step oral</i>	1	ACA; OTC
<i>option-2 oral</i>	1	ACA; OTC
<i>philith oral</i>	1	ACA
<i>pimtrea (28) oral</i>	1	ACA
<i>portia 28 oral</i>	1	ACA
<i>reclipsen (28) oral</i>	1	ACA
<i>rivelsa oral</i>	1	ACA
<i>setlakin oral</i>	1	ACA
<i>simliya (28) oral</i>	1	ACA
<i>simpesse oral</i>	1	ACA
<i>sprintec (28) oral</i>	1	ACA
<i>sronyx oral</i>	1	ACA
<i>syeda oral</i>	1	ACA
<i>tarina 24 fe oral</i>	1	ACA
<i>tarina fe 1/20 (28) oral</i>	1	ACA
<i>tilia fe oral</i>	1	ACA
<i>tri-estarylla oral</i>	1	ACA
<i>tri-legest fe oral</i>	1	ACA
<i>tri-linyah oral</i>	1	ACA
<i>tri-lo-estarylla oral</i>	1	ACA
<i>tri-lo-mili oral</i>	1	ACA
<i>tri-lo-sprintec oral</i>	1	ACA

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

Drug Name	Tier	Requirements / Limits
<i>tri-mili oral</i>	1	ACA
<i>tri-sprintec (28) oral</i>	1	ACA
<i>trivora (28) oral</i>	1	ACA
<i>tri-vylibra lo oral</i>	1	ACA
<i>tri-vylibra oral</i>	1	ACA
<i>turqoz (28) oral</i>	1	ACA
<i>tydemy oral</i>	1	ACA
<i>velivet triphasic regimen (28) oral</i>	1	ACA
<i>vestura (28) oral</i>	1	ACA
<i>volnea (28) oral</i>	1	ACA
<i>vyfemla (28) oral</i>	1	ACA
<i>vylibra oral</i>	1	ACA
<i>wera (28) oral</i>	1	ACA
<i>wymzya fe oral</i>	1	ACA
<i>zarah oral</i>	1	ACA
<i>zovia 1-35 (28) oral</i>	1	ACA
<i>zumandimine (28) oral</i>	1	ACA

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE)	3	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin- polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE OPHTHALMIC (EYE)	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	

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

ANTIVIRALS

<i>trifluridine ophthalmic (eye)</i>	1	
ZIRGAN OPHTHALMIC (EYE)	3	

BETA-BLOCKERS

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

Drug Name	Tier	Requirements / Limits
<i>betaxolol ophthalmic (eye)</i>	1	
<i>carteolol ophthalmic (eye)</i>	1	
<i>levobunolol ophthalmic (eye)</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE)	3	
CYCLOPLEGIC MYDRIATICS		
<i>tropicamide ophthalmic (eye)</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye)</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHTHALMIC (EYE)	3	ST
ALOMIDOPHTHALMIC (EYE)	3	ST
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate ophthalmic (eye)</i>	2	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	1	PA; QL (60 per 30 days)
<i>epinastine ophthalmic (eye)</i>	1	

Drug Name	Tier	Requirements / Limits
<i>olopatadine ophthalmic (eye)</i>	2	
OMIDRIA INTRAOCULAR	MB	
<i>proparacaine ophthalmic (eye)</i>	1	
VABYSMO INTRAVITREAL	MB	SP
XIIDRA OPHTHALMIC (EYE)	3	PA; QL (60 per 23 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye)</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium ophthalmic (eye)</i>	1	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC OPHTHALMIC (EYE)	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral</i>	1	
<i>methazolamide oral</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol ophthalmic (eye)</i>	2	
<i>brinzolamide ophthalmic (eye)</i>	2	
<i>dorzolamide ophthalmic (eye)</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye)</i>	1	
<i>latanoprost ophthalmic (eye)</i>	1	
LUMIGAN OPTHALMIC (EYE)	3	
<i>tafluprost (pf) ophthalmic (eye)</i>	2	
<i>travoprost ophthalmic (eye)</i>	2	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye)</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye)</i>	1	
TOBRADEX OPTHALMIC (EYE)	3	
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	1	
ZYLET OPTHALMIC (EYE)	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate ophthalmic (eye)</i>	2	
<i>fluorometholone ophthalmic (eye)</i>	1	
ILUVIEN INTRAVITREAL	MB	SP

Drug Name	Tier	Requirements / Limits
LOTEMAX OPTHALMIC (EYE)	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	3	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye)</i>	1	
<i>brimonidine ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral</i>	1	
<i>clemastine oral</i>	1	
<i>cyproheptadine oral</i>	1	

