



Upper Peninsula Health Plan MI Health Link  
(Medicare – Medicaid Plan)  
2021 Formulary  
(*List of Covered Drugs*)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

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If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information, visit [www.uphp.com/medicare](http://www.uphp.com/medicare).



# **Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) | 2021 List of Covered Drugs (Formulary)**

## **Introduction**

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs are covered by Upper Peninsula Health Plan (UPHP) MI Health Link. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UPHP MI Health Link. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

No changes made since 11/22/2021

For more recent information or other questions, contact us at 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information visit [www.uphp.com/medicare](http://www.uphp.com/medicare).

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## A. Disclaimers

This is a list of drugs that members can get in UPHP MI Health Link.

- ❖ Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
  - ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time. The call is free.
  - ❖ You can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.
  - ❖ The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
  - ❖ Benefits may change on Jan. 1 of each year. You can always check UPHP MI Health Link's up-to-date *List of Covered Drugs* online at [www.uphp.com/medicare](http://www.uphp.com/medicare).
  - ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have UPHP MI Health Link pay for your services. For more information, call UPHP MI Health Link Customer Service or read the UPHP MI Health Link *Member Handbook*.
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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

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### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 13 are the drugs covered by UPHP MI Health Link. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- UPHP MI Health Link will cover all medically necessary drugs on the Drug List if:
  - Your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - You fill the prescription at a UPHP MI Health Link network pharmacy.

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- UPHP MI Health Link may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at [www.uphp.com/medicare](http://www.uphp.com/medicare) or call Customer Service toll-free at 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time.

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## B2. Does the Drug List ever change?

Yes, and UPHP MI Health Link must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from UPHP MI Health Link before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- A new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- We learn that a drug is not safe, **or**
- A drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check UPHP MI Health Link's up to date Drug List online at [www.uphp.com/medicare](http://www.uphp.com/medicare).
- You can also call Customer Service to check the current Drug List at 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time.

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## B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now.

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When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know what to do.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. He or she can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, see question B10.

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#### **B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

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- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from UPHP MI Health Link before you fill your prescription. If you don't get approval, UPHP MI Health Link may not cover the drug.
- **Quantity limits:** Sometimes UPHP MI Health Link limits the amount of a drug you can get.
- **Step therapy:** Sometimes UPHP MI Health Link requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 130. You can also get more information by visiting our website at [www.uphp.com/medicare](http://www.uphp.com/medicare). We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see questions B10-B12 for more information about exceptions.

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#### **B5. How will you know if the drug you want has limits or if there are required actions to take to get the drug?**

The *List of Covered Drugs* on page 13 has a column labeled "Necessary actions, restrictions, or limits on use."

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#### **B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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#### **B7. How can you find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

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To search **alphabetically**, go to the Index of Covered Drugs section. You can find it starting on page 130. The section provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 13. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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## B8. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Customer Service at 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time and ask about it. If you learn that UPHP MI Health Link will not cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
  - You can ask the health plan to make an exception to cover your drug. Please see questions B10-B12 for more information about exceptions.
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## B9. What if you are a new UPHP MI Health Link member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UPHP MI Health Link. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- You are taking a drug that is not on our Drug List, **or**
- Health plan rules do not let you get the amount ordered by your prescriber, **or**
- The drug requires prior approval by UPHP MI Health Link, **or**
- You are taking a drug that is part of a step therapy restriction.

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If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information, visit [www.uphp.com/medicare](http://www.uphp.com/medicare).



If you are in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new UPHP MI Health Link member.
- This is in addition to the temporary supply during the first 90 days you are a member of UPHP MI Health Link.

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## B10. Can you ask for an exception to cover your drug?

Yes. You can ask UPHP MI Health Link to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, UPHP MI Health Link may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

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## B11. How can you ask for an exception?

To ask for an exception, call Customer Service. A Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, of the *Member Handbook* to learn more about exceptions.

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## B12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

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## B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

UPHP MI Health Link covers both brand name drugs and generic drugs.

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## B14. What are OTC drugs?

OTC stands for “over-the-counter.” UPHP MI Health Link covers some OTC drugs when they are written as prescriptions by your provider.

You can read the UPHP MI Health Link Drug List to see what OTC drugs are covered.

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## B15. What is your copay?

As a UPHP MI Health Link member, you have no copays for prescription and OTC drugs as long as you follow UPHP MI Health Link’s rules.

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## B17. What are drug tiers?

Tiers are groups of drugs. Tier 1 and Tier 2 may include OTC drugs.

Drug Tier	Type of Drug	Copay Amount
Tier 1	Generic drugs	(\$0)
Tier 2	Brand drugs	(\$0)

*All tiers have (\$0) copay.*

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## C. Overview of the *List of Covered Drugs*

The following *List of Covered Drugs* gives you information about the drugs covered by UPHP MI Health Link. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 130. The index alphabetically lists all drugs covered by UPHP MI Health Link.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., JANUVIA), and generic drugs are listed in lower-case italics (e.g., *sitagliptin*).

The information in the necessary actions, restrictions, or limits on use column tells you if UPHP MI Health Link has any rules for covering your drug.

**Note:** The \* next to a drug means the drug is not a “Part D drug.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Customer Service at 1-877-349-9324 (TTY: 711) seven days a week, 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information, visit [www.uphp.com/medicare](http://www.uphp.com/medicare).

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711) seven days a week, 8 a.m. to 9 p.m. Eastern Time. You can also read Chapter 9 in the *Member Handbook* to learn how to appeal a decision.

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## C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR AGENTS. That is where you will find drugs that treat heart conditions.

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## LEGEND

TIER	NAME	
1	generic	
2	brand	
SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	Quantity limit, dispense limit for 30 days, unless otherwise noted
PA	Prior Authorization	Prior authorization required
ST	Step Therapy	Step therapy exception required
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
BD	Covered under Medicare Part B or D	Covered under Medicare Part B or D
*	Non-Part D drugs or OTC items that are covered by Medicaid	Non-Part D drugs or OTC items that are covered by Medicaid
(G)	Only the generic version of this drug is covered. The brand name version is not covered.	Only the generic version of this drug is covered. The brand name version is not covered.
M	The brand name version of this drug is in Tier 2. The generic version is in Tier 1	The brand name version of this drug is in Tier 2. The generic version is in Tier 1
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

# UPPER PENINSULA HEALTH PLAN MI HEALTH LINK (MMP)– 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>adult aspirin regimen</i>	1	*
<i>adult low dose aspirin ec</i>	1	*
ADVIL (200 MG CAPLET, 200 MG GEL CAPLET, 200 MG TABLET, LIQUI-GEL 200 MG CAPSULE)	2	*
ADVIL JUNIOR STRENGTH	2	*
ADVIL MIGRAINE	2	*
<i>all day pain relief (220 mg tab, cvs pain rlf 220 mg tb, ft pain rlf 220 mg cap, gnp pain rlf 220 mg tb, pain rlf 220 mg caplet, sm relief 220 mg caplt, sm relief 220 mg tab)</i>	1	*
<i>all day relief</i>	1	*
<i>aspir 81</i>	1	*
<i>aspir-low</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aspirin (81 mg chewable tablet, bayer 325 mg tablet, cvs 81 mg chewable tab, 300 mg suppository, cvs 325 mg caplet, cvs 325 mg tablet, eq 81 mg chewable tab, eq 325 mg tablet, eql 81 mg chewable tab, eql 325 mg tablet, ft 325 mg tablet, gnp 81 mg chewable tab, gnp 325 mg tablet, gs 81 mg chewable tab, gs 325 mg tablet, hm 81 mg chewable tab, hm 325 mg tablet, kro 81 mg chewable tab, kro 325 mg tablet, pub 81 mg chewable tab, pub 325 mg tablet, qc 81 mg chewable tab, ra 81 mg chewable tab, sm 81 mg chewable tab, 325 mg tablet, qc 325 mg tablet, ra 325 mg tablet, sb 325 mg tablet, sm 325 mg tablet, 600 mg suppository)	1	*
aspirin ec (81 mg tablet, bayer 325 mg tablet, cvs 81 mg tablet, cvs 325 mg tablet, eq 81 mg tablet, eq 325 mg tablet, eql 81 mg tablet, ft 81 mg tablet, gnp 81 mg tablet, gs 81 mg tablet, kro 81 mg tablet, ra 81 mg tablet, sm 81 mg tablet, 325 mg caplet, 325 mg tablet, eql 325 mg tablet, ft 325 mg tablet, gnp 325 mg tablet, gs 325 mg tablet, hm 81 mg tablet, hm 325 mg tablet, kro 325 mg tablet, qc 81 mg tablet, qc 325 mg tablet, ra 325 mg tablet, sm 325 mg tablet)	1	*
aspirin regimen	1	*
buffered aspirin 325 mg tb	1	*
celecoxib	1	QL (60 PER 30 DAYS)
CHILDREN'S ADVIL	2	*
children's aspirin	1	*
children's ibuprofen	1	*
diclofenac 1.5% topical soln	1	PA
diclofenac potassium (25 mg tablet, 50 mg tablet)	1	
diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)	1	
diclofenac sodium 1% gel	1	QL (1000 PER 30 DAYS)
diclofenac sodium er	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG REQUIREMENTS/LIMITS</b>
	<b>TIER</b>
<i>diflunisal</i>	1
<i>ec-naproxen</i>	1
<i>ecpirin</i>	1
<i>etodolac</i>	1
<i>fenoprofen 600 mg tablet</i>	1
<i>flanax 220 mg tablet</i>	1
<i>flurbiprofen</i>	1
<i>ibu</i>	1
<i>ibu-200</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ibuprofen (100 mg/5 ml susp, 200 mg tablet, cvs 200 mg caplet, cvs 200 mg capsule, cvs 200 mg softgel, cvs 200 mg tablet, cvs jr str 100 mg tb, eq 200 mg caplet, eq 200 mg softgel, eq 200 mg tablet, eq jr str 100 mg tab, 200 mg caplet, egl 200 mg caplet, egl 200 mg softgel, egl 200 mg tablet, egl jr 100 mg tb chw, ft 200 mg caplet, ft 200 mg mini sfgl, ft 200 mg softgel, ft 200 mg tablet, gnp 200 mg caplet, gnp 200 mg mini sfgl, gnp 200 mg softgel, gnp 200 mg tablet, gnp jr str 100 mg tb, gs 200 mg caplet, gs 200 mg liquid gel, gs 200 mg softgel, gs 200 mg tablet, hm 200 mg caplet, hm 200 mg capsule, hm 200 mg softgel, hm 200 mg tablet, hm jr str 100 mg chw, jr str 100 mg chew, jr str 100 mg tb chw, kro 200 mg caplet, kro 200 mg softgel, kro 200 mg tablet, kro jr str 100 mg tb, pub jr 100 mg chew, qc 200 mg mini sfgl, ra jr str 100 mg chw, sm 100 mg/5 ml susp, 200 mg capsule, 200 mg softgel, mb 200 mg tablet, pub 200 mg tablet, qc 200 mg caplet, qc 200 mg softgel, qc 200 mg tablet, ra 100 mg/5 ml susp, ra 200 mg caplet, ra 200 mg liquid gel, ra 200 mg softgel, ra 200 mg tablet, sm 200 mg caplet, sm 200 mg softgel, sm 200 mg tablet, sm ib 200 mg caplet, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	*
<i>ibuprofen ib</i>	1	*
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>infant's ibuprofen</i>	1	*
<i>infants ibuprofen</i>	1	*
<i>INFANTS' ADVIL</i>	2	*
<i>infants' ibuprofen</i>	1	*
<i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>ketorolac 10 mg tablet</i>	1	QL (20 PER 30 OVER TIME)
<i>ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml carpuject, 30 mg/ml isecure syr, 30 mg/ml syringe, 30 mg/ml vial, 60 mg/2 ml carpuject, 60 mg/2 ml syringe, 60 mg/2 ml vial)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lite coat aspirin</i>	1	*
<i>lo-dose aspirin ec</i>	1	*
<i>low dose aspirin ec</i>	1	*
<i>meclofenamate sodium</i>	1	
<i>mediproxen</i>	1	*
<i>mefenamic acid</i>	1	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	1	
<i>naproxen sodium (220 mg caplet, 220 mg capsule, 220 mg tablet, cvs 220 mg cap, cvs sod 220 mg caplet, cvs sod 220 mg tablet, eq 220 mg cap, eq sod 220 mg caplet, eq sod 220 mg tablet, eql 220 mg cap, eql sod 220 mg caplet, eql sod 220 mg tablet, ft 220 mg cap, gnp 220 mg cap, gnp sod 220 mg caplet, gnp sod 220 mg tablet, gs sod 220 mg caplet, gs sod 220 mg tablet, hm 220 mg cap, hm sod 220 mg caplet, kro sod 220 mg caplet, kro sod 220 mg tablet, pub sod 220 mg tablet, qc sod 220 mg caplet, qc sod 220 mg tablet, ra 220 mg cap, ra sod 220 mg tablet, sm 220 mg cap, sm 220 mg tab, sm sod 220 mg caplet, sm sod 220 mg tablet, 275 mg tab, 550 mg tab)</i>	1	*
<i>naproxen-esomeprazole mag</i>	1	PA, QL (60 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	1	
<i>piroxicam</i>	1	
<i>proivil</i>	1	*
<i>SPRIX</i>	2	QL (5 PER 30 OVER TIME)
<i>st. joseph aspirin</i>	1	*
<i>st. joseph aspirin ec</i>	1	*
<i>sulindac</i>	1	
<i>tolmetin sodium (400 mg cap, 600 mg tab)</i>	1	
<i>tri-buffered aspirin</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
wal-proxen	1	*
<b>Opioid Analgesics, Long-acting</b>		
EMBEDA	2	QLC (Subject to Opioid Safety Edits)
fentanyl	1	QLC (Subject to Opioid Safety Edits)
INFUMORPH	2	QLC (Subject to Opioid Safety Edits)
<i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 10 mg/ml vial, 200 mg/20 ml vl)</i>	1	QLC (Subject to Opioid Safety Edits)
<i>methadone intensol</i>	1	QLC (Subject to Opioid Safety Edits)
METHADOSE	2	QLC (Subject to Opioid Safety Edits)
<i>mitigo</i>	1	QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate er (10 mg cap, sulf er 15 mg tablet, 20 mg cap, 30 mg cap, sulf er 30 mg tablet, 40 mg cap, 50 mg cap, 60 mg cap, sulf er 60 mg tablet, 80 mg cap, 100 mg cap, sulf er 100 mg tablet, sulf er 200 mg tablet)</i>	1	QLC (Subject to Opioid Safety Edits)
oxymorphone hcl er	1	QLC (Subject to Opioid Safety Edits)
XTAMPZA ER	2	QLC (Subject to Opioid Safety Edits)
<b>Opioid Analgesics, Short-acting</b>		
ABSTRAL (400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	2	PA, QLC (Subject to Opioid Safety Edits)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)</i>	1	QLC (Subject to Opioid Safety Edits)
<i>butorphanol 10 mg/ml spray</i>	1	QLC (Subject to Opioid Safety Edits)
<i>codeine sulfate</i>	1	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
endocet	1	QLC (Subject to Opioid Safety Edits)
fentanyl citrate (50 mcg/ml vial, 100 mcg/2 ml ampul, 100 mcg/2 ml carpject, 100 mcg/2 ml syringe, 100 mcg/2 ml vial, cit 100 mcg buccal tb, cit 200 mcg buccal tb, 250 mcg/5 ml ampul, 250 mcg/5 ml vial, cit 400 mcg buccal tb, cit oftc 1,200 mcg, oftc 400 mcg, 500 mcg/10 ml vial, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit oftc 1,600 mcg, oftc 200 mcg, oftc 600 mcg, oftc 800 mcg, 1,000 mcg/20 ml vial, 2,500 mcg/50 ml vial)	1	PA, QLC (Subject to Opioid Safety Edits)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-300 mg, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-300, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-300 mg, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 7.5-325/15)	1	QLC (Subject to Opioid Safety Edits)
hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpject, 1 mg/ml solution, 1 mg/ml syringe, 1 mg/ml vial, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpject, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml amp, 4 mg/ml carpject, 5 mg/5 ml soln, 8 mg tablet, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vial)	1	QLC (Subject to Opioid Safety Edits)
LAZANDA (100 MCG SPRAY, 400 MCG SPRAY)	2	PA
morphine 30 mg/30 ml pca vial	1	PA
morphine sulfate (1 mg/ml vial, 4 mg/ml vial, 5 mg/ml vial, 8 mg/ml vial, 10 mg/ml vial)	1	PA, QLC (Subject to Opioid Safety Edits)
morphine sulfate (2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpject, 4 mg/ml syringe, 5 mg/10 ml vial, 5 mg/ml syringe, 8 mg/ml carpject, 10 mg/10 ml vial, 10 mg/ml carpject, 10 mg/ml syringe, ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc)	1	QLC (Subject to Opioid Safety Edits)
OXAYDO	2	QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab, 100 mg/5 ml conc)</i>	1	QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl-aspirin</i>	1	QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 7.5-325)</i>	1	QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl (50 mg tablet, 100 mg tablet)</i>	1	QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl-acetaminophen</i>	1	QLC (Subject to Opioid Safety Edits)

## analgesics

<i>children's mapap 80 mg tab chw</i>	1	*
<i>inf acetaminophen 160 mg/5 ml</i>	1	*