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

Drug Name	Tier	Requirements / Limits
<i>diphenhydramine hcl injection</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>hydroxyzine hcl intramuscular</i>	MB	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>levocetirizine oral</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal</i>	2	
<i>promethegan rectal</i>	2	
COUGH & COLD THERAPY		
<i>benzonatate oral</i>	1	
<i>brompheniramine-pseudoeph-dm oral</i>	1	
<i>codeine-guaifenesin oral</i>	1	
<i>g tussin ac oral</i>	1	
<i>hydrocodone-chlorpheniramine oral</i>	1	
<i>maxi-tuss ac oral</i>	1	
<i>promethazine-dm oral</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	
<i>albuterol sulfate inhalation</i>	1	

Drug Name	Tier	Requirements / Limits
<i>albuterol sulfate oral</i>	1	
<i>alyq oral</i>	4	PA; SP
<i>ambrisentan oral</i>	4	PA; SP
<i>arformoterol inhalation</i>	2	
ASMANEX TWISTHALER INHALATION	2	
BERINERT INTRAVENOUS	4	PA; SP; QL (0.34 per 1 day)
<i>bosentan oral</i>	4	PA; SP
<i>breyana inhalation</i>	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 1 mg/2 ml</i>	1	
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide-formoterol inhalation</i>	2	
<i>cromolyn inhalation</i>	2	
DULERA INHALATION	2	
<i>flunisolide nasal</i>	1	ST
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	

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

Drug Name	Tier	Requirements / Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
<i>formoterol fumarate inhalation</i>	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol inhalation</i>	2	
<i>levalbuterol hcl inhalation</i>	2	
LEVALBUTEROL TARTRATE INHALATION	1	
<i>montelukast oral</i>	1	
OFEV ORAL	4	PA; SP
PULMICORT FLEXHALER INHALATION	2	
PULMOZYME INHALATION	4	PA; SP
<i>roflumilast oral</i>	2	PA
SEREVENT DISKUS INHALATION	2	
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; SP
SPIRIVA RESPIMAT INHALATION	3	
SPIRIVA WITH HANDIHALER INHALATION	3	
<i>tadalafil (pulm.hypertension) oral</i>	4	PA; SP
<i>terbutaline oral</i>	2	

Drug Name	Tier	Requirements / Limits
<i>theophylline oral</i>	1	
<i>tiotropium bromide inhalation</i>	2	
TRELEGY ELLIPTA INHALATION	2	
VENTAVIS INHALATION	4	PA; SP
<i>wixela inhub inhalation</i>	1	
<i>zafirlukast oral</i>	1	
<i>zileuton oral</i>	2	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral</i>	2	ST
<i>fesoterodine oral</i>	2	QL (1 per 1 day)
<i>flavoxate oral</i>	1	
<i>oxybutynin chloride oral</i>	1	
<i>solifenacin oral</i>	2	
<i>tolterodine oral</i>	1	
<i>tropium oral capsule,extended release 24hr</i>	2	
<i>tropium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>dutasteride oral</i>	2	
<i>finasteride oral</i>	1	
<i>silodosin oral</i>	1	
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; SP

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

Drug Name	Tier	Requirements / Limits
<i>tadalafil oral tablet 5 mg</i>	1	PA; SP; QL (1 per 1 day)

<i>tamsulosin oral</i>	1	
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CHOLINERGIC STIMULANTS

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

ELMIRON ORAL	3	QL (3 per 1 day)
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OXLUMO SUBCUTANEOUS	MB	SP
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<i>potassium citrate oral</i>	2	
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VITAMINS, HEMATINICS & ELECTROLYTES

BLOOD DERIVATIVES

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

<i>calcium acetate(phosphat bind) oral</i>	2	
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<i>calcium gluc in nacl, iso-osm intravenous</i>	MB	
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<i>klor-con 10 oral</i>	1	
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<i>klor-con 8 oral</i>	1	
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<i>klor-con m10 oral</i>	1	
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<i>klor-con m15 oral</i>	1	
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<i>klor-con m20 oral</i>	1	
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NORMOSOL-R INTRAVENOUS	MB	
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<i>potassium chloride oral</i>	1	
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Drug Name	Tier	Requirements / Limits
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<i>sodium chloride 3 % hypertonic intravenous</i>	1	
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<i>sodium chloride 5 % hypertonic intravenous</i>	1	
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MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES

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

<i>b complex 1 (with folic acid) oral</i>	1	ACA; OTC
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<i>b complex-vitamin c-folic acid oral</i>	1	ACA; OTC
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<i>balanced b-100 oral</i>	1	ACA; OTC
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<i>b-complex with vitamin c oral</i>	1	ACA; OTC
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<i>classic prenatal oral</i>	2	ACA; OTC
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<i>cyanocobalamin (vitamin b-12) injection</i>	1	
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<i>dialyvite 800 oral</i>	1	ACA; OTC
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<i>dodex injection</i>	1	
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<i>ergocalciferol (vitamin d2) oral</i>	1	PA
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<i>fluoride (sodium) oral</i>	1	ACA; OTC
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<i>folic acid oral</i>	1	ACA; OTC
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<i>foltabs 800 oral</i>	1	ACA; OTC
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>full spectrum b-vitamin c oral</i>	1	ACA; OTC
INJECTAFER INTRAVENOUS	MB	
<i>kobee oral</i>	1	ACA; OTC
<i>ludent fluoride oral</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral</i>	1	ACA; OTC
<i>mvc-fluoride oral</i>	1	ACA; OTC
<i>one daily prenatal oral</i>	2	ACA; OTC
<i>prenatal complete oral</i>	2	ACA; OTC
<i>prenatal multi-dha (algal oil) oral</i>	2	ACA; OTC
<i>prenatal multivitamins oral</i>	2	ACA; OTC
<i>prenatal one daily oral</i>	2	ACA; OTC
<i>prenatal oral</i>	2	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>prenatal vit no.179-iron-folic oral</i>	2	ACA; OTC
<i>prenatal vitamin oral</i>	2	ACA; OTC
<i>prenatal vitamin with minerals oral</i>	2	ACA; OTC
<i>rena-vite oral</i>	1	ACA; OTC
<i>stress formula with iron oral</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral</i>	1	ACA; OTC
<i>super b maxi complex oral</i>	1	ACA; OTC
<i>super quints oral</i>	1	ACA; OTC
<i>tri-vitamin with fluoride oral</i>	1	ACA; OTC
VENOFER INTRAVENOUS	MB	
<i>vitamin b complex-folic acid oral</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride oral</i>	1	ACA; OTC

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

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<i>testosterone cypionate</i>	38	<i>triazolam</i>	25	<i>vancomycin in 0.9 % sodium chl</i>	7
<i>tetracycline</i>	7	<i>triderm</i>	33	VANCOMYCIN IN 0.9 % SODIUM CHL.....	7
THALOMID.....	12	<i>trientine</i>	34	VANCOMYCIN IN DEXTROSE 5 %.....	7
<i>theophylline</i>	55	<i>tri-estarylla</i>	50	<i>vandazole</i>	48
<i>thioridazine</i>	25	<i>trifluoperazine</i>	25	VAPRISOL IN 5 % DEXTROSE.....	38
<i>thiotepa</i>	12	<i>trifluridine</i>	51	VAQTA (PF).....	45
<i>thiothixene</i>	25	<i>trihexyphenidyl</i>	14	<i>varenicline</i>	35
<i>tiadylt er</i>	28	<i>tri-legest fe</i>	50	VARIVAX (PF).....	45
<i>tiagabine</i>	14	<i>tri-linyah</i>	50	<i>vasopressin</i>	38
<i>tilia fe</i>	50	<i>tri-lo-estarylla</i>	50	VAXELIS (PF).....	45
<i>timolol maleate</i>	28, 52	<i>tri-lo-mili</i>	50	VAXNEUVANCE (PF).....	45
<i>tinidazole</i>	6	<i>tri-lo-sprintec</i>	50	VCF CONTRACEPTIVE FILM.....	48
<i>tiotropium bromide</i>	55	<i>tri-mili</i>	51	VECTIBIX.....	13
TIVICAY.....	4	<i>trimipramine</i>	25	VELCADE.....	13
<i>tizanidine</i>	15	<i>tri-sprintec (28)</i>	51	<i>velivet triphasic regimen (28)</i>	51
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<i>tobramycin</i>	51	TRIUMEQ PD.....	4	VENOFER.....	57
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<i>tobramycin sulfate</i>	6	<i>trivora (28)</i>	51	<i>verapamil</i>	28
<i>tobramycin-dexamethasone</i> ..	53	<i>tri-vylibra</i>	51	<i>vestura (28)</i>	51
<i>tolcapone</i>	14	<i>tri-vylibra lo</i>	51	VIBATIV.....	7
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<i>tolvaptan</i>	38	<i>tropicamide</i>	52	VICTOZA 3-PAK.....	38
<i>topiramate</i>	14	<i>trospium</i>	55	VIDAZA.....	13
<i>topotecan</i>	12	TRULANCE.....	40	<i>vigabatrin</i>	14
<i>toremifene</i>	12	TRULICITY.....	38	<i>vigadrone</i>	14
<i>toremide</i>	28	TRUMENBA.....	44	<i>vilazodone</i>	25
<i>tramadol</i>	22	<i>tulana</i>	48	<i>vinblastine</i>	13
<i>trandolapril</i>	28	<i>turqoz (28)</i>	51	<i>vincasar pfs</i>	13
<i>trandolapril-verapamil</i>	28	TWINRIX (PF).....	44	<i>vincristine</i>	13
<i>tranexamic acid</i>	48	<i>tydemy</i>	51	<i>vinorelbine</i>	13
<i>tranylcypromine</i>	25	TYPHIM VI.....	44	VIRACEPT.....	4
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<i>triamterene</i>	28	<i>valsartan-hydrochlorothiazide</i>	28		
<i>triamterene-hydrochlorothiazid</i>	28	<i>vancomycin</i>	7		

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		YERVOY
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