## Anesthetics

### Local Anesthetics

<i>aprizio pak</i>	1	PA, QL (30 PER 30 DAYS)
<i>dermacinrx empriacaine</i>	1	PA, QL (30 PER 30 DAYS)
<i>dermacinrx prizopak</i>	1	PA, QL (30 PER 30 DAYS)
<i>glydo</i>	1	PA, QL (30 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA
<i>lidocaine hcl (jel urojet ac, jelly, jelly uro-jet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	1	PA, QL (250 PER 30 DAYS)
<i>lidocaine-prilocaine</i>	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium	1	
disulfiram	1	
naltrexone hcl	1	
VIVITROL	2	
<b>Opioid Dependence</b>		
buprenorphine hcl (2 mg tablet, 8 mg tablet)	1	
buprenorphine-nalox 2-0.5mg tb	1	QL (360 PER 30 DAYS)
buprenorphine-naloxone (2-0.5mg fm, 8-2 mg tab, 8-2mg film)	1	QL (90 PER 30 DAYS)
buprenorphine-naloxone (4-1mg film, 12-3mg film)	1	QL (60 PER 30 DAYS)
LUCEMYRA	2	QL (224 PER 14 DAYS)
<b>Opioid Reversal Agents</b>		
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	1	
NARCAN	2	
<b>Smoking Cessation Agents</b>		
bupropion hcl sr 150 mg tablet	1	QL (60 PER 30 DAYS)
CHANTIX	2	QL (504 PER 365 OVER TIME)
nicoderm cq 21 mg/24hr patch	1	*
nicotine patch (21 mg/24hr patch, cvs 21 mg/24hr patch, eq 21 mg/24hr patch, gnp 21 mg/24hr patch, hm 21 mg/24hr patch, kro 21 mg/24hr patch, qc 21 mg/24hr patch, ra 21 mg/24hr patch, sm 21 mg/24hr patch)	1	*
NICOTROL	2	QL (2688 PER 365 OVER TIME)
NICOTROL NS	2	QL (360 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)	1	QL (504 PER 365 OVER TIME)
<b>anti-addiction/substance abuse treatment agents</b>		
NICODERM CQ (7 MG/24HR PATCH, 14 MG/24HR PATCH)	2	*
nicorelief	1	*
NICORETTE	2	*
nicotine gum	1	*
nicotine lozenge	1	*
nicotine patch (7 mg/24hr patch, cvs 7 mg/24hr patch, cvs 14 mg/24hr patch, eq 7 mg/24hr patch, eq 14 mg/24hr patch, gnp 7 mg/24hr patch, gnp 14 mg/24hr patch, hm 7 mg/24hr patch, hm 14 mg/24hr patch, kro 7 mg/24hr patch, ra 7 mg/24hr patch, 14 mg/24hr patch, kro 14 mg/24hr patch, qc 14 mg/24hr patch, ra 14 mg/24hr patch, sm 7 mg/24hr patch, sm 14 mg/24hr patch, transdermal system)	1	*
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
amikacin sulfate	1	
gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	1	
neomycin sulfate	1	
paromomycin sulfate	1	
streptomycin sulfate	1	
tobramycin 300 mg/4 ml ampule	1	PA
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Antibacterials, Other</b>		
<i>antibiotic (, cvs)</i>	1	*
<i>aztreonam</i>	1	
<i>bacitracin (500 unit/gm ointmnt, cvs 500 unit/gm oint, qc 500 unit/gm oint)</i>	1	*
CLEOCIN 100 MG VAGINAL OVULE	2	
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin (pediatric)</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget)</i>	1	
<i>colistimethate</i>	1	
<i>daptomycin</i>	1	
IMPAVIDO	2	
<i>linezolid 100 mg/5 ml susp</i>	1	QL (1800 PER 28 DAYS)
<i>linezolid 600 mg tablet</i>	1	QL (56 PER 28 DAYS)
<i>linezolid-d5w</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	1	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
<i>polymyxin b sulfate</i>	1	
SIVEXTRO 200 MG TABLET	2	QL (6 PER 30 OVER TIME)
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
<i>triple antibiotic (, cvs, eq, gnp, hm, kro, pub, qc, ra, sm)</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIPLE ANTIBIOTIC OINTMENT	2	*
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 50 mg/ml oral soln, 250 mg vial, 250 mg/5ml oral sol, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	1	
<i>vancomycin hcl 125 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)
VANDAZOLE	2	
XENLETA 600 MG TABLET	2	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	1	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 500 mg vial)</i>	1	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	1	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>	1	
<i>cefotaxime sodium 1 gm vial</i>	1	
<i>cefotetan (1 gm vial, 2 gm vial)</i>	1	
<i>cefoxitin</i>	1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
FETROJA	2
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION)	2
tazicef	1
TEFLARO	2
<b>Beta-lactam, Penicillins</b>	
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1
<i>amoxicillin-clavulanate pot er</i>	1
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1
<i>ampicillin 500 mg capsule</i>	1
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial)</i>	1
<i>ampicillin-sulbactam</i>	1
BICILLIN C-R	2
BICILLIN L-A	2
<i>dicloxacillin sodium</i>	1
<i>nafcillin</i>	1
<i>nafcillin sodium</i>	1
<i>penicillin g sodium</i>	1
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1
<i>piperacillin-tazobactam</i>	1
<b>Carbapenems</b>	
<i>ertapenem</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>imipenem-cilastatin sodium</i>	1
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	1
<b>Macrolides</b>	
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	1
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1
<i>clarithromycin er</i>	1
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	2
ERYPED 400	2
ERYTHROCIN STEARATE	2
<i>erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	1
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)</i>	1
<b>Quinolones</b>	
BAXDELA 450 MG TABLET	2
<i>ciprofloxacin 200 mg/100ml-d5w</i>	1
<i>ciprofloxacin 500 mg/5 ml susp</i>	1
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	1
<i>moxifloxacin 400 mg/250 ml bag</i>	1
<i>moxifloxacin hcl</i>	1
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1
<b>Sulfonamides</b>	
<i>sulfadiazine</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)	1	
<b>Tetracyclines</b>		
demeclercycline hcl	1	
doxy 100	1	
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)	1	
doxycycline ir-dr	1	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)	1	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	1	
monodoxine nl 100 mg capsule	1	
morgidox 100 mg capsule	1	
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	2	
SEYSARA	2	
tetracycline hcl (250 mg capsule, 500 mg capsule)	1	
VIBRAMYCIN 50 MG/5 ML SYRUP	2	
<b>antibacterials</b>		
BETADINE 10% SOLUTION	2	*
povidone-iodine (cvs soln, hm soln, ointment, qc soln, sm soln, solution)	1	*
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	2	PA
EPIDIOLEX	2	PA
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FINTEPLA	2	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	2	
<i>lamotrigine</i>	1	
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine (green)</i>	1	
<i>lamotrigine (orange)</i>	1	
<i>lamotrigine odt (orange)</i>	1	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	1	
<i>levetiracetam er</i>	1	
NAYZILAM	2	QL (10 PER 30 OVER TIME)
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	2	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	1	
<i>subvenite (green)</i>	1	
<i>subvenite (orange)</i>	1	
<i>topiramate</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	1	
XCOPRI	2	PA

### Calcium Channel Modifying Agents

CELONTIN	2
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)	1	
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)	1	QL (90 PER 30 DAYS)
clonazepam (2 mg odt, 2 mg tablet)	1	QL (300 PER 30 DAYS)
DIACOMIT	2	PA
diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)	1	
divalproex sodium	1	
divalproex sodium er	1	
gabapentin (100 mg capsule, 300 mg capsule)	1	QL (360 PER 30 DAYS)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	1	QL (2160 PER 30 DAYS)
gabapentin 400 mg capsule	1	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	1	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	1	QL (150 PER 30 DAYS)
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	1	PA
phenobarbital sodium	1	PA
primidone (50 mg tablet, 250 mg tablet)	1	
SYMPAZAN	2	
tiagabine hcl	1	
VALTOCO	2	QL (10 PER 30 OVER TIME)
vigabatrin	1	PA
vigadron 500 mg powder packet	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Sodium Channel Agents</b>		
APTIOM	2	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	2	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN 30 MG CAPSULE	2	
<i>epitol</i>	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
PEGANONE	2	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	1	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	2	
<i>zonisamide</i>	1	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	1	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	2	ST, QL (30 PER 30 DAYS)
NAMZARIC TITRATION PACK	2	ST, QL (56 PER 365 OVER TIME)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine</i>	1	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	1	
<i>memantine hcl er</i>	1	QL (30 PER 30 DAYS)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>chlordiazepoxide-amitriptyline</i>	1	PA
<i>mirtazapine</i>	1	
<i>perphenazine-amitriptyline</i>	1	PA
<i>SPRAVATO (56 MG PACK, 84 MG PACK)</i>	2	PA
<b>Monoamine Oxidase Inhibitors</b>		
<i>EMSAM</i>	2	ST, QL (30 PER 30 DAYS)
<i>MARPLAN</i>	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
<i>citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml cup, 40 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
desvenlafaxine succinate er (er 25 mg, er 50 mg)	1	QL (30 PER 30 DAYS)
desvenlafaxine succnt er 100mg	1	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	2	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	2	QL (90 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	1	QL (60 PER 30 DAYS)
duloxetine hcl (dr 30 mg cap, dr 40 mg cap)	1	QL (90 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 5 mg/5 ml, 10 mg tablet, 20 mg tablet)	1	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	2	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	2	ST, QL (56 PER 365 OVER TIME)
fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule)	1	
fluvoxamine maleate	1	
nefazodone hcl	1	
paroxetine cr	1	
paroxetine er	1	
paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
paroxetine mesylate	1	QL (30 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	2	
sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
trazodone hcl	1	
TRINTELLIX	2	QL (30 PER 30 DAYS)
venlafaxine hcl	1	
venlafaxine hcl er (37.5 mg cap, 37.5 mg tab, 75 mg cap, 75 mg tab, 150 mg cap, 150 mg tab)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>venlafaxine hcl er 225 mg tab</i>	2	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	2	QL (30 PER 30 DAYS)
VIIBRYD 10-20 MG STARTER PACK	2	QL (60 PER 365 OVER TIME)
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	1	PA
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1	PA
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	1	
<i>doxylamine succ-pyridoxine hcl</i>	1	QL (120 PER 30 DAYS)
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>phenadoz 12.5 mg suppository</i>	1	PA
<i>phenadoz 25 mg suppository</i>	2	PA
<i>prochlorperazine</i>	1	
<i>prochlorperazine 10 mg/2 ml vl</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	1	
<i>promethegan (25 mg, 50 mg)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethegan 12.5 mg suppos</i>	1	PA
<i>scopolamine</i>	1	
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO 300-0.5 MG CAPSULE	2	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125 mg capsule</i>	1	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125-80-80 mg pack</i>	1	PA, QL (6 PER 30 OVER TIME)
<i>aprepitant 40 mg capsule</i>	1	PA, QL (1 PER 30 OVER TIME)
<i>aprepitant 80 mg capsule</i>	1	PA, QL (8 PER 30 OVER TIME)
<i>dronabinol</i>	1	PA, QL (60 PER 30 OVER TIME)
EMEND 125 MG POWDER PACKET	2	PA, QL (6 PER 30 OVER TIME)
<i>granisetron hcl 1 mg tablet</i>	1	PA, QL (30 PER 30 OVER TIME)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	PA
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	1	PA, QL (450 PER 30 DAYS)
<i>ondansetron hcl 24 mg tablet</i>	1	PA, QL (14 PER 28 OVER TIME)
<i>ondansetron odt</i>	1	PA
SANCUSO	2	QL (2 PER 30 OVER TIME)
SYNDROS	2	PA, QL (120 PER 30 DAYS)
<b>Antifungals</b>		
<i>3 day vaginal</i>	1	*
3-DAY VAGINAL CREAM (, CVS, SM)	2	*
ABELCET	2	PA
AMBISOME	2	PA
<i>amphotericin b</i>	1	PA
<i>anti-fungal 1% powder</i>	1	*
<i>anti-fungal cream</i>	1	*
<i>antifungal (eql top cream, sm topical cream, topical cream)</i>	1	*
<i>antifungal cream</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
athlete's foot (athlete's cream, athletes cream, cream, cvs cream, eq cream, egl cream, ft cream, gnp cream, qc cream, sm athlete's cream)	1	*
athletic foot cream	1	*
baza antifungal	1	*
caspofungin acetate	1	
clotrimazole (clotrimazole 1% top cream grx, clotrimazole 1% topical cream, clotrimazole 1% vaginal cream, clotrimazole 10 mg troche, cvs clotrimazole 1% top cream, qc clotrimazole 1% top cream, qc clotrimazole 1% vag cream, ra clotrimazole 1% vag cream, sm clotrimazole 1% top cream, sm clotrimazole 1% vag cream, tm-clotrimazole 1% top cream)	1	*
clotrimazole-3 (cream, gnp cream)	1	*
CRESEMDA 186 MG CAPSULE	2	
econazole nitrate	1	
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	1	
flucytosine	1	
FUNGOID 2% TINCTURE	2	*
fungoid-d	1	*
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	1	
griseofulvin ultramicrosize	1	
inzo antifungal	1	*
itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)	1	PA
jock itch (cream, eq cream)	1	*
jock itch relief	1	*
JUBLIA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	1	
lamisil at	1	*
miconazole 1	1	*
miconazole 3 (cvs miconazole 3 combo pack, gnp miconazole 3 combo pack, gs miconazole 3 combo pack, kro miconazole 3 combo pack, miconazole 3 200 mg vag supp, miconazole 3 4% cream, miconazole 3 combo pack, pub miconazole 3 day combo pack, ra miconazole 3 combo pack, sm miconazole 3 combo pack)	1	*
miconazole 7 (100 mg vag supp, cream, cvs cream, eq cream, eql cream, ft cream, gnp cream, gs cream, kro cream, ra cream, sm 100 mg vag sup, sm cream)	1	*
miconazole nitrate (eq vaginal cream, sm topical cream, sm vaginal cream, topical cream, vaginal cream)	1	*
miconazole-7	1	*
naftifine hcl (1% cream, 1% gel, 2% cream)	1	
NOXAFIL 40 MG/ML SUSPENSION	2	
nyamyc	1	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	1	
nystop	1	
posaconazole dr 100 mg tablet	1	
terbinafine	1	*
terbinafine hcl	1	QL (84 PER 180 OVER TIME)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	1	
tioconazole-1	1	*
tolnaftate (af cream, cream, gnp cream, powder, qc cream)	1	*
TOLSURA	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	1	

## **Antigout Agents**

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	1	
<i>GLOPERBA</i>	2	ST
<i>probencid</i>	1	
<i>probencid-colchicine</i>	1	

## **Antimigraine Agents**

### **Ergot Alkaloids**

<i>dihydroergotamine 1 mg/ml amp</i>	1	PA
<i>dihydroergotamine 4 mg/ml spry</i>	1	PA, QL (8 PER 30 OVER TIME)
<i>ERGOMAR</i>	2	
<i>ergotamine-caffeine</i>	1	
<i>migergot</i>	1	

### **Prophylactic**

<i>AIMOVIG 140 MG/ML AUTOINJECTOR</i>	2	PA, QL (1 PER 30 DAYS)
<i>AIMOVIG 70 MG/ML AUTOINJECTOR</i>	2	PA, QL (2 PER 30 DAYS)
<i>AIMOVIG AUTOINJECTOR (2 PACK)</i>	2	PA, QL (2 PER 30 DAYS)
<i>EMGALITY 120 MG/ML SYRINGE</i>	2	PA, QL (1 PER 30 DAYS)
<i>EMGALITY PEN</i>	2	PA, QL (1 PER 30 DAYS)
<i>EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))</i>	2	PA, QL (3 PER 30 DAYS)
<i>NURTEC ODT</i>	2	PA, QL (18 PER 30 OVER TIME)
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>UBRELVY</i>	2	PA, QL (16 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>eletriptan hbr</i>	1	QL (12 PER 30 OVER TIME)
<i>frovatriptan succinate</i>	1	QL (12 PER 30 OVER TIME)
<i>naratriptan hcl</i>	1	QL (9 PER 30 OVER TIME)
<i>rizatriptan</i>	1	QL (18 PER 30 OVER TIME)
<i>sumatriptan</i>	1	QL (12 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	1	QL (5 PER 30 OVER TIME)
<i>TOSYMRA</i>	2	QL (12 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	1	QL (12 PER 30 OVER TIME)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine hcl</i>	1	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	1	
<i>pyridostigmine bromide er</i>	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
<i>rifabutin</i>	1	
<b>Antituberculars</b>		
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>PASER</i>	2	
<i>PRIFTIN</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	
TRECATOR	2	

## Antineoplastics

### Alkylating Agents

<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
GLEOSTINE	2	
<i>ifosfamide 3 gm vial</i>	1	
LEUKERAN	2	
MATULANE	2	
<i>thiotepa 100 mg vial</i>	1	
VALCHLOR	2	PA
ZEPZELCA	2	PA

### Antiandrogens

<i>abiraterone acetate</i>	1	PA
<i>bicalutamide</i>	1	
ERLEADA 60 MG TABLET	2	PA
<i>flutamide</i>	1	
<i>nilutamide</i>	1	
NUBEQA	2	PA
XTANDI	2	PA
YONSA	2	PA
ZYTIGA 500 MG TABLET	2	PA

### Antiangiogenic Agents

FOTIVDA	2	PA
POMALYST	2	PA
QINLOCK	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVLIMID	2	PA
TABRECTA	2	PA, QL (120 PER 30 DAYS)
THALOMID	2	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	2	
SOLTAMOX	2	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	
<b>Antimetabolites</b>		
<i>adrucil</i>	1	PA
<i>cytarabine</i>	1	PA
DROXIA	2	
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial)</i>	1	PA
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
PURIXAN	2	
SIKLOS	2	PA
TABLOID	2	
<b>Antineoplastics, Other</b>		
<i>bleomycin sulfate</i>	1	PA
<i>daunorubicin hcl (20 mg/4 ml vial, 50 mg/10 ml vial)</i>	1	
GAVRETO	2	PA
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)	2	PA
IDHIFA	2	PA, QL (30 PER 30 DAYS)
INREBIC	2	PA
KISQALI FEMARA CO-PACK	2	PA
LONSURF	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUMAKRAS 120 MG TABLET	2	PA
NINLARO	2	PA
ONUREG	2	PA
PEMAZYRE	2	PA, QL (30 PER 30 DAYS)
PHESGO	2	PA
RETEVMO	2	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	2	PA
SYNRIBO	2	PA
TAZVERIK	2	PA
TRUSELTIQ	2	PA
TUKYSA	2	PA
<i>vinorelbine tartrate</i>	1	
XPOVIO	2	PA
ZOLINZA	2	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<b>Enzyme Inhibitors</b>		
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	1	
<i>irinotecan hcl (40 mg/2 ml vial, 500 mg/25 ml vial)</i>	1	
<i>toposar</i>	1	
<b>Molecular Target Inhibitors</b>		
AFINITOR 10 MG TABLET	2	PA, QL (30 PER 30 DAYS)
AFINITOR DISPERZ	2	PA
ALECensa	2	PA
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	2	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALUNBRIG 30 MG TABLET	2	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	2	PA, QL (60 PER 365 OVER TIME)
AYVAKIT	2	PA, QL (30 PER 30 DAYS)
BALVERSA	2	PA
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	2	PA
BRAFTOVI	2	PA
BRUKINSA	2	PA
CABOMETYX	2	PA
CALQUENCE 100 MG CAPSULE	2	PA
CAPRELSA 100 MG TABLET	2	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	2	PA
COMETRIQ	2	PA
COPIKTRA	2	PA
COTELLIC	2	PA
DAURISMO	2	PA
ERIVEDGE	2	PA
<i>erlotinib hcl</i>	1	PA
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
FARYDAK	2	PA
GILOTRIF	2	PA, QL (30 PER 30 DAYS)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	2	PA
ICLUSIG (30 MG TABLET, 45 MG TABLET)	2	PA
ICLUSIG 10 MG TABLET	2	PA, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TABLET	2	PA, QL (60 PER 30 DAYS)
<i>imatinib mesylate</i>	1	PA
IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	2	PA
INLYTA	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INQOVI	2	PA
IRESSA	2	PA
JAKAFI (5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	2	PA
JAKAFI 10 MG TABLET	2	PA, QL (60 PER 30 DAYS)
KISQALI	2	PA
KOSELUGO	2	PA
<i>lapatinib</i>	1	PA
LENVIMA	2	PA
LORBRENA	2	PA
LYNPARZA	2	PA
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	2	PA
MEKTOVI	2	PA
NERLYNX	2	PA, QL (180 PER 30 DAYS)
NEXAVAR	2	PA
ODOMZO	2	PA
PIQRAY	2	PA
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	2	PA
RUBRACA	2	PA
RYDAPT	2	PA
SPRYCEL	2	PA
STIVARGA	2	PA
<i>sunitinib malate</i>	1	PA
SUTENT	2	PA
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	2	PA
TAGRISSO 40 MG TABLET	2	PA, QL (30 PER 30 DAYS)
TAGRISSO 80 MG TABLET	2	PA
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TASIGNA	2	PA
TEPMETKO	2	PA
TIBSOVO	2	PA
TURALIO 200 MG CAPSULE	2	PA
TYKERB	2	PA
UKONIQ	2	Ukoniq (s)
VENCLEXTA	2	PA
VENCLEXTA STARTING PACK	2	PA
VERZENIO	2	PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	2	PA
VIZIMPRO	2	PA
VOTRIENT	2	PA
WELIREG	2	PA
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	2	PA
XOSPATA	2	PA
ZEJULA 100 MG CAPSULE	2	PA
ZELBORAF	2	PA
ZYDELIG	2	PA
ZYKADIA	2	PA

### **Monoclonal Antibody/Antibody-Drug Conjugate**

AVASTIN	2	PA
DARZALEX FASPRO	2	PA
HERCEPTIN 150 MG VIAL	2	PA
HERCEPTIN HYLECTA	2	PA
MVASI	2	PA
ONTRUZANT	2	PA
RITUXAN	2	PA
RITUXAN HYCELA	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RUXIENCE	2	PA
SARCLISA	2	PA
TRODELVY	2	PA
ZIRABEV	2	PA
<b>Retinoids</b>		
<i>bexarotene 75 mg capsule</i>	1	PA
PANRETIN	2	
TARGRETIN 1% GEL	2	PA
<i>tretinooin 10 mg capsule</i>	1	
<b>Treatment Adjuncts</b>		
<i>leucovorin calcium (100 mg/10 ml vfl, 500 mg/50 ml vfl)</i>	1	PA
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	1	
MESNEX 400 MG TABLET	2	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1	
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	
<b>Antiprotozoals</b>		
<i>ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)</i>	2	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>benznidazole</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
<i>hydroxychloroquine 200 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	1	
<i>pentamidine 300 mg inhal powdr</i>	1	PA
<i>pentamidine 300 mg inject vial</i>	1	
<i>primaquine</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	PA

### **pediculicides/scabicides**

<i>lice killing (cvs shampoo, eq shampoo, eql shampoo, ft shampoo, gs shampoo, hm shampoo, kro shampoo, sb shampoo, shampoo, sm shampoo)</i>	1	*
<i>lice treatment</i>	1	*

### **Antiparkinson Agents**

#### **Anticholinergics**

<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	1	

#### **Antiparkinson Agents, Other**

<i>entacapone</i>	1	
<i>GOCOVRI</i>	2	PA
<i>tolcapone</i>	1	

### **Dopamine Agonists**

<i>APOKYN</i>	2	PA, QL (90 PER 30 DAYS)
<i>bromocriptine mesylate</i>	1	
<i>KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)</i>	2	PA, QL (150 PER 30 DAYS)
<i>NEUPRO</i>	2	ST
<i>pramipexole dihydrochloride</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ropinirole hcl</i>	1	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>INBRIJA</i>	2	PA
<i>RYTARY</i>	2	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl</i> (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i> (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol decanoate 100</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine</i>	1	
<i>molindone hcl</i>	1	
<i>perphenazine</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trifluoperazine hcl</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	2	
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	2	ST, QL (30 PER 30 DAYS)
<i>ariPIPRAZOLE (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>ariPIPRAZOLE 1 mg/ml solution</i>	1	QL (750 PER 30 DAYS)
<i>ariPIPRAZOLE odt</i>	1	QL (60 PER 30 DAYS)
ARISTADA	2	
ARISTADA INITIO	2	
<i>asenapine maleate</i>	1	QL (60 PER 30 DAYS)
CAPLYTA 42 MG CAPSULE	2	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	2	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	2	ST, QL (8 PER 180 OVER TIME)
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	2	QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	2	QL (60 PER 30 DAYS)
NUPLAZID	2	PA
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	
<i>olanzapine odt</i>	1	QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
PERSERIS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
quetiapine er 200 mg tablet	1	QL (90 PER 30 DAYS)
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	QL (90 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	1	QL (60 PER 30 DAYS)
quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 300 mg tablet, er 400 mg tablet)	1	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	2	QL (30 PER 30 DAYS)
RISPERDAL CONSTA	2	
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	1	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	1	QL (240 PER 30 DAYS)
risperidone odt	1	QL (60 PER 30 DAYS)
SAPHRIS	2	QL (60 PER 30 DAYS)
SECUADO	2	PA, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	2	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	2	ST, QL (14 PER 365 OVER TIME)
ziprasidone hcl	1	QL (60 PER 30 DAYS)
ziprasidone mesylate	1	
ZYPREXA RELPREVV	2	

### Treatment-Resistant

clozapine (25 mg tablet, 100 mg tablet)	1	QL (270 PER 30 DAYS)
clozapine 200 mg tablet	1	QL (120 PER 30 DAYS)
clozapine 50 mg tablet	1	QL (180 PER 30 DAYS)
clozapine odt (25 mg tablet, 100 mg tablet)	1	QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	1	QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	1	QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	1	QL (120 PER 30 DAYS)
VERSACLOZ	2	QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Antispasticity Agents</b>		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	1	
tizanidine hcl (2 mg tablet, 4 mg tablet)	1	
<b>Antivirals</b>		
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY 50-200-25 MG TABLET	2	QL (30 PER 30 DAYS)
DOVATO	2	QL (30 PER 30 DAYS)
GENVOYA	2	QL (30 PER 30 DAYS)
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL (30 PER 30 DAYS)
STRIBILD	2	QL (30 PER 30 DAYS)
TIVICAY	2	
TIVICAY PD	2	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
ATRIPLA	2	QL (30 PER 30 DAYS)
COMPLERA	2	QL (30 PER 30 DAYS)
DELSTRIGO	2	QL (30 PER 30 DAYS)
EDURANT	2	
efavirenz	1	
efavirenz-emtric-tenofov disop	1	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	1	QL (30 PER 30 DAYS)
etravirine	1	
INTELENCE	2	
nevirapine (50 mg/5 ml susp, 200 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nevirapine er</i>	1	
PIFELTRO	2	
SYMFI	2	QL (30 PER 30 DAYS)
SYMFI LO	2	QL (30 PER 30 DAYS)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	1	
<i>abacavir-lamivudine</i>	1	QL (30 PER 30 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
CIMDUO	2	QL (30 PER 30 DAYS)
DESCOVY 200-25 MG TABLET	2	QL (30 PER 30 DAYS)
<i>didanosine (dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir disop</i>	1	QL (30 PER 30 DAYS)
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	2	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	1	
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
ODEFSEY	2	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	2	
<i>stavudine</i>	1	
TEMIXYS	2	QL (30 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	2	QL (30 PER 30 DAYS)
TRUVADA	2	QL (30 PER 30 DAYS)
VIDEX	2	
VIDEX EC 125 MG CAPSULE	2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	1
<b>Anti-HIV Agents, Other</b>	
FUZEON	2
RUKOBIA	2
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	2
TYBOST	2
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>	
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	2
<i>atazanavir sulfate</i>	1
CRIXIVAN	2
EVOTAZ	2
<i>fosamprenavir calcium</i>	1
INVIRASE	2
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	2
LEXIVA 50 MG/ML SUSPENSION	2
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	1
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	2
PREZCOBIX	2
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	2
REYATAZ 50 MG POWDER PACKET	2
<i>ritonavir</i>	1
SYMTUZA	2
VIRACEPT	2

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	1	
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	1	PA
<i>PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)</i>	2	
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	1	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	1	
<i>BARACLUDE 0.05 MG/ML SOLUTION</i>	2	QL (600 PER 30 DAYS)
<i>entecavir</i>	1	QL (30 PER 30 DAYS)
<i>EPIVIR HBV 25 MG/5 ML SOLN</i>	2	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv</i>	1	
<i>VEMLIDY</i>	2	
<b>Anti-hepatitis C (HCV) Agents</b>		
<i>MAVYRET 100-40 MG TABLET</i>	2	PA, QL (336 PER 365 OVER TIME)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
<i>sofosbuvir-velpatasvir</i>	1	PA, QL (84 PER 365 OVER TIME)
<i>VOSEVI</i>	2	PA, QL (84 PER 365 OVER TIME)
<b>Anti-influenza Agents</b>		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	1	
<i>oseltamivir 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phos 45 mg capsule</i>	1	QL (84 PER 365 OVER TIME)
<i>oseltamivir phos 75 mg capsule</i>	1	QL (110 PER 365 OVER TIME)
<i>rimantadine hcl</i>	1	
<i>XOFLUZA (20 MG TAB (40 MG DOSE), 40 MG TAB (80 MG DOSE), 40 MG TABLET)</i>	2	QL (4 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOFLUZA 80 MG TABLET	2	QL (2 PER 365 OVER TIME)
<b>Antiherpetic Agents</b>		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	1	PA
<i>famciclovir</i>	1	
<i>valacyclovir</i>	1	QL (120 PER 30 DAYS)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<b>Benzodiazepines</b>		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>chlordiazepoxide 10 mg capsule</i>	1	QL (900 PER 30 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>chlordiazepoxide 5 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	1	QL (720 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	1	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam (5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg/2 ml carpuject, 10 mg/2 ml syringe, 25 mg/5 ml oral conc, 50 mg/10 ml vial)</i>	1	
<i>diazepam 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>diazepam 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>lorazepam (2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpuject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	1	PA
<i>lorazepam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	1	
<i>lorazepam intensol</i>	1	

## Bipolar Agents

### Mood Stabilizers

EQUETRO	2
<i>lithium carbonate</i>	1
<i>lithium carbonate er</i>	1

## Blood Glucose Regulators

### Antidiabetic Agents

<i>acarbose</i>	1
<i>CYCLOSET</i>	2
<i>FAXIGA</i>	2
<i>glimepiride</i>	1
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	1
<i>glipizide er</i>	1
<i>glipizide xl</i>	1
<i>glipizide-metformin</i>	1
<i>glyburide</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glyburide micronized</i>	1	
<i>glyburide-metformin hcl</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin hcl (500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 850 mg tablet, 850 mg/8.5ml cup, 1,000 mg tablet)</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
OZEMPIC (1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML))	2	QL (3 PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN	2	QL (1.5 PER 28 DAYS)
<i>pioglitazone hcl</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	1	
RYBELSUS (7 MG TABLET, 14 MG TABLET)	2	QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	2	QL (60 PER 365 OVER TIME)
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
SYNJARDY	2	
SYNJARDY XR	2	
<i>tolazamide</i>	1	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VICTOZA 2-PAK	2	QL (9 PER 30 DAYS)
VICTOZA 3-PAK	2	QL (9 PER 30 DAYS)
XIGDUO XR	2	
<b>Glycemic Agents</b>		
diazoxide	1	
GLUCAGEN	2	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOOPEN 1-PACK	2	
GVOKE HYPOOPEN 2-PACK	2	
PROGLYCEM	2	
<b>Insulins</b>		
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN U-100	2	
HUMALOG KWIKPEN U-200	2	
HUMALOG MIX 50-50	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMULIN 70-30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN LISPRO	1	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN U-100	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN LISPRO PROTAMINE MIX	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
LYUMJEV	2	
LYUMJEV KWIKPEN U-100	2	
LYUMJEV KWIKPEN U-200	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	

## Blood Products and Modifiers

### Anticoagulants

ELIQUIS 2.5 MG TABLET	2	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	2	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	2	QL (148 PER 365 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syr, 120 mg/0.8 ml syr, 150 mg/ml syr, 30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr)</i>	1	QL (28 PER 90 OVER TIME)
<i>enoxaparin sodium 300 mg/3 ml vial</i>	1	QL (105 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	1	QL (28 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	QL (17.5 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	1	QL (14 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	1	QL (21 PER 90 OVER TIME)
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	2	QL (7 PER 90 OVER TIME)
FRAGMIN 10,000 UNIT/ML SYRINGE	2	QL (35 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FRAGMIN 12,500 UNIT/0.5 ML SYR	2	QL (17.5 PER 90 OVER TIME)
FRAGMIN 15,000 UNIT/0.6 ML SYR	2	QL (21 PER 90 OVER TIME)
FRAGMIN 18,000 UNIT/0.72 ML	2	QL (25.3 PER 90 OVER TIME)
FRAGMIN 7,500 UNIT/0.3 ML SYR	2	QL (10.5 PER 90 OVER TIME)
FRAGMIN 95,000 UNIT/3.8 ML VL	2	QL (22.8 PER 90 OVER TIME)
<i>heparin sodium (5,000 unit/ml carpujct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 50,000 unit/10 ml vial)</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	2	QL (102 PER 365 OVER TIME)

### Blood Products and Modifiers, Other

ADAKVEO	2	PA
<i>anagrelide hcl</i>	1	
ARANESP	2	PA
FULPHILA	2	PA
GRANIX (300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL)	2	ST
LEUKINE	2	PA
MOZOBIL	2	PA, QL (38.4 PER 365 OVER TIME)
MULPLETA	2	PA
NEULASTA	2	PA
NEULASTA ONPRO	2	PA
NEUPOGEN	2	ST
NIVESTYM	2	ST
NPLATE	2	PA
NYVEPRIA	2	PA
OXBRYTA 500 MG TABLET	2	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA	2	PA
REBLOZYL	2	PA
RETACRIT	2	PA
UDENYCA	2	PA
ZARXIO	2	
ZIEXTENZO	2	PA

### Hemostasis Agents

<i>aminocaproic acid (500 mg tab, 1,000 mg tab)</i>	1	
<i>phytonadione 10 mg/ml ampul</i>	1	*
<i>tranexamic acid 650 mg tablet</i>	1	
<i>vitamin k1</i>	1	*

### Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	1	
<i>BRILINTA</i>	2	
<i>CABLIVI</i>	2	PA, QL (30 PER 30 DAYS)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>prasugrel hcl</i>	1	
<i>TAVALISSE</i>	2	PA

### Cardiovascular Agents

#### Alpha-adrenergic Agonists

<i>clonidine</i>	1	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	1	PA
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>NORTHERA</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hcl</i>	1	
<i>prazosin hcl</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet, 500 mcg/2 ml ampule)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>disopyramide phosphate</i>	1
<i>dofetilide</i>	1
<i>flecainide acetate</i>	1
LANOXIN 62.5 MCG TABLET	2
<i>mexiletine hcl</i>	1
NORPACE CR	2
PACERONE (100 MG TABLET, 400 MG TABLET)	2
<i>pacerone 200 mg tablet</i>	1
<i>propafenone hcl</i>	1
<i>propafenone hcl er</i>	1
<i>quinidine gluc er 324 mg tab</i>	1
<i>quinidine sulfate</i>	1
<i>sorine</i>	1
<i>sotalol</i>	1
<i>sotalol af</i>	1

### Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	1
<i>atenolol</i>	1
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1
<i>bisoprolol fumarate</i>	1
BYSTOLIC	2
<i>carvedilol</i>	1
<i>carvedilol er</i>	1
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1
<i>metoprolol succinate</i>	1
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1
<i>nadolol</i>	1
<i>nebivolol hcl</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
pindolol	1
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	1
propranolol hcl er	1
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
amlodipine besylate	1
felodipine er	1
nicardipine hcl (20 mg capsule, 30 mg capsule)	1
nifedipine er	1
nimodipine	1
nisoldipine	1
NYMALIZE	2
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
cartia xt	1
dilt-xr	1
diltiazem 12hr er	1
diltiazem 24hr er	1
diltiazem 24hr er (cd)	1
diltiazem 24hr er (la) (24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)	1
diltiazem 24hr er (xr)	1
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	1
matzim la	1
taztia xt	1
tiadylt er	1
verapamil er	1
verapamil er pm	1
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil sr	1	
<b>Cardiovascular Agents, Other</b>		
acetazolamide	1	
ALDACTAZIDE 50-50 TABLET	2	
aliskiren	1	
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril	1	
amlodipine-atorvastatin	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hctz	1	
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
candesartan-hydrochlorothiazide	1	
captopril-hydrochlorothiazide	1	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	2	PA, QL (450 PER 30 DAYS)
DEMSEER	2	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL (60 PER 30 DAYS)
fosinopril-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
methyldopa-hydrochlorothiazide	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
olmesartan-hydrochlorothiazide	1	
pentoxifylline	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone-hctz</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>trandolapril-verapamil er</i>	1	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VYNDAMAX	2	PA, QL (30 PER 30 DAYS)

### Diuretics, Loop

<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	1
<i>ethacrynic acid</i>	1
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial)</i>	1
<i>torsemide</i>	1

### Diuretics, Potassium-sparing

<i>amiloride hcl</i>	1
<i>eplerenone</i>	1
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1

### Diuretics, Thiazide

<i>chlorothiazide</i>	1
<i>chlorthalidone</i>	1
<i>DIURIL</i>	2
<i>hydrochlorothiazide</i>	1
<i>indapamide</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metolazone</i>	1	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate (40 mg tablet, 43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 120 mg tablet, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	1	
<i>gemfibrozil</i>	1	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin er</i>	1	
<i>fluvastatin sodium</i>	1	
<i>LIVALO</i>	2	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
<i>colesevelam 625 mg tablet</i>	1	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>icosapent ethyl 1 gram capsule</i>	1	PA
<i>JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)</i>	2	PA, QL (60 PER 30 DAYS)
<i>JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)</i>	2	PA, QL (30 PER 30 DAYS)
<i>NEXLETOL</i>	2	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
niacin (500 mg tablet, ra 500 mg tablet)	1	
niacin er	1	
niacor	1	
omega-3 acid ethyl esters	1	PA
plain niacin 500 mg tablet	1	
prevalite (packet, powder)	1	
REPATHA PUSHTRONEX	2	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	2	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE	2	PA, QL (3 PER 28 DAYS)
VASCEPA	2	PA

### **Vasodilators, Direct-acting Arterial**

hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1
minoxidil (2.5 mg tablet, 10 mg tablet)	1

### **Vasodilators, Direct-acting Arterial/Venous**

DILATRATE-SR	2
isosorbide dinitrate	1
isosorbide mononitrate	1
isosorbide mononitrate er	1
minitran	1
NITRO-BID	2
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	2
nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)	1
nitroglycerin patch	1

### **Central Nervous System Agents**

#### **Attention Deficit Hyperactivity Disorder Agents, Amphetamines**

dextroamphetamine 10 mg tab	1	QL (180 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine 5 mg/5 ml</i>	1	QL (1800 PER 30 DAYS)
<i>dextroamphetamine er 10 mg cap</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine er 15 mg cap</i>	1	QL (120 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine</i>	1	QL (90 PER 30 DAYS)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hcl (18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	1	
<i>dexmethylphenidate hcl</i>	1	QL (60 PER 30 DAYS)
<i>dexmethylphenidate hcl er</i>	1	QL (30 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	
<i>methylphenidate 10 mg chew tab</i>	1	QL (180 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	1	
<i>methylphenidate er (10 mg cap, 15 mg cap, 18 mg tab, 20 mg cap, 27 mg tab, 30 mg cap, 40 mg cap, 50 mg cap, 54 mg tab, 60 mg cap, 72 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate er (la)</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate er 10 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>methylphenidate er 36 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>methylphenidate hcl cd</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (cd)</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylphenidate la	1	QL (30 PER 30 DAYS)
RELEXXII ER 72 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<b>Central Nervous System, Other</b>		
8 hour acetaminophen	1	*
8 hour pain relief	1	*
8hr arthritis pain	1	*
8hr arthritis pain relief	1	*
8hr muscle aches-pain	1	*
acetaminophen (120 mg suppos, 160 mg/5 ml cup, 160 mg/5 ml liq, 160 mg/5 ml sol, 160 mg/5 ml soln, 325 mg gelcap, 325 mg tablet, 325 mg/10.15 ml, cvs 325 mg gelcp, cvs 325 mg tab, cvs 500 mg cplt, cvs 500 mg gelcp, cvs 500 mg tab, eq 500 mg gelcap, eq 500 mg tablet, eql 325 mg tab, eql 500 mg cplt, eql 500 mg gelcp, eql 500 mg tab, gnp 325 mg gelcp, kro 325 mg tab, ra 325 mg tablet, 500 mg caplet, 500 mg gelcap, 500 mg tablet, eq 500 mg caplet, gnp 500 mg tab, kro 500 mg cplt, kro 500 mg tab, ra 500 mg caplet, ra 500 mg gelcap, ra 500 mg tablet, 650 mg suppos, 650 mg/20.3 ml, 650mg/20.3ml cup)	1	*
acetaminophen 8 hour	1	*
acetaminophen er	1	*
arthritis pain (eq er 650 mg, gs er 650 mg)	1	*
arthritis pain relief (arthritis er 650 mg caplt, arthritis rlef er 650 mg, cvs arthrit rlf er 650 mg, eql arthrit rlf er 650 mg, gnp arthrit rlf er 650 mg, hm arthrit rlf er 650 mg, hm arthritis er 650 mg, kro arthrit rlf er 650 mg, pub arthritis er 650 mg, qc arthritis er 650 mg, ra arthritis er 650 mg, sm arthrit rlf er 650 mg, sm arthritis er 650 mg, sm arthritis rlef er 650)	1	*
arthritis pain reliever (ft er 650 mg tb, sm er 650 mg tb)	1	*
AUSTEDO	2	PA, QL (120 PER 30 DAYS)
butalb-acetamin-caff 50-325-40	1	PA
butalbital-acetaminophn 50-325	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>butalbital-aspirin-caffeine cp</i>	1	PA
<i>children's acetaminophen (acetaminophen 160 mg/5 ml, eql acetaminophn 160 mg/5)</i>	1	*
<i>children's pain and fever</i>	1	*
<i>children's pain relief (160 mg/5 ml sus, cvs 160 mg/5 ml, hm 160 mg/5 ml, kro 160 mg/5 ml, pub 160 mg/5 ml, qc 160 mg/5 ml)</i>	1	*
<i>children's pain-fever (child pain-fever 160 mg/5 ml, cvs child pain-fever 160 mg/5, eq chld pain-fever 160 mg/5 ml, ft child pain-fever 160 mg/5ml, gnp child pain-fever 160 mg/5, gs child fever-pain 160 mg/5ml, gs child pain-fever 160 mg/5ml, hm chld pain-fever 160 mg/5 ml, kro child pain-fever 160 mg/5, sm chld pain-fever 160 mg/5 ml)</i>	1	*
<i>children's tactinal</i>	1	*
<i>ed-apap</i>	1	*
<i>eql inf acetaminophen 160 mg/5</i>	1	*
<b>EXSERVAN</b>	2	PA
<b>FEVERALL</b>	2	*
<b>FIRDAPSE</b>	2	PA, QL (240 PER 30 DAYS)
<i>infant pain relief</i>	1	*
<i>infant pain-fever</i>	1	*
<i>infants' pain relief</i>	1	*
<i>infants' pain reliever (hm 160 mg/5 ml, sm 160 mg/5 ml)</i>	1	*
<i>infants' pain-fever</i>	1	*
<b>INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)</b>	2	PA, QL (30 PER 30 DAYS)
<b>INGREZZA 40 MG CAPSULE</b>	2	PA, QL (60 PER 30 DAYS)
<b>INGREZZA INITIATION PACK</b>	2	PA, QL (56 PER 365 OVER TIME)
<i>jr. str non-aspirin pain</i>	1	*
<i>m-pap</i>	1	*
<i>mapap (160 mg/5 ml liquid, 325 mg tablet, 500 mg caplet, 500 mg capsule, 500 mg/15 ml liquid)</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mapap arthritis pain</i>	1	*
<i>non-aspirin 325 mg tablet</i>	1	*
<i>non-aspirin extra strength (cvs non-aspirin 500 mg caplet, cvs non-aspirin 500 mg geltab, mb non-aspirin 500 mg tablet, non aspirin 500 mg caplet, non-aspirin 500 mg caplet, non-aspirin 500 mg tablet, ra non-aspirin 500 mg caplet)</i>	1	*
<i>non-aspirin pain relief</i>	1	*
<b>NUEDEXTA</b>	2	PA
<i>pain &amp; fever (500 mg caplet, 500 mg tablet)</i>	1	*
<b>PAIN &amp; FEVER 325 MG TABLET</b>	2	*
<i>pain relief (325 mg tablet, cvs 325 mg tablet, 500 mg caplet, 500 mg gelcap, 500 mg tablet, er 650 mg caplet, ft 500 mg gelcap, ft 500 mg tablet, gnp 325 mg tablet, gnp 500 mg gelcap, gnp er 650 mg cplt, gs 325 mg tablet, gs 500 mg caplet, gs 500 mg tablet, gs er 650 mg cplt, hm 325 mg tablet, hm 500 mg caplet, hm 500 mg gelcap, hm 500 mg tablet, pub 500 mg caplet, pub 500 mg geltab, pub 500 mg tablet, qc 325 mg tablet, qc 500 mg caplet, sm 500 mg gelcap, sw 500 mg gelcap)</i>	1	*
<i>pain relief extra strength</i>	1	*
<i>pain reliever (325 mg tablet, eq 325 mg tablet, 500 mg caplet, 500 mg gelcap, 500 mg tablet, cvs 500 mg cplt, eq 500 mg caplet, er 650 mg caplet, ft 500 mg caplet, gnp 325 mg tab, gnp 500 mg caplt, gnp 500 mg tab, hm 325 mg tablet, hm 500 mg tablet, sm 325 mg tablet, sm 500 mg caplet, sm 500 mg gelcap, sm 500 mg tablet, sm er 650 mg)</i>	1	*
<i>pharbetol</i>	1	*
<b>RADICAVA</b>	2	PA
<i>riluzole</i>	1	PA
<b>RUZURGI</b>	2	PA, QL (300 PER 30 DAYS)
<i>silapap</i>	1	*
<i>tactinal</i>	1	*
<i>tencon</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tension headache</i>	1	*
<i>tetrabenazine</i>	1	PA
TIGLUTIK	2	PA
<b>Fibromyalgia Agents</b>		
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule)</i>	1	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 PER 30 DAYS)
<i>pregabalin 300 mg capsule</i>	1	QL (60 PER 30 DAYS)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	2	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	2	QL (110 PER 365 OVER TIME)
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	2	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED SYR 30 MCG KT	2	PA, QL (4 PER 28 DAYS)
BAFIERTAM	2	PA, QL (120 PER 30 DAYS)
BETASERON	2	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	1	PA, QL (120 PER 365 OVER TIME)
EXTAVIA	2	PA, QL (15 PER 30 DAYS)
GILENYA	2	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	2	PA, QL (0.4 PER 28 DAYS)
MAVENCLAD	2	PA
MAYZENT 0.25 MG TABLET	2	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAYZENT 0.25MG START-2MG MAINT	2	PA, QL (24 PER 365 OVER TIME)
MAYZENT 2 MG TABLET	2	PA, QL (30 PER 30 DAYS)
<i>mitoxantrone hcl</i>	1	PA
OCREVUS	2	PA, QL (40 PER 365 OVER TIME)
PLEGRIDY 125 MCG/0.5 ML PEN	2	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING	2	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN INJ STARTER PACK	2	PA, QL (2 PER 365 OVER TIME)
PLEGRIDY SYRINGE STARTER PACK	2	PA, QL (4 PER 365 OVER TIME)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	2	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	2	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	2	PA, QL (8.4 PER 365 OVER TIME)
REBIF TITRATION PACK	2	PA, QL (8.4 PER 365 OVER TIME)
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE)	2	PA, QL (60 PER 30 DAYS)
TECFIDERA STARTER PACK	2	PA, QL (120 PER 365 OVER TIME)
TYSABRI	2	PA
VUMERITY	2	PA, QL (120 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	2	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (37-DAY)	2	PA, QL (74 PER 365 OVER TIME)
ZEPOSIA STARTER PACK (7-DAY)	2	PA, QL (14 PER 365 OVER TIME)

## Dental and Oral Agents

<i>chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)</i>	1
<i>doxycycline hyclate 20 mg tab</i>	1
<i>lidocaine hcl viscous</i>	1
<i>oralone</i>	1
<i>paroex</i>	1
<i>periogard</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>triamcinolone 0.1% paste</i>	1	

## Dermatological Agents

### Acne and Rosacea Agents

<i>accutane (20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	PA
<i>acitretin</i>	1	
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	1	
<i>adapalene-benzyl perox 0.1-2.5%</i>	1	
<i>amnesteem</i>	1	PA
<i>AVITA</i>	2	PA
<i>azelaic acid</i>	1	
<i>claravis</i>	1	PA
<i>clind ph-benzoyl perox 1.2-5%</i>	1	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>FINACEA 15% FOAM</i>	2	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	PA
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	1	
<i>MIRVASO</i>	2	PA
<i>myorisan</i>	1	PA
<i>rosadan</i>	1	
<i>tazarotene 0.1% cream</i>	1	
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i>	1	PA
<i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zenatane	1	PA
<b>Dermatitis and Pruitus Agents</b>		
ala-cort 2.5% cream	1	
alclometasone dipropionate	1	
ammonium lactate	1	*
betamethasone diprop augmented (crm, gel, lot, oin)	1	
betamethasone dipropionate (crm, lot, oint)	1	
betamethasone valerate (va cream, va lotion, valer ointm)	1	
clobetasol emollient	1	
clobetasol emulsion	1	
clobetasol propionate (cream, gel, ointment, prop spray, solution, topical lotn)	1	
CORDRAN 0.025% CREAM	2	
desonide (cream, gel, lotion, ointment)	1	
desoximetasone (cream, ointment)	1	
desrx	1	
EUCRISA	2	PA
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	1	
fluocinonide (cream, gel, ointment, solution)	1	
fluocinonide 0.1% cream	1	QL (120 PER 30 DAYS)
fluocinonide-e	1	
fluticasone propionate (0.005% oint, 0.05% cream)	1	
halobetasol propionate (cream, ointmnt)	1	
HALOG 0.1% SOLUTION	2	
hydrocortisone (cream, lotion, ointment)	1	
hydrocortisone butyrate (buty cream, butyr oint, butyr soln)	1	
hydrocortisone val 0.2% cream	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone val 0.2% ointmt</i>	1	
<i>mometasone furoate (cream, oint, soln)</i>	1	
<i>pimecrolimus</i>	1	
<i>prednicarbate</i>	1	
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus (0.03%, 0.1%)</i>	1	
<i>tovet emollient</i>	1	
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.05% ointment, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene (cream, ointment)</i>	1	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% solution</i>	1	QL (60 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>diclofenac sodium 3% gel</i>	1	
<i>DUOBRII</i>	2	PA
<i>FLUOROPLEX</i>	2	
<i>fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	1	
<i>hydrocort-pramoxine 1%-1% crm</i>	1	
<i>imiquimod 5% cream packet</i>	1	
<i>KLISYRI</i>	2	ST
<i>methoxsalen</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>OTEZLA 30 MG TABLET</i>	2	PA
<i>PICATO</i>	2	
<i>podofilox 0.5% topical soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SANTYL	2	
<i>silver sulfadiazine</i>	1	
SSD	2	
<b>Pediculicides/Scabicides</b>		
<i>crotan</i>	1	
<i>ivermectin 1% cream</i>	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<b>Topical Anti-infectives</b>		
<i>acyclovir 5% ointment</i>	1	
BACTROBAN NASAL	2	
<i>ciclodan 8% solution</i>	1	PA
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	PA
<i>clindamycin ph 1% solution</i>	1	
<i>dapsone 5% gel</i>	1	
DENAVIR	2	
<i>ery</i>	1	
<i>erythromycin (gel, pledges, solution)</i>	1	
<i>mupirocin 2% ointment</i>	1	
<b>dermatological agents</b>		
ACNE MEDICATION (5% GEL, 10% GEL, 10% LOTION)	2	*
<i>anti-itch (cream, cvs cream, eql cream, gs cream, qc cream, ra cream)</i>	1	*
<i>anti-itch with aloe</i>	1	*
AVAGE	2	*
<i>benzoyl peroxide (2.5% gel, 5% gel, 5% wash, 10% gel)</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cortisone with aloe	1	*
DIFFERIN 0.1% GEL	2	*
geri-hydrolac 12% cream	1	*
gnp hydrocort acetate 1% cr	1	*
hydrocortisone (0.5% cream, 1% cream, 1% ointment, cvs 1% cream, cvs 1% ointment, eq 1% cream, gnp 1% cream, gnp 1% ointment, hm 1% cream, kro 1% cream, qc 1% cream, ra 1% cream, sm 1% cream, sm 1% ointment)	1	*
hydrocortisone plus	1	*
hydrocortisone-aloe (cream, eq crm, sm crm)	1	*
preparation h hc 1% cream	1	*
RENOVA	2	*
RENOVA PUMP	2	*

## Electrolytes/Minerals/Metals/Vitamins

### Electrolyte/Mineral Replacement

AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	2	PA
AMINOSYN-PF 10% IV SOLUTION	2	PA
calcium 250-vit d3	1	*
calcium 500-vit d3 (200 caplet, 200 tablet, eq 400 tab, hm 200 cplt, sm 200 cplt, 400 tablet, sm 400 tab, 500 mg-vit 5 mcg tb, 500 mg-vit 600 unit, 500mg-vit 10mcg tab, 500mg-vit 15mcg tab, 600 caplet, 600 tablet, gnp 600 tab)	1	*
calcium 600 with vit d chew tb	1	*
calcium 600+d plus minerals	1	*
calcium 600+minerals	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
calcium 600-vit d3 (400 caplet, 400 tablet, eq 600mg-d3 20mcg tab, hm 400 tab, hm 800 tab, qc 400 tab, ra 400 tab, sm 400 tab, 600 mg-d3 10 mcg sfgl, 600 mg-d3 20 mcg cplt, 600 mg-d3 20 mcg tab, 600 mg-vit d3 10mcg tb, 600-d3 20mcg(800 unit), 600mg-d3 400 unit sfgl, cvs 600mg-d3 20mcg tab, gnp 600 mg-d3 800 unit, sm 600mg-d3 20mcg tab, sv 600mg-d3 20mcg tab, 800 caplet, 800 tablet, cvs 800 tab, eql 800 tab, sm 800 tab)	1	*
calcium 600-vit d3-mineral	1	*
CARBAGLU	2	
children's ferrous sulfate	1	*
CLINISOL	2	PA
dextrose 5%-0.45% nacl	1	
dextrose 5%-0.9% nacl	1	
dextrose in water (50 ml, 100 ml, iv soln, vial)	1	
ferosul 325 mg tablet	1	*
ferro-time	1	*
ferrous gluconate 324 mg tab	1	*
ferrous sulfate (sulf 15 mg iron/ml drp, sulf ec 324 mg tablet, true sulf ec 324 mg tb, 325 mg tablet)	1	*
ferrousul	1	*
glucose in water	1	
hm calcium 600-d3-minerals tab	1	*
infant-toddler iron	1	*
iron (65 mg tablet, cvs 65 mg tablet, gnp 65 mg tablet, hm 65 mg tablet, ra 65 mg tablet, sm 65 mg tablet, sm 325 mg tablet, sv 65 mg tablet)	1	*
klor-con	1	
KLOR-CON 10	2	
KLOR-CON 8	2	
klor-con m10	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON M15	2	
<i>klor-con m20</i>	1	
<i>lactated ringers injection</i>	1	
<i>liquid calcium-vit d</i>	1	*
<i>magnesium oxide (400 mg tablet, true 400 mg tb)</i>	1	*
MAGOX 400	2	*
<i>manganese chloride</i>	1	*
<i>mgo</i>	1	*
<i>nu-mag</i>	1	*
<i>oysco 500-vit d3</i>	1	*
<i>oyster shell calcium w-vit d</i>	1	*
<i>oyster shell calcium-vit d3 (250 mg-d3 3.12mcg, 250-vit d3 125 tb, 500-vit d3 200 tb, 500mg-vit d3 5mcg, ra 500-vit d3 200)</i>	1	*
<i>oyster shell calcium-vitamin d</i>	1	*
<i>oyster shell-d</i>	1	*
<i>oystercal-d</i>	1	*
<i>pediatric iron</i>	1	*
PLENAMINE	1	PA
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	1	
<i>potassium citrate er (5 tab, 10 tb)</i>	1	
<i>ra hi-cal plus vitamin d tab</i>	1	*
SLOW-MAG	2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln)	1	
sodium chloride-water	1	
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet	2	
sodium fluoride 2.2 mg (fluoride ion 1mg) oral tablet	2	
super calcium 600-vit d3	1	*
ultra calcium 600-vit d3	1	*
wee care	1	*

### Electrolyte/Mineral/Metal Modifiers

CHEMET	2	
deferasirox	1	PA
deferiprone	1	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	2	PA
FERRIPROX (2 TIMES A DAY)	2	PA
FERRIPROX (3 TIMES A DAY)	2	PA
JADENU SPRINKLE	2	PA
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	2	QL (56 PER 28 DAYS)
JYNARQUE 15 MG TABLET	2	QL (60 PER 30 DAYS)
JYNARQUE 30 MG TABLET	2	QL (30 PER 30 DAYS)
sodium polystyrene sulf powder	1	
trientine hcl 250 mg capsule	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Phosphate Binders</b>		
AURYXIA	2	PA
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	2	
<b>Potassium Binders</b>		
kionex	1	
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	1	
SPS	2	
VELTASSA	2	
<b>Vitamins</b>		
AQUASOL A	2	*
BACMIN	2	*
<i>corvita</i>	1	*
CORVITE	2	*
CORVITE FREE	2	*
<i>cyanocobalamin injection</i>	1	*
d3-50	1	*
DECARA 25,000 UNIT VEGICAP	2	*
<i>decara 50,000 unit softgel</i>	1	*
<i>dekas essential capsule</i>	1	*
DEKAS ESSENTIAL LIQUID	2	*
DEKAS PLUS (CHEWABLE TABLET, LIQUID, OCEANCAPS, SOFTGEL)	2	*
DIALYVITE	2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIALYVITE 3000	2	*
DIALYVITE 5000	2	*
DIALYVITE SUPREME D	2	*
DIALYVITE ZINC	2	*
DRISDOL	2	*
ENLYTE	2	*
<i>ergocalciferol</i>	1	*
ESCAVITE	2	*
ESCAVITE D	2	*
ESCAVITE LQ	2	*
<i>fabb</i>	1	*
FLORIVA	2	*
<i>folbic</i>	1	*
<i>folic acid (1 mg tablet, 5 mg/ml vial, 50 mg/10 ml vial)</i>	1	*
FOLTRATE	2	*
<i>hydroxocobalamin</i>	1	*
<i>infant vitamin d</i>	1	*
INFUVITE ADULT	2	*
INFUVITE PEDIATRIC	2	*
M.V.I. PEDIATRIC	2	*
MEPHYTON	2	*
<i>multi-vitamin w-fluoride-iron</i>	1	*
<i>multivitamin with fluoride (multivit-fluor 0.25 mg tab chw, multivit-fluor 0.25 mg/ml drop, multivit-fluor 0.5 mg tab chew, multivit-fluor 0.5 mg/ml drop, multivit-fluoride 1 mg tab chw)</i>	1	*
<i>multivitamin-iron-fluoride</i>	1	*
MVC-FLUORIDE	2	*
NASCOBAL	2	*
NEPHPLEX RX	2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
niacin (500 mg capsule sa, er 500 mg capsule, tr 500 mg capsule)	1	*
optimal d3	1	*
pediatric vitamin d3	1	*
phytonadione (1 mg/0.5 ml syr, 5 mg tablet)	1	*
POLY-VI-FLOR (0.25 MG DROP, 0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	2	*
POLY-VI-FLOR WITH IRON (0.25 MG DROP, 0.5 MG CHWTB)	2	*
PRENATAL VITAMINS	2	
pyridoxine 100 mg/ml vial	1	*
QUFLORA (0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP, 1 MG CHEW TAB)	2	*
QUFLORA FE (0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP)	2	*
renal caps	1	*
reno caps	1	*
STROVITE FORTE	2	*
STROVITE ONE	2	*
thiamine 200 mg/2 ml vial	1	*
TRI-VI-FLOR	2	*
tri-vitamin with fluoride	1	*
tri-vite with fluoride	1	*
triphrocaps	1	*
virt-caps	1	*
virt-gard	1	*
vit 3	1	*
VITAL-D RX	2	*
vitamin d2 1.25mg(50,000 unit)	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
vitamin d3 (1.25 mg softgel, 10 mcg(400 unit)/ml, 10 mcg/ml drop, 10 mcg/ml liquid, 50 mcg (2,000 unit), 50 mcg capsule, 50 mcg softgel, cvs 50 mcg softgel, cvs 2,000 unit sfgl, eql 50 mcg softgel, ft 50 mcg softgel, gnp 50 mcg softgel, sm 50 mcg softgel, 400 unit/ml liquid, 1,250 mcg capsule, 2,000 unit softgel, eql 2,000 unit sfgl, hm 2,000 unit sftgl, ra 2,000 unit sfgl, ra 2,000 unit sftgl, sm 2,000 unit sftgl, sv 2,000 unit sftgl, true 1,250 mcg cap, 50,000 unit capsule)	1	*
vitamins a,c,d and fluoride	1	*
<b>electrolytes/minerals/metals/vitamins</b>		
calcium (600 mg tablet, cvs 600 mg tablet, gnp 600 mg tablet, ra 600 mg tablet, sm 600 mg tablet, sv 600 mg tablet)	1	*
calcium 600-vit d3 (200 tablet, 600 mg-vit 5 mcg tb)	1	*
calcium carbonate (mg/5 ml cup, mg/5 ml sus)	1	*
chromium cl 40 mcg/10 ml vial	1	*
copper chloride	1	*
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
AMITIZA	2	QL (60 PER 30 DAYS)
constulose	1	
enulose	1	
generlac	1	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	1	
LINZESS	2	QL (30 PER 30 DAYS)
lubiprostone	1	QL (60 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	2	ST, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	2	ST, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RELISTOR 8 MG/0.4 ML SYRINGE	2	ST, QL (12 PER 30 DAYS)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl</i>	1	PA
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
XERMELO	2	PA, QL (90 PER 30 DAYS)
<b>Antispasmodics, Gastrointestinal</b>		
CUVPOSA	2	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	1	
GLYCATE	2	
<i>glycopyrrolate (1 mg tablet, 1.5 mg tablet, 2 mg tablet)</i>	1	
<i>methscopolamine bromide</i>	1	
<b>Gastrointestinal Agents, Other</b>		
<i>advanced antacid-antigas (eql liquid, hm susp, liquid, sm susp)</i>	1	*
ALMACONE	2	*
<i>almacone-2</i>	1	*
<i>aluminum hydroxide</i>	1	*
<i>antacid (eql suspension, ft 500 mg chew tablet, gs 500 mg chew tablet, qc suspension, sm suspension)</i>	1	*
<i>antacid calcium</i>	1	*
<i>antacid maximum strength</i>	1	*
<i>antacid-antigas (eq max str, ft liquid, ft max str)</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
anti-diarrheal (1 mg/7.5 ml sol, 1 mg/7.5 ml sus, 2 mg softgel, 2 mg tablet, cvs 2 mg caplet, cvs 2 mg sftgel, eq 2 mg caplet, eq 2 mg sftgel, eql 2 mg caplet, ft 1 mg/7.5 ml, ft 2 mg caplet, gnp 2 mg caplet, gnp 2 mg sftgel, gnp 2 mg tablet, gs 1 mg/7.5 ml, hm 2 mg caplet, hm 2 mg softgel, kro 2 mg caplet, qc 2 mg caplet, qc 2 mg softgel, ra 2 mg caplet, sm 1 mg/7.5 ml, 2 mg caplet, gs 2 mg caplet, ra 2 mg softgel, sm 2 mg caplet, sm 2 mg softgel)	1	*
bismatrol (525 mg/15 ml susp, 525 mg/30 ml susp, tablet chew)	1	*
bismuth 262 mg tablet chew	1	*
bismuth maximum strength	1	*
cal-gest	1	*
calcium 500 mg tablet	1	*
calcium antacid (500 mg chew tab, 1000 mg chew tb)	1	*
calcium carbonate (1.25 gm tab, carb 500 (1,250) mg tb, carb 500 mg tab chew, 648 mg tab)	1	*
CHENODAL	2	PA
CLENPIQ 160 ML SOLUTION	2	
diarrhea relief	1	*
foaming antacid	1	*
GATTEX	2	PA
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n	1	
GIMOTI	2	ST
gs antacid plus gas relief liq	1	*
gs antacid-gas relief liquid	1	*
k-pec	1	*
kao-tin suspension	1	*
liquid antacid (gnp suspension, suspension)	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loperamide (1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, 1 mg/7.5ml soln cup, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eql 1 mg/7.5 ml sus, gnp 1 mg/7.5 ml liq, hm 1 mg/7.5 ml liq, hm 2 mg softgel, kro 1 mg/7.5 ml sus, ra 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq, 2 mg capsule, 2 mg/15 ml soln cup)</i>	1	*
MAG-AL	2	*
MAG-AL PLUS SUSPENS 30 ML CUP	2	*
<i>mag-al plus xs</i>	1	*
<i>magnesium (400 mg tablet, hm 400 mg caplet)</i>	1	*
<i>masanti</i>	1	*
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	1	
<i>mi acid</i>	1	*
<i>mi-acid (mi acid suspension, mi-acid 400-400-40 mg/10 ml lq, mi-acid max strength liquid)</i>	1	*
<i>mintox</i>	1	*
<i>mintox maximum strength</i>	1	*
<i>mintox plus</i>	1	*
MYALEPT	2	PA
OCALIVA	2	PA, QL (30 PER 30 DAYS)
<i>opium tincture</i>	1	
<i>oyster shell calcium</i>	1	*
<i>peg 3350-electrolyte</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
<i>peptic relief</i>	1	*
PEPTO-BISMOL (525 MG/30 ML SUSP, MAX STR SUSP, SUSPENSION, TABLET CHEW)	2	*
<i>pepto-bismol 262 mg caplet</i>	1	*
PEPTO-BISMOL TO-GO	2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pink bismuth (262 mg tab chew, 262 mg/15 ml susp, caplet, gnp 262 mg tb chw, gnp 262 mg/15 ml, gnp caplet, qc 262 mg caplet, qc 262 mg tab chw, ra 262 mg tab chw, ra 262 mg/15 ml, ra caplet, tablet chew)	1	*
RECTIV	2	
RULOX	2	*
sodium bicarbonate (10 grain tablet, 325 mg (5 gr) tb, 325 mg tablet, 650 mg tablet)	1	*
stomach relief (262 mg caplet, 262 mg chew tab, 262 mg/15 ml, cvs rlf 525 mg/30 ml, cvs rlf 262 mg caplet, cvs rlf 262 mg chew tb, eq 262 mg/15 ml, eql liquid, eql rlf 262 mg caplet, eql rlf 262 mg chew tb, eql rlf 262 mg/15 ml, eql rlf 525 mg/15 ml, ft 525 mg/30 ml, ft rlf 262 mg caplet, ft rlf 262 mg chew tab, gnp 525mg/15 ml, gnp rlf 262 mg/15 ml, gs 525 mg/30 ml, gs rlf 262 mg chew tab, hm 262 mg/15 ml, 525 mg/15 ml, 525 mg/30 ml, cvs max str liq, eq rlf 262 mg chew tab, eql rlf 525 mg/30 ml, gnp rlf 525 mg/30 ml, hm 525 mg/15 ml, hm 525 mg/30 ml, hm rlf 262 mg chew tab, kro 1,050 mg/30, kro rlf 262 mg chew tb, kro rlf 262 mg/15 ml, max str liquid, pub rlf 262 mg chew tb, qc rlf 262 mg chew tab, ra 262 mg/15 ml, ra max str liq, rlf 262 mg/15 ml susp, rlf 525 mg/30 ml susp, sm 262 mg/15 ml, sm 525 mg/30 ml, sm caplet, sm liquid, sm max str liq, sm rlf 262 mg caplet, sm rlf 262 mg chew tab)	1	*
stomach relief original	1	*
SUPREP	2	
sv magnesium oxide 400 mg tab	1	*
trilyte with flavor packets	1	
tums ultra strength	1	*
ursodiol (250 mg tablet, 500 mg tablet)	1	
XENICAL	2	*
XIFAXAN	2	PA
ZORBTIVE	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Histamine2 (H2) Receptor Antagonists</b>		
acid control (150 mg tablet, gnp 150 mg tablet)	1	*
acid controller	1	*
acid gone antacid	1	*
acid reducer (10 mg tablet, eq 10 mg tablet, 20 mg tablet, 150 mg tablet, cvs 150 mg tablet, eq 20 mg tablet, eq 150 mg tablet, eq 200 mg tablet, eql 150 mg tablet, ft 10 mg tablet, ft 20 mg tablet, gnp 10 mg tablet, gnp 20 mg tablet, gs 10 mg tablet, gs 20 mg tablet, gs 150 mg tablet, kro 200 mg tablet, pub 10 mg tablet, ra 10 mg tablet, ra 20 mg tablet, ra 150 mg tablet, sm 10 mg tablet, sm 20 mg tablet, sm 150 mg tablet, sm 200 mg tablet)	1	*
acid reducer 150	1	*
acid reducer complete	1	*
cimetidine (200 mg tablet, cvs 200 mg tablet, gnp 200 mg tablet)	1	*
famotidine (10 mg tablet, eq 10 mg tablet, hm 10 mg tablet, 20 mg tablet, eq 20 mg tablet, hm 20 mg tablet, pub 20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)	1	*
heartburn relief (10 mg tablet, 20 mg tablet, 200 mg tablet, cvs 200 mg tb, cvs liquid, liquid, sm 200 mg tab)	1	*
heartburn treatment 24 hour	1	*
lansoprazole dr 15 mg capsule	1	QL (60 PER 30 DAYS), *
nizatidine (150 mg capsule, 300 mg capsule)	1	
PREVACID 24HR	2	*
ranitidine hcl (150 mg tablet, eq 150 mg tablet, pub 150 mg tablet)	1	*
<b>Protectants</b>		
misoprostol	1	
sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Proton Pump Inhibitors</b>		
esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)	1	QL (60 PER 30 DAYS)
lansoprazole (cvs dr 15 mg cap, eq dr 15 mg cap, eql dr 15 mg cap, gnp dr 15 mg cap, gs dr 15 mg cap, hm dr 15 mg cap, kro dr 15 mg cap, ra dr 15 mg cap, sm dr 15 mg cap)	1	*
lansoprazole dr 30 mg capsule	1	QL (60 PER 30 DAYS)
omeprazole (cvs dr 20 mg tablet, dr 20 mg tablet, eq dr 20 mg tablet, eql dr 20 mg tablet, ft dr 20 mg tablet, gnp dr 20 mg tablet, gs dr 20 mg tablet, hm dr 20 mg tablet, kro dr 20 mg tablet, pub dr 20 mg tablet, ra dr 20 mg tablet, sm dr 20 mg tablet, sw dr 20 mg tablet)	1	*
omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)	1	QL (60 PER 30 DAYS)
omeprazole magnesium	1	*
pantoprazole sodium (dr 40 mg susp pkt, sod dr 20 mg tab, sod dr 40 mg tab)	1	QL (60 PER 30 DAYS)
rabeprazole sod dr 20 mg tab	1	QL (60 PER 30 DAYS)
<b>gastrointestinal agents</b>		
advanced antacid-antigas (gs liquid, kro liquid, sm liquid)	1	*
antacid (500 mg chew tablet, 500 mg chewable tablet, cvs 750 mg chew tablet, eq 500 mg chew tablet, eq liquid, eql 500 mg chew tablet, eql liquid, ex-str tablet chew, gnp 500 mg chew tablet, gnp liquid, gnp suspension, gs 500 mg chewable tab, hm 500 mg chew tablet, liquid, pub 500 mg chew tablet, qc 500 mg chew tablet, ra 500 mg chewable tab, sm 500 mg chew tablet, suspension)	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
antacid extra strength (750 mg chewable tablet, cvs ex-str 750 mg chew, cvs kids 750 mg chew, cvs xtra str chew tab, eq ex-str 750 mg chew, eq extra str chew tab, eql ex-str 750 mg chew, ex str 750 mg chew tab, ex-str 750 mg tab chew, ft ex-str 750 mg chew, gnp ex-str 750 mg chew, gnp xtra str chew tab, gs ex-str 750 mg chew, hm ex-str 750 mg chew, qc xtra str chew tab, sm 750 mg chew tablet, sm xtra str chew tab, xtra strength chew tab)	1	*
antacid plus anti-gas	1	*
antacid ultra strength (cvs str tab chew, cvs tab chew, eq str tab chew, eql 1,000mg chew, eql str tab chew, gs 1,000 mg chew, str 1,000 mg chw, str tab chewable)	1	*
antacid with simethicone	1	*
antacid-antigas (antacid anti-gas liquid, antacid anti-gas max str liq, antacid-antigas liquid, antacid-antigas suspension, cvs antacid-antigas liquid, gnp antacid anti-gas liquid, gnp antacid-antigas suspension, hm antacid anti-gas suspension, hm antacid-antigas suspension, kro antacid-antigas liquid, pub antacid-anti gas susp, qc antacid-antigas max str, qc antacid-antigas suspension, ra antacid-antigas liquid, sm antacid-antigas liquid)	1	*
calcium antacid (500 mg chw tab, 750 mg tb chew, cvs 1,000 mg, ex-str tablet, gs cal 500 mg chew tab, gs cal 750 mg chew tab, hm cal 750 mg chew tab, pub 750 mg, sm cal 500 mg chew tab, sm cal 750 mg chew tab, 1,000 mg tab)	1	*
GAVISCON (EXTRA STRENGTH LIQUID, LIQUID)	2	*
natural fiber lax powder	1	*
ra antacid-gas relief liquid	1	*
sw antacid plus gas relief liq	1	*
TUMS	2	*
TUMS SMOOTHIES	2	*
TUMS ULTRA	2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TUMS X-STR	2	*
<i>ultra strength antacid</i>	1	*
<b>laxatives</b>		
bisa-lax	1	*
<i>bisacodyl (cvs 10 mg suppos, cvs ec 5 mg tablet, ec 5 mg tablet, gs ec 5 mg tablet, ra ec 5 mg tablet, 10 mg suppository)</i>	1	*
biscolax	1	*
<i>clearlax (eq powder, eql powder, ft powder, gnp powder, gnp powder packet, gs powder, hm powder, powder, powder packet, sm powder, sw powder)</i>	1	*
COLACE	2	*
COLACE CLEAR	2	*
DIOCTO	2	*
<i>docu liquid</i>	1	*
<i>docusate sodium (50 mg/5 ml cup, 50 mg/5 ml liq, sod 60 mg/15 ml syrup, 100 mg capsule, 100 mg softgel, 100 mg tablet, pub 100 mg cap, sod 100 mg/10 ml cup, 250 mg capsule, 250 mg softgel)</i>	1	*
<i>docusil</i>	1	*
DOK (100 MG, 250 MG)	2	*
<i>dok 100 mg tablet</i>	1	*
<i>ducodyl</i>	1	*
<i>enema (cvs enema ready to use, enema ready to use, enema ready-to-use, eql enema ready to use, gnp enema ready to use, gs enema ready to use, gs enema ready to use twin pak, hm enema ready to use, hm enema ready to use twin pak, qc ready to use enema, ra enema twin pack, sm enema ready to use, sm enema ready to use twin pak)</i>	1	*
ENEMA (ENEMA READY TO USE, FLEET ENEMA)	2	*
<i>enema disposable</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENEMEEZ	2	*
ENEMEEZ PLUS	2	*
<i>eq natural laxative 8.6 mg tab</i>	1	*
<i>fast relief laxative</i>	1	*
<i>fiber (hm powder, powder, sm powder)</i>	1	*
<i>fiber smooth</i>	1	*
<i>fiber therapy (eql powder, powder)</i>	1	*
<i>gavilax powder</i>	1	*
<i>gentle laxative (cvs 10 mg supp, cvs ec 5 mg tb, ec 5 mg tablet, eq dr 5 mg tab, eql ec 5 mg tb, gnp ec 5 mg tb, kro ec 5 mg tb, 10 mg supp, 10 mg supposit, ft 10 mg supp, gnp 10 mg supp, hm 10 mg supp, qc 10 mg supp, sm ec 5 mg tab)</i>	1	*
<i>geri-kot</i>	1	*
<i>geri-mucil</i>	1	*
<i>healthylax</i>	1	*
<i>kao-tin 240 mg softgel</i>	1	*
<i>konsyl psyllium fiber powder</i>	1	*
<i>laxative (ec 5 mg tablet, ft ec 5 mg tablet, gnp ec 5 mg tablet, hm ec 5 mg tablet, pub ec 5 mg tablet, ra ec 5 mg tablet)</i>	1	*
<i>laxative suppository (10 mg, sm 10 mg)</i>	1	*
<i>magic bullet</i>	1	*
<i>metamucil powder</i>	1	*
<i>natural daily fiber</i>	1	*
<i>natural fiber (gnp powder, powder)</i>	1	*
<i>natural fiber laxative</i>	1	*
<i>natural psyllium fiber</i>	1	*
<i>natural vegetable powder</i>	1	*
PEDIA-LAX ENEMA	2	*
<i>polyethylene glycol 3350</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>psyllium fiber powder</i>	1	*
<i>qc natural veg laxative tablet</i>	1	*
<i>reguloid (3.4 g/7 g powder, laxative powder)</i>	1	*
<b>REGULOID 3.4 G/12 G POWDER</b>	2	*
<i>saline enema</i>	1	*
<i>senna (hm senna 8.6 mg tablet, ra senna 8.6 mg tablet, senna 8.6 mg tablet, senna-time 8.6 mg tablet)</i>	1	*
<i>senna lax</i>	1	*
<i>senna laxative (8.6 mg tablet, cvs 8.6 mg tab, eql 8.6 mg tab, ft 8.6 mg tab, gs 8.6 mg tab, sm 8.6 mg tab)</i>	1	*
<i>senno</i>	1	*
<b>SILACE</b>	2	*
<i>stool softener (100 mg capsule, 100 mg softgel, 240 mg softgel, 250 mg softgel, cvs 250 mg sfgl, ft 250 mg sftgl, gnp 250 mg sfgl, hm 250 mg sftgl, sm 250 mg sftgl)</i>	2	*
<i>stool softener (50 mg/5 ml liq, 100 mg capsule, 100 mg softgel, 100 mg tablet, cvs 100 mg cap, cvs 100 mg sfgl, cvs 100 mg sftg, cvs 240 mg sfgl, eq 100 mg sftgl, eql 100 mg sfgl, ft 100 mg sftgl, ft 100 mg tab, gnp 50 mg/5 ml, 60 mg/15 ml syr, cvs softgel, gnp 60 mg/15 ml, gnp 100 mg sfgl, gnp 240 mg sfgl, gs 100 mg sftgl, hm 100 mg sftgl, hm 100 mg tab, kro 100 mg sfgl, qc 100 mg sftgl, ra 100 mg cap, sm 100 mg sftgl, sm 100 mg tab, 240 mg softgel, sm 240 mg sftgl)</i>	1	*
<i>vegetable laxative</i>	1	*
<i>wal-mucil 100% natural fiber</i>	1	*
<i>women's gentle laxative</i>	1	*
<i>women's laxative (ec 5 mg tab, qc ec 5 mg tb)</i>	1	*

### Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME	2	PA
ARALAST NP	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CERDELGA	2	PA
CEREZYME	2	PA
CHOLBAM	2	PA
CREON	2	
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
CYSTAGON	2	
ELAPRASE	2	PA
ENDARI	2	PA
EVRYSDI	2	PA, QL (240 PER 30 DAYS)
FABRAZyme 35 MG VIAL	2	PA
GALAFOLD	2	PA, QL (14 PER 28 DAYS)
GLASSIA	2	PA
KANUMA	2	PA
KEVEYIS	2	PA, QL (120 PER 30 DAYS)
KUVAN	2	PA
LUMIZyme	2	PA
<i>miglustat</i>	1	PA
NAGLAZYME	2	PA
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
NITYR	2	
ONPATTRO	2	PA
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	2	
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE)	2	PA
PROLASTIN C	2	PA
RAVICTI	2	PA
REVCovi	2	PA
<i>sapropterin dihydrochloride</i>	1	PA
<i>sodium phenylbutyrate powder</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STRENSIQ	2	PA
TEGSEDI	2	PA
VIMIZIM	2	PA
VPRIV	2	PA
VYNDAQEL	2	PA, QL (120 PER 30 DAYS)
XURIDEN	2	PA, QL (120 PER 30 DAYS)
ZEMAIRA 1,000 MG VIAL	2	PA
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE)	2	

## Genitourinary Agents

### Antispasmodics, Urinary

<i>darifenacin er</i>	1
<i>flavoxate hcl</i>	1
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	2
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	1
<i>oxybutynin chloride er</i>	1
<i>solifenacina succinate</i>	1
<i>tolterodine tartrate</i>	1
<i>tolterodine tartrate er</i>	1
<i>trospium chloride</i>	1
<i>trospium chloride er</i>	1

### Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1
<i>doxazosin mesylate</i>	1
<i>dutasteride</i>	1
<i>finasteride 5 mg tablet</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% irrig soln</i>	1	
<i>bethanechol chloride</i>	1	
D-PENAMINE	2	
ELMIRON	2	
K-PHOS ORIGINAL	2	*
<i>penicillamine 250 mg tablet</i>	1	
THIOLA EC	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ACTHAR	2	PA
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
<i>dexamethasone intensol</i>	1	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	2	PA
<i>fludrocortisone acetate</i>	1	
<i>gnp hydrocortisone 0.5% crm</i>	1	*
<i>hydrocortisone (0.5% ointment, sm 0.5% ointmnt, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>hydrocream</i>	1	*
<i>methylprednisolone</i>	1	
<i>monistat care 1% cream</i>	1	*
<i>noble formula hc 1% cream</i>	1	*
<i>prednisolone 15 mg/5 ml soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
RAYOS	2	
scalpicin	1	*

### Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)</i>	1	
EGRIFTA SV	2	PA, QL (30 PER 30 DAYS)
GENOTROPIN	2	PA
INCRELEX	2	PA

### Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

KORLYM	2	PA, QL (120 PER 30 DAYS)
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### Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

<b>Anabolic Steroids</b>		
<i>oxandrolone 10 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>oxandrolone 2.5 mg tablet</i>	1	PA, QL (240 PER 30 DAYS)

<b>Androgens</b>		
ANDRODERM	2	PA
<i>danazol</i>	1	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Estrogens</b>		
<i>altavera</i>	1	
<i>alyacen</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL (91 PER 91 DAYS)
<i>amethia lo</i>	1	QL (91 PER 91 DAYS)
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	QL (91 PER 91 DAYS)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL (91 PER 91 DAYS)
<i>camrese lo</i>	1	QL (91 PER 91 DAYS)
<i>caziant</i>	1	
<i>chateal</i>	1	
CLIMARA PRO	2	
<i>cryselle</i>	1	
<i>cyclafem</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dasetta</i>	1	
<i>daysee</i>	1	QL (91 PER 91 DAYS)
<i>desogestrel-eth estrad eth estra</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dotti</i>	1	
<i>drospirenone-eth estra-levomef</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELESTRIN	2	
<i>elonest</i>	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarrylla</i>	1	
<i>estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	1	
<i>estradiol (once weekly)</i>	1	
<i>estradiol (twice weekly)</i>	1	
<i>estradiol valerate (100 mg/5 ml, 200 mg/5 ml)</i>	1	
<i>estradiol-norethindrone acetat</i>	1	
ESTRING	2	QL (1 PER 90 OVER TIME)
<i>ethynodiol-ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL (91 PER 91 DAYS)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>gemmily</i>	1	
<i>gianvi</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL (91 PER 91 DAYS)
<i>introvale</i>	1	QL (91 PER 91 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL (91 PER 91 DAYS)
<i>juleber</i>	1	
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe</i>	1	
<i>larissia</i>	1	
LAYOLIS FE	2	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth estrad 0.15-0.03 (91 day package)</i>	1	QL (91 PER 91 DAYS)
<i>levonorg-eth estrad eth estrad</i>	1	QL (91 PER 91 DAYS)
<i>levonorgestrel-eth estradiol</i>	1	
<i>levora-28</i>	1	
LO LOESTRIN FE	2	
<i>lopreeza</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lulera</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>lyllana</i>	1
<i>marlissa</i>	1
<i>melodetta 24 fe</i>	1
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	2
<i>merzee</i>	1
<i>mibelas 24 fe</i>	1
<i>microgestin</i>	1
<i>microgestin fe</i>	1
<i>mili</i>	1
<i>mimvey</i>	1
<i>mimvey lo</i>	1
<i>mono-linyah</i>	1
<i>mononessa</i>	1
<i>necon</i>	1
<i>nikki</i>	1
<i>norethin-eth estra-ferrous fum</i>	1
<i>norethindron-ethynodiol estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5, norethind-eth 1-0.02 mg)</i>	1
<i>norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1-0.02(24)-75 chw, 1-0.02(24)-75 tab)</i>	1
<i>norgestimate-ethynodiol estradiol</i>	1
<i>norlyda</i>	1
<i>nortrel</i>	1
<i>nylia 7-7-7-28 tablet</i>	1
<i>nymyo</i>	1
<i>ocella</i>	1
<i>orsythia</i>	1
<i>philith</i>	1
<i>pimtrea</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pirmella</i>	1	
<i>portia</i>	1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	2	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	QL (91 PER 91 DAYS)
<i>setlakin</i>	1	QL (91 PER 91 DAYS)
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe</i>	1	
<i>tarina fe 1-20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarrylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarrylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienna</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zarah</i>	1	
<i>zovia 1-35</i>	1	
<i>zovia 1-35e</i>	1	
<i>zumandimine</i>	1	
<b>Progestins</b>		
<i>aftera</i>	1	*
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA 400 MG/ML VIAL	2	QL (10 PER 28 DAYS)
DEPO-SUBQ PROVERA 104	2	QL (0.65 PER 90 OVER TIME)
<i>econtra ez</i>	1	*
<i>econtra one-step</i>	1	*
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate (250 mg/ml vial, 1,250 mg/5 ml)</i>	1	PA
<i>incassia</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
jencycla	1	
jolivette	1	
levonorgestrel	1	*
lyleq	1	
lyza	1	
MAKENA 275 MG/1.1 ML AUTOINJCT	2	PA
medroxyprogesterone 150 mg/ml	1	QL (1 PER 90 OVER TIME)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml, 625 mg/5 ml susp)	1	PA
my choice	1	*
my way	1	*
new day	1	*
nora-be	1	
norethindrone	1	
norethindrone ac (lupaneta)	1	
norethindrone acetate	1	
opcicon one-step	1	*
option 2	1	*
PLAN B ONE-STEP	2	*
progesterone (100 mg capsule, 200 mg capsule, 500 mg/10 ml vial)	1	
sharobel	1	
take action	1	*
TAKE ACTION	2	*
tulana	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	2	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>raloxifene hcl</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
UNITHROID	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
ISTURISA	2	PA
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
BYNFEZIA	2	PA
<i>cabergoline</i>	1	
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	2	PA, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	2	PA, QL (1 PER 28 OVER TIME)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA
LUPANETA PK 11.25-5 MG 3MO KIT	2	PA, QL (1 PER 84 DAYS)
LUPANETA PK 3.75-5 MG 1MO KIT	2	PA, QL (1 PER 28 DAYS)
LUPRON DEPO 11.25MG (LUPANETA)	2	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	2	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	2	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	2	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	2	PA, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	2	PA, QL (1 PER 112 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	2	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	2	PA, QL (1 PER 28 OVER TIME)
MYCAPSSA	2	PA
MYFEMBREE	2	PA, QL (30 PER 30 DAYS)
<i>octreotide acetate</i>	1	PA
ORGOVYX	2	PA
ORIAHNN	2	PA, QL (56 PER 28 DAYS)
ORILISSA 150 MG TABLET	2	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	2	PA, QL (60 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	2	PA
SIGNIFOR	2	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR	2	PA, QL (1 PER 28 DAYS)
SOMATULINE DEPOT	2	PA
SOMAVERT	2	PA
SUPPRELIN LA	2	PA, QL (1 PER 365 OVER TIME)
SYNAREL	2	
TRELSTAR 11.25 MG VIAL	2	PA, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	2	PA, QL (1 PER 168 OVER TIME)
TRELSTAR 3.75 MG VIAL	2	PA, QL (1 PER 28 OVER TIME)
TRIPTODUR	2	PA, QL (1 PER 168 OVER TIME)
ZOLADEX 3.6 MG IMPLANT SYRN	2	QL (1 PER 28 DAYS)

## Hormonal Agents, Suppressant (Thyroid)

### Antithyroid Agents

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT	2	PA
CINRYZE	2	PA
HAEGARDA	2	PA
<i>icatibant</i>	1	PA
KALBITOR	2	PA
RUCONEST	2	PA
TAKHZYRO 300 MG/2 ML VIAL	2	PA
<b>Immunoglobulins</b>		
ASCENIV	2	PA
BIVIGAM	2	PA
CUTAQUIG	2	PA
CUVITRU	2	PA
FLEBOGAMMA DIF	2	PA
GAMASTAN	2	PA
GAMASTAN S-D	2	PA
GAMMAGARD LIQUID	2	PA
GAMMAGARD S-D	2	PA
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	2	PA
GAMMAPLEX	2	PA
GAMUNEX-C	2	PA
HEPAGAM B	2	PA
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	2	PA
HYPERHEP B	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HYPERRAB	2	PA
HYPERRHO S-D	2	
MICRHOGAM ULTRA-FILTERED PLUS	2	
NABI-HB	2	PA
OCTAGAM	2	PA
PANZYGA	2	PA
PRIVIGEN	2	PA
RHOGAM ULTRA-FILTERED PLUS	2	
RHOPHYLAC	2	
SYNAGIS	2	PA
VARIZIG	2	PA
XEMBIFY	2	PA
<b>Immunological Agents, Other</b>		
ACTEMRA ACTPEN	2	PA
ARCALYST	2	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	2	PA
COSENTYX (2 SYRINGES)	2	PA
COSENTYX SENSOREADY (2 PENS)	2	PA
COSENTYX SENSOREADY PEN	2	PA
COSENTYX SYRINGE	2	PA
DUPIXENT 200 MG/1.14 ML PEN	2	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	2	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 300 MG/2 ML PEN	2	PA, QL (8 PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	2	PA, QL (8 PER 28 DAYS)
ENSPRYNG	2	PA
ENTYVIO	2	PA
ILARIS	2	PA, QL (2 PER 28 DAYS)
ILUMYA	2	PA
KEVZARA	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINERET	2	PA
LEMTRADA	2	PA
OLUMIANT (1 MG TABLET, 2 MG TABLET)	2	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	2	PA
ORENCIA CLICKJECT	2	PA, QL (4 PER 28 DAYS)
RIDAURA	2	
RINVOQ ER 15 MG TABLET	2	PA
SILIQ	2	PA
SKYRIZI (2 SYRINGES) KIT	2	PA
SKYRIZI 150 MG/ML SYRINGE	2	PA
SKYRIZI PEN	2	PA
SOLIRIS	2	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	2	PA
SYLVANT	2	PA
TALTZ AUTOINJECTOR	2	PA
TALTZ AUTOINJECTOR (2 PACK)	2	PA
TALTZ AUTOINJECTOR (3 PACK)	2	PA
TALTZ SYRINGE	2	PA
TREMFYA	2	PA
ULTOMIRIS 300 MG/30 ML VIAL	2	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	2	PA
XELJANZ XR	2	PA
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	2	PA

### Immunostimulants

ACTIMMUNE	2	PA
INTRON A	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEGASYS	2	PA
PEGASYS PROCLICK 180 MCG/0.5	2	PA
<b>Immunosuppressants</b>		
AZASAN	2	PA
<i>azathioprine 50 mg tablet</i>	1	PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	2	PA
CIMZIA	2	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	2	PA
ENBREL MINI	2	PA
ENBREL SURECLICK	2	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	1	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	PA
HUMIRA	2	PA
HUMIRA PEDIATRIC CROHN'S	2	PA
HUMIRA PEN	2	PA
HUMIRA PEN CROHN'S-UC-HS	2	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA
HUMIRA(CF)	2	PA
HUMIRA(CF) PEDIATRIC CROHN'S	2	PA
HUMIRA(CF) PEN	2	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	2	PA
HUMIRA(CF) PEN PEDIATRIC UC	2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA
INFLECTRA	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>leflunomide</i>	1	
LUPKYNIS	2	PA, QL (180 PER 30 DAYS)
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	1	PA
<i>mycophenolic acid</i>	1	PA
NULOJIX	2	PA
ORENCIA 250 MG VIAL	2	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	2	PA
RASUVO 10 MG/0.2 ML AUTOINJ	2	PA, QL (0.8 PER 28 DAYS)
RASUVO 12.5 MG/0.25 ML AUTOINJ	2	PA, QL (1 PER 28 DAYS)
RASUVO 15 MG/0.3 ML AUTOINJ	2	PA, QL (1.2 PER 28 DAYS)
RASUVO 17.5 MG/0.35 ML AUTOINJ	2	PA, QL (1.4 PER 28 DAYS)
RASUVO 20 MG/0.4 ML AUTOINJ	2	PA, QL (1.6 PER 28 DAYS)
RASUVO 22.5 MG/0.45 ML AUTOINJ	2	PA, QL (1.8 PER 28 DAYS)
RASUVO 25 MG/0.5 ML AUTOINJ	2	PA, QL (2 PER 28 DAYS)
RASUVO 30 MG/0.6 ML AUTOINJ	2	PA, QL (2.4 PER 28 DAYS)
RASUVO 7.5 MG/0.15 ML AUTOINJ	2	PA, QL (0.6 PER 28 DAYS)
REMICADE	2	PA
RENFLEXIS	2	PA
REZUROCK	2	PA, QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	2	PA
SIMPONI ARIA	2	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1	PA
XATMEP	2	
ZORTRESS 1 MG TABLET	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Vaccines</b>		
ACTHIB	2	
ADACEL TDAP	2	
BCG VACCINE (TICE STRAIN)	2	
BEXSERO	2	
BOOSTRIX TDAP	2	
DAPTACEL DTAP	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	2	
ENGERIX-B ADULT	2	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	2	PA
GARDASIL 9	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES VACCINE	2	PA
INFANRIX DTAP	2	
IPOPOL	2	
IXIARO	2	
KINRIX	2	
M-M-R II VACCINE	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO A-C-Y-W KIT (2 VIALS)	2	
PEDIARIX	2	
PEDVAXHIB	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL DTAP-IPV VIAL	2	
RABAVERT	2	PA
RECOMBIVAX HB	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
ROTARIX VACCINE SUSPENSION	2
ROTATEQ	2
SHINGRIX	2
STAMARIL	2
TDVAX	2
TENIVAC	2
TRUMENBA	2
TWINRIX	2
TYPHIM VI	2
VAQTA	2
VARIVAX VACCINE	2
YF-VAX	2

## Inflammatory Bowel Disease Agents

### Aminosalicylates

<i>balsalazide disodium</i>	1
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	1
<i>mesalamine er 0.375 gram cap</i>	1
<i>sulfasalazine</i>	1
<i>sulfasalazine dr</i>	1

### Glucocorticoids

<i>budesonide dr</i>	1
<i>budesonide ec</i>	1
<i>budesonide er</i>	1
<i>CORTIFOAM</i>	2
<i>hydrocortisone 100 mg/60 ml</i>	1
<i>ORTIKOS</i>	2
<i>procto-med hc</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>procto-pak</i>	1	
<i>proctosol-hc</i>	1	
<i>protozone-hc</i>	1	

## Metabolic Bone Disease Agents

<i>alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 40 mg tab, sod 70 mg/75 ml)</i>	1	
<i>alendronate sodium 70 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	1	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution)</i>	1	
<i>cincalcet hcl</i>	1	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	1	
<b>EVENITY</b>	2	PA, QL (2.34 PER 28 DAYS)
<b>EVENITY (2 SYRINGES)</b>	2	PA, QL (2.34 PER 28 DAYS)
<b>FORTEO</b>	2	PA
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<b>NATPARA</b>	2	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	1	
<b>PROLIA</b>	2	QL (2 PER 365 OVER TIME)
<b>RAYALDEE</b>	2	
<b>TERIPARATIDE 620 MCG/2.48 ML</b>	2	PA
<b>TYMLOS</b>	2	PA
<i>vitamin d3 (250 mcg softgel, cvs 250 mcg softgel, gnp 250 mcg softgel, true 250 mcg cap, 10,000 unit capsule, 10,000 unit softgel)</i>	1	*
<b>XGEVA</b>	2	PA

## Miscellaneous Therapeutic Agents

<i>afirmelle</i>	1
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aurovela	1	
aurovela fe	1	
ayuna	1	
charlotte 24 fe	1	
chateal eq	1	
DOJOLVI	2	PA
ELLA	2	
GAUZE PADS & DRESSINGS - PADS 2 X 2	2	
GIVLAARI	2	PA
hailey	1	
hailey fe	1	
HISTAFLEX	2	*
INSULIN PEN NEEDLE	2	QL (200 PER 30 DAYS)
INSULIN SYRING (DISP) U-100 0.3 ML	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1 ML	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1ML	2	QL (200 PER 30 DAYS)
INTRALIPID 20% IV FAT EMUL	2	PA
ISOPROPYL ALCOHOL 70% MEDICATED PAD	2	
jaimiess	1	QL (91 PER 91 DAYS)
kalliga	1	
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	1	
levocarnitine sf	1	
lillow	1	
lo-zumandimine	1	
lojaimiess	1	QL (91 PER 91 DAYS)
myzilra	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEEDLES, INSULIN DISP., SAFETY	2	QL (200 PER 30 DAYS)
<i>noreth-ee-fe 1.5-0.03mg(21)-75</i>	1	
<i>norethin-ee 1.5-0.03 mg(21) tb</i>	1	
NUTRILIPID	2	PA
<i>omnipod dash pdm kit (gen 4)</i>	2	QL (1 PER 365 OVER TIME)
ORLADEYO	2	PA, QL (30 PER 30 DAYS)
<i>quasense</i>	1	QL (91 PER 91 DAYS)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL (91 PER 91 DAYS)
<i>sodium chloride (irrig, irrig., prcss sol)</i>	1	
<i>tri femynor</i>	1	
<i>tri-lo-mili</i>	1	
<i>v-go 20</i>	2	
<i>v-go 30</i>	2	
<i>v-go 40</i>	2	
<i>vgo 20</i>	2	
<i>vgo 30</i>	2	
<i>vgo 40</i>	2	
VISTOGARD	2	
<i>volnea</i>	1	

## Ophthalmic Agents

### Ophthalmic Agents, Other

<i>ak-poly-bac</i>	1	
ALAWAY	2	*
ARTIFICIAL TEARS (1.4% DROPS, EYE OINTMENT)	2	*
<i>artificial tears (drops, gnp drops, gs eye drops, pub, qc drops)</i>	1	*
<i>atropine 1% eye drops</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bacitracin-polymyxin	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CHILDREN'S ALAWAY	2	*
COMBIGAN	2	
CYSTADROPS	2	PA, QL (20 PER 28 OVER TIME)
CYSTARAN	2	PA, QL (60 PER 28 OVER TIME)
<i>dorzolamide-timolol (2%-0.5%, eye drops)</i>	1	
<i>eye itch relief</i>	1	*
<i>gentearl tears 0.1%-0.3% drop</i>	1	*
GENTEARL TEARS SEVERE 0.3% GEL	2	*
gonak	1	*
ISOPTO TEARS	2	*
<i>ketotifen fumarate</i>	1	*
LACRISERT	2	
<i>liquitears</i>	1	*
<i>lubricant eye drop (cvs lubricant drop, gnp lubricant drop, lubricant drop, ra lubricant drop)</i>	1	*
<i>lubricant eye ointment</i>	1	*
<i>lubricant pm</i>	1	*
<i>lubricating plus</i>	1	*
<i>lubrifresh pm</i>	1	*
<i>natural balance tears</i>	1	*
<i>nature's tears</i>	1	*
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-poly-hc eye drops</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>nighttime relief lubricant eye</i>	1	*
<b>OXERVATE</b>	2	PA, QL (56 PER 28 DAYS)
<i>polycin</i>	1	
<i>polymyxin b sul-trimethoprim</i>	1	
<b>PRED-G (1% DROPS, S.O.P. OINTMENT)</b>	2	
<i>puralube</i>	1	*
<b>REFRESH CELLUVISC</b>	2	*
<b>REFRESH LACRI-LUBE</b>	2	*
<b>REFRESH LIQUIGEL</b>	2	*
<b>REFRESH P.M.</b>	2	*
<b>REFRESH PLUS</b>	2	*
<b>REFRESH TEARS</b>	2	*
<b>RESTASIS</b>	2	
<b>RESTASIS MULTIDOSE</b>	2	
<b>ROCKLATAN</b>	2	QL (2.5 PER 25 DAYS)
<b>SIMBRINZA</b>	2	
<i>sulfacetamide-prednisolone</i>	1	
<b>SYSTANE 0.3% EYE GEL</b>	2	*
<b>SYSTANE NIGHTTIME EYE OINTMENT</b>	2	*
<b>TOBRADEX EYE OINTMENT</b>	2	
<b>TOBRADEX ST</b>	2	
<i>tobramycin-dexamethasone</i>	1	
<b>XIIDRA</b>	2	QL (60 PER 30 DAYS)
<i>zaditor</i>	1	*
<b>ZYLET</b>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<b>Ophthalmic Anti-Infectives</b>	
<i>bacitracin 500 unit/gm ophth</i>	1
BESIVANCE	2
<i>ciprofloxacin 0.3% eye drop</i>	1
<i>erythromycin 0.5% eye ointment</i>	1
<i>gatifloxacin</i>	1
<i>gentak</i>	1
<i>gentamicin 0.3% eye drop</i>	1
<i>levofloxacin 0.5% eye drops</i>	1
<i>moxifloxacin (drops, drp-visc)</i>	1
NATACYN	2
<i>ofloxacin 0.3% eye drops</i>	1
<i>sulfacetamide sodium (drops, ointment)</i>	1
<i>tobramycin 0.3% eye drop</i>	1
TOBREX 0.3% EYE OINTMENT	2
<i>trifluridine</i>	1
ZIRGAN	2
<b>Ophthalmic Anti-allergy Agents</b>	
<i>azelastine hcl 0.05% drops</i>	1
<i>bepotastine besilate</i>	1
BEPREVE	2
<i>cromolyn 4% eye drops</i>	1
<i>epinastine hcl</i>	1
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1
<b>Ophthalmic Anti-inflammatories</b>	
ALREX	2
<i>bromfenac sodium 0.09% eye drp</i>	1
<i>dexamethasone 0.1% eye drop</i>	1
<i>diclofenac 0.1% eye drops</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>difluprednate</i>	1	
DUREZOL	2	
FLAREX	2	
<i>flurbiprofen sodium</i>	1	
FML FORTE	2	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	1	
LOTEMAX 0.5% EYE OINTMENT	2	QL (14 PER 365 OVER TIME)
LOTEMAX 0.5% OPHTHALMIC GEL	2	QL (20 PER 365 OVER TIME)
LOTEMAX SM	2	QL (20 PER 365 OVER TIME)
<i>loteprednol 0.5% ophthalmc gel</i>	1	QL (20 PER 365 OVER TIME)
<i>loteprednol etabonate 0.5% drp</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sod 1% eye drop</i>	1	
PROLENSA	2	QL (12 PER 365 OVER TIME)

### Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5% eye drop</i>	1
BETIMOL	2
<i>carteolol hcl</i>	1
<i>levobunolol hcl</i>	1
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1

### Ophthalmic Intraocular Pressure Lowering Agents, Other

<i>acetazolamide er</i>	1
ALPHAGAN P 0.1% DROPS	2
<i>apraclonidine hcl</i>	1
AZOPT	2
<i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brinzolamide</i>	1	
<i>dorzolamide hcl</i>	1	
IOPIDINE 1% EYE DROPS	2	
<i>methazolamide</i>	1	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	
RHOPRESSA	2	QL (2.5 PER 25 DAYS)

### Ophthalmic Prostaglandin and Prostamide Analogs

<i>bimatoprost 0.03% eye drops</i>	1	QL (5 PER 30 DAYS)
DURYSTA	2	
<i>latanoprost 0.005% eye drops</i>	1	
LUMIGAN	2	QL (2.5 PER 25 DAYS)
VYZULTA	2	QL (5 PER 25 DAYS)

### Otic Agents

<i>acetic acid 2% ear solution</i>	1
<i>ciprofloxacin 0.2% otic soln</i>	1
<i>ciprofloxacin-dexamethasone</i>	1
<i>flac otic oil</i>	1
<i>fluocinolone acetonide oil</i>	1
<i>hydrocortisone-acetic acid</i>	1
<i>neomycin-polymyxin-hc ear susp</i>	1
<i>neomycin-polymyxin-hydrocort</i>	1
<i>ofloxacin 0.3% ear drops</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
allergy relief (12.5 mg/5 ml, 25 mg/10 ml, 50 mcg spray, cvs 50 mg/20 ml liq, eq 50 mcg spray, ft 50 mcg spray, gnp 50 mg/20 ml, hm 50 mcg spray, qc 50 mcg spray, sm 12.5 mg/5 ml, sm 50 mcg spray)	1	*
ARNUITY ELLIPTA	2	QL (30 PER 30 DAYS)
ASMANEX	2	QL (1 PER 30 DAYS)
ASMANEX HFA	2	QL (13 PER 30 DAYS)
BREZTRI AEROSPHERE	2	QL (23.6 PER 28 DAYS)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	1	PA, QL (120 PER 30 DAYS)
children's allergy (child 12.5 mg/5 ml, child's 12.5 mg/5 ml, eql child 12.5 mg/5 ml, gnp child 12.5 mg/5 ml, gs child 12.5 mg/5 ml, hm child 12.5 mg/5 ml, qc child 12.5 mg/5 ml)	1	*
children's allergy relief (cvs 12.5 mg/5 ml, eq 12.5 mg/5 ml, ft 12.5 mg/5 ml, kro 12.5 mg/5 ml, ra 12.5 mg/5 ml, rel 12.5 mg/5 ml, rlf 12.5 mg/5 ml, sm 12.5 mg/5 ml)	1	*
CHILDREN'S FLONASE ALLERGY RLF	2	*
diphedryl (gnp 12.5 mg/5 ml elx, ra 12.5 mg/5 ml elix)	1	*
diphenhydramine hcl (12.5 mg/5 ml, 12.5mg/5ml cup, 25 mg/10 ml, 25 mg/10ml cup)	1	*
FLONASE ALLERGY RELIEF	2	*
FLOVENT 250 MCG DISKUS	2	QL (240 PER 30 DAYS)
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG INHALER, 220 MCG INHALER)	2	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	2	QL (21.2 PER 30 DAYS)
fluticasone propionate (50 mcg spray, cvs 50 mcg sp, eql 50 mcg sp, gnp 50 mcg sp, qc 50 mcg spr)	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 PER 30 DAYS)
<i>triamcinolone 55 mcg nasal spr</i>	1	*
<b>Antihistamines</b>		
<i>aller-g-time</i>	1	*
<i>allergy (25 mg capsule, 25 mg tablet, cvs 25 mg capsule, cvs 25 mg softgel, cvs 25 mg tablet, cvs (diphen) 25 mg cap, eql 25 mg tablet, gnp 25 mg capsule, gnp 25 mg softgel, gnp 25 mg tablet, hm 25 mg capsule, hm 25 mg tablet, kro 25 mg capsule, kro 25 mg tablet, pub 25 mg capsule, pub 25 mg tablet, ra 25 mg tablet)</i>	1	*
<i>allergy medicine</i>	1	*
<i>allergy relief (25 mg softgel, 25 mg tablet, cvs 25 mg tab, cvs er 12 mg tb, eq 25 mg tablet, eql (diphen) 25 mg cap, eql (diphen) 25 mg tab, ft (diphen) 25 mg cap, ft (diphen) 25 mg tab, gnp 25 mg lq cp, gnp 25 mg sfgl, gnp 25 mg tab, gs 25 mg tablet, hm 25 mg cap, sm 25 mg cap, sm 25 mg tablet, sm (diphen) 25 mg cap)</i>	1	*
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL (60 PER 30 DAYS)
<i>azelastine-fluticasone</i>	1	QL (23 PER 30 DAYS)
<i>banophen (12.5 mg/5 ml solution, allergy 12.5 mg/5 ml)</i>	1	*
<i>children's all day allergy (child ergy 1 mg/ml, eql chld er 1 mg/ml, gnp chld er 1 mg/ml, hm child er 1 mg/ml, kro chld er 1 mg/ml, sm child er 1 mg/ml)</i>	1	*
<i>children's allergy (pub 1 mg/ml, qc 1 mg/ml)</i>	1	*
<i>children's allergy relief (cvs relf 1 mg/ml, cvs rlf 1 mg/ml, eq relf 1 mg/ml, ft rlf 1 mg/ml, ra rlef 1 mg/ml, relief 1 mg/ml)</i>	1	*
<i>children's cetirizine hcl (eq 1 mg/ml, hcl 1 mg/ml, hm 1 mg/ml)</i>	1	*
<i>children's diphenhydramine</i>	1	*
<i>chlorphen sr</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
chlorpheniramine er 12 mg tab	1	*
complete allergy	1	*
cycloheptadine 4 mg tablet	1	
desloratadine 5 mg tablet	1	
diphenhist (12.5 mg/5 ml soln, 25 mg captab)	1	*
diphenhydramine hcl (25 mg caplet, 25 mg capsule, 25 mg tablet, 50 mg/ml crpj, 50 mg/ml syring, 50 mg/ml vial)	1	
gnp diphenhydramine cap	1	*
hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)	1	
levocetirizine 5 mg tablet	1	
m-dryl	1	*
PEDIACLEAR ALLERGY	2	*
PEDIACLEAR COUGH	2	*
PEDIACLEAR PD	2	*
PEDIAVENT 1 MG TABLET CHEW	2	*
pharbedryl 25 mg capsule	1	*
ra allergy med 25 mg tablet	1	*
sm all day allergy 1 mg/ml syr	1	*
triprolidine 0.625 mg/ml drop	1	*
VANAHIST PD	2	*

### Antileukotrienes

montelukast sodium	1
zafirlukast	1
zileuton er	1 ST
ZYFLO	2 ST

### Bronchodilators, Anticholinergic

ATROVENT HFA	2	QL (25.8 PER 30 DAYS)
ipratropium br 0.02% soln	1	PA, QL (312.5 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1	
LONHALA MAGNAIR REFILL	2	QL (60 PER 30 DAYS)
SPIRIVA HANDIHALER	2	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG INH	2	QL (8 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	2	
YUPELRI	2	PA, QL (90 PER 30 DAYS)
<b>Bronchodilators, Sympathomimetic</b>		
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA)	1	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (17 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	1	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (13.4 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC VENTOLIN HFA)	1	QL (48 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	1	QL (17 PER 30 DAYS)
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	PA, QL (525 PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1	PA, QL (375 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	1	
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	1	PA, QL (100 PER 30 DAYS)
<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	1	
EPIPEN	2	
EPIPEN 2-PAK	2	
EPIPEN JR	2	
EPIPEN JR 2-PAK	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>formoterol fumarate</i>	1	PA, QL (120 PER 30 DAYS)
<i>levalbuterol 1.25 mg/3 ml sol</i>	1	PA, QL (270 PER 30 DAYS)
<i>levalbuterol concentrate</i>	1	PA, QL (90 PER 30 DAYS)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	1	PA, QL (540 PER 30 DAYS)
<i>levalbuterol tartrate hfa</i>	1	QL (30 PER 30 DAYS)
PERFOROMIST	2	PA, QL (120 PER 30 DAYS)
PROAIR HFA	1	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	2	QL (2 PER 30 DAYS)
SEREVENT DISKUS	2	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	

### Cystic Fibrosis Agents

CAYSTON	2	PA
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	2	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	2	PA, QL (112 PER 28 DAYS)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	2	PA, QL (56 PER 28 DAYS)
PULMOZYME	2	PA
SYMDEKO 100/150 MG-150 MG TABS	2	PA, QL (56 PER 28 DAYS)
SYMDEKO 50/75 MG-75 MG TABLETS	2	PA, QL (60 PER 30 DAYS)
TOBI PODHALER	2	QL (224 PER 56 OVER TIME)
<i>tobramycin 300 mg/5 ml ampule</i>	1	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	2	PA, QL (84 PER 28 DAYS)

### Mast Cell Stabilizers

<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
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### Phosphodiesterase Inhibitors, Airways Disease

DALIRESP	2	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline er (300 mg tablet, 400 mg tablet, 600 mg tablet)</i>	1	
<i>theophylline er 300 mg tab</i>	1	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	2	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	1	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	1	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	1	PA, QL (60 PER 30 DAYS)
OPSUMIT	2	PA, QL (30 PER 30 DAYS)
ORENITRAM ER	2	PA
<i>sildenafil 10 mg/ml oral susp</i>	1	PA
<i>sildenafil 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	2	PA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	2	PA, QL (400 PER 365 OVER TIME)
VENTAVIS	2	PA, QL (270 PER 30 DAYS)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET	2	PA
OFEV	2	PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA
<i>adult tussin dm</i>	1	*
ANORO ELLIPTA	2	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	2	QL (60 PER 30 DAYS)
BRONCHITOL	2	PA, QL (560 PER 28 DAYS)
COMBIVENT RESPIMAT	2	QL (8 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
cough dm (20-200 mg/10 ml syrup, syrup)	1	*
DULERA (100 MCG INHALER, 200 MCG INHALER)	2	QL (17.6 PER 30 DAYS)
DULERA 50 MCG-5 MCG INHALER	2	QL (13 PER 30 DAYS)
extra action cough	1	*
FASENRA	2	PA
FASENRA PEN	2	PA
fluticasone-salmeterol (100-50, 250-50, 500-50)	1	QL (60 PER 30 DAYS)
guaifenesin-dextromethorphan (100-10 mg/5 ml, 200-20 mg/10 ml)	1	*
ipratropium-albuterol	1	PA, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	2	PA, QL (3 PER 28 DAYS)
robafen-dm	1	*
siltussin dm	1	*
STIOLTO RESPIMAT	2	QL (24 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	2	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	2	QL (13.8 PER 30 DAYS)
TRELEGY ELLIPTA	2	QL (60 PER 30 DAYS)
tussin dm (20-200 mg/10 ml liq, cvs liquid, eq cough-chest syr, egl cough-chest syr, gnp syrup, gs cough syrup, gs liquid, kro liquid, liquid, pub liquid, qc liquid, ra liquid, ra syrup, sm liquid, sm syrup, syrup)	1	*
tussin dm clear (gnp syrup, syrup)	1	*
tussin dm cough-chest congest	1	*
wixela inhub	1	QL (60 PER 30 DAYS)
<b>respiratory tract/pulmonary agents</b>		
AHIST	2	*
ala-hist ir	1	*
ALAVERT 10 MG ODT	2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
all day allergy (10 mg tablet, eql 10 mg tab, ft ad (cetrzn) 10mg tb, gnp 10 mg tab, gs 10 mg tab, hm 10 mg tab, kro 10 mg tab, qc 10 mg tab, sm 10 mg tab)	1	*
ALLER-CHLOR	2	*
aller-ease	1	*
allergy (4 mg tablet, (loratadine) 10 mg tab, eql 4 mg tablet, gnp 4 mg tablet, kro 4 mg tablet, sm 4 mg tablet, 10 mg tablet, 25 mg softgel)	1	*
allergy 4-hour	1	*
allergy relief (4 mg tablet, cvs 4 mg tablet, cvs 5 mg/5 ml, 10 mg odt, cvs 180 mg tab, cvs (cetrzn) 10 mg tab, cvs (lorat) 10 mg odt, cvs (lorat) 10 mg tab, eq 10 mg tablet, eq 25 mg cap, eq 180 mg tab, eq (lorat) 10 mg tab, eql 10 mg tab, eql (cetrzn) 10 mg tab, ft (chlorphen) 4 mg tb, gnp 4 mg tablet, 10 mg tablet, eql 25 mg cap, gnp 25 mg cap, gnp 180 mg tab, gnp relf 5 mg/5 ml sln, gs 4 mg tablet, hm 4 mg tablet, 5 mg/5 ml soln, gs 10 mg tablet, hm 10 mg tablet, 25 mg capsule, eql 180 mg tab, ft (fexo) 180 mg tab, gs 25 mg cap, hm 25 mg tablet, hm 180 mg tab, kro 10 mg tab, pub 10 mg tab, pub 180 mg tab, qc 180 mg tab, qc (lorat) 10 mg tab, ra 4 mg tablet, ra 10 mg tablet, ra 25 mg cap, rif (cetrzn) 10 mg tab, 180 mg tablet, kro 180 mg tab, ra 180 mg tab, sm 10 mg odt, sw 10 mg tab)	1	*
allergy-time	1	*
banophen (25 mg capsule, 25 mg tablet, 50 mg capsule)	1	*
budesonide (32 mcg nasal spray, cvs 32 mcg spray, gnp 32 mcg spray, ra 32 mcg spray)	1	*
cetirizine hcl (1 mg/ml soln, 5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup, 10 mg chew tab, 10 mg tablet, ra 10 mg tablet)	1	*
children's allergy (5 mg/5 ml soln, eq 5 mg/5 ml sol, ft 5 mg/5 ml sol, ra 5 mg/5 ml sol, sm 5 mg/5 ml sol)	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
children's allergy relief (cvs 5 mg/5 ml, eq relief soln, eql (lorat) soln, gs rlf 5 mg/5 ml, kro relief soln, relief 5 mg/5 ml)	1	*
children's cetirizine hcl (5 mg chew tab, 10 mg chew tb)	1	*
CHILDREN'S FLONASE SENSIMIST	2	*
children's loratadine (child 5 mg/5 ml sol, child 5 mg/5 ml syr, gnp chld 5 mg/5 ml, hm child 5 mg/5 ml, sm child 5 mg/5 ml)	1	*
chlorpheniramine maleate (4 mg tablet, qc 4 mg tab, ra 4 mg tab)	1	*
cromolyn sodium nasal spray	1	*
dayhist allergy	1	*
diphedryl (12.5 mg/5 ml elixir, allergy capsule)	1	*
DIPHENHIST 25 MG CAPSULE	2	*
diphenhydramine 50 mg capsule	1	*
ed chlorped jr	1	*
fexofenadine hcl (60 mg tablet, hm 60 mg tab, 180 mg tablet, hm 180 mg tab, qc 180 mg tab, sm 60 mg tab, sm 180 mg tab)	1	*
FLONASE SENSIMIST	2	*
ft ad allergy (lorat) 10 mg tb	1	*
gs child all day aller 1 mg/ml	1	*
HISTEX 2.5 MG/5 ML SYRUP	2	*
HISTEX PD 0.938 MG/ML DROP	2	*
loratadine (5 mg/5 ml solution, 5 mg/5 ml syrup, gnp 5 mg/5 ml syrup, 10 mg odt, 10 mg tablet, eq 10 mg odt, gnp 10 mg odt, gnp 10 mg tablet, hm 10 mg tablet, qc 10 mg tablet, ra 10 mg tablet, sm 5 mg/5 ml syrup, sm 10 mg tablet)	1	*
loratadine allergy	1	*
m-hist pd	1	*
non-drowsy allergy	1	*
PEDIAVENT 2 MG/5 ML SYRUP	2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pharbedryl 50 mg capsule</i>	1	*
<i>siladryl</i>	1	*
VANACLEAR PD	2	*
VANAMINE PD	2	*

## Skeletal Muscle Relaxants

<i>carisoprodol</i>	1	PA
<i>chlorzoxazone 500 mg tablet</i>	1	PA
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	PA
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	PA

## Sleep Disorder Agents

### Sleep Promoting Agents

BELSOMRA	2	QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>estazolam</i>	1	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	1	QL (30 PER 30 DAYS)
HETLIOZ	2	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	2	PA, QL (158 PER 30 DAYS)
<i>ramelteon</i>	1	QL (30 PER 30 DAYS)
<i>temazepam</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	1	QL (30 PER 30 DAYS)

### Wakefulness Promoting Agents

<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>armodafinil 50 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>modafinil</i>	1	PA, QL (30 PER 30 DAYS)
WAKIX	2	PA, QL (60 PER 30 DAYS)
XYREM	2	PA, QL (540 PER 30 DAYS)
XYWAV	2	PA, QL (540 PER 30 DAYS)

## **Uncategorized**

### **Unclassified**

ANZEMET	2	PA, QL (5 PER 30 OVER TIME)
<i>calcitriol 1 mcg/ml vial</i>	1	
<i>cortisone acetate</i>	1	
<i>phytonadione 10 mg/ml vial</i>	1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-349-9324 (رقم هاتف الصم والبكم: 711).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-349-9324 (TTY : 711)。

**يَا سَلَامٌ وَبِالْحُسْنَىٰ وَلِغَاتٍ مُّتَّفَقَّةٍ، تَحْسِبُهُمْ فَارِسِيَّةً وَأَنْجَلِيَّةً وَأَنْجَارِيَّةً حِلْقَانِيَّةً وَجِنْجِنِيَّةً. مَنْ فَوْجَدَ مُجْتَمِعًا** 1-877-349-9324 (TTY: 711)

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-349-9324 (TTY: 711).

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-349-9324 (TTY: 711).

**주의：** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-349-9324 (TTY: 711) 번으로 전화해 주십시오.

**লক্ষ্য করুনঃ** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৩৪৯-৯৩২৪ (TTY: 711)।

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-349-9324 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-349-9324 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-349-9324 (TTY: 711).

**注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。1-877-349-9324 (TTY:711) まで、お電話にてご連絡ください。

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-349-9324 (телефон: 711).

**OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-349-9324 (TTY- Telefon za osobe sa oštećenim govorom ili slušom: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-349-9324 (TTY: 711).