



**INDIVIDUAL AND FAMILY PLANS
PRESCRIPTION DRUG FORMULARY
(NON-STANDARD PLAN)**

(Effective April - June 2024)

**PLEASE READ: This document contains information
about some of the drugs we cover in this plan.**

Members must use in-network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

INTRODUCTION

This formulary was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. This formulary is reflective of current medical practice as of the date of review.

The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure the accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. All the information in this formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.ahrq.gov/gam/index.html on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

This formulary is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org/prescriptions. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable copayment.

Cost-sharing Medications - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life-threatening conditions. Such medications are subject to coinsurance and coverage is limited

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety, and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at <https://www.avmed.org/prescriptions/> to obtain a Pharmacy Drug Authorization Request form.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for most self-administered injectable medications, except insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The co-payment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate co-payment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in this formulary. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment if either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by a participating AvMed pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a

medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used and is subject to a maximum of 13 refills per year. Many plans may provide the option to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

What if my drug is not listed in the formulary?

If you are unsure if a drug is covered by your plan, please call Member Engagement for assistance. If you learn your plan does not cover your drug, here are some steps you may take:

- Visit www.avmed.org/prescriptions to find your plans prescription drug list and review it with your doctor to determine if any of the covered drugs are viable alternatives.
- If the formulary alternatives are not appropriate to treat your condition, you may request an exception for coverage of the non-formulary drug. Please note that although an exception can be granted to cover the non-formulary drug it will be considered a non-preferred drug and may be more expensive than the covered alternatives.

How do I ask for an exception to AvMed's drug list?

You may request an exception to your prescription drug coverage for drugs that are not included on your plans prescription drug list. To make a request for an exception to your prescription drug coverage, you or your doctor must submit a completed Pharmacy Drug Authorization Request form available at www.avmed.org/prescriptions or you may call the number on the back of your card to initiate this request.

How likely is it that an exception request is approved?

AvMed may approve your request for an exception to your prescription drug coverage if the preferred formulary drugs included on your plans prescription drug list would not be as effective in treating your condition or cause you to experience adverse medical effects

How do I find out if my exception request is approved?

AvMed will process your request and provide a decision within 72 hours of receipt of the information necessary to make a decision. You can ask for an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to three business days for a decision. If your expedited request is granted, we will provide a decision within 24 hours of receipt of the information necessary to make a decision. You and your doctor will be notified in writing of the decision. You may also contact Member Engagement to inquire about the status of your exception request.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 1-305-671-0200 using the Pharmacy Drug Authorization Request form. The Pharmacy Drug Authorization Request form is available at: <https://www.avmed.org/prescriptions/>.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process by logging into www.avmed.org and then clicking the link "Prescriptions".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary. Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization for the quantity limit exception as described above.

Non-formulary Medication Requests

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the prescriber through the prior authorization process as described above.

Tier Description

Each copay tier is assigned an established co-payment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific co-payments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

Tier	Definition
1	Preferred Generic - These are preferred generic medications and are in the low range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
2	Generic - These are generic medications or higher cost generic medications and are in the low to midrange for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
3	Preferred Brand - These are preferred brand medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
4	Non-Preferred Brand - These are non-preferred brand medications and are in the higher range for out-of-pocket expense.
5	Specialty Drugs - These are brand or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
9	Zero Cost Share Preventative Drugs - These are drugs covered under the Patient Protection and Affordable Care Act (PPACA) at no cost-share (\$0), to you.

*Please note that **Brand** products are listed in CAPITALS and **Generic** products are listed in *lowercase italics*.

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over the counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs

- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include but are not limited to immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform – Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventative, evidence-based items, and services at no cost to the member with certain stipulations. Examples of categories of medications that may be subject to limited, or \$0 cost share include aspirin, breast cancer preventative, fluoride supplements, folic acid supplements, iron supplements, tobacco cessation products, immunizations, bowel preparation for colonoscopy, and some contraceptive medications and devices.

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications

within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 or 4 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 90-day supply. Members who are prescribed these medications will be charged the applicable tier co-payment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 90-day supplies include: Estrin, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your card for more information on coverage.

CONTACT INFORMATION

This formulary is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card. For additional information, please visit our website at: www.avmed.org/prescriptions.

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2024. All rights reserved. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

AvMed and Express Scripts do not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship, or recommendation by AvMed or Express Script.

When viewing this formulary via the Internet, please be advised that this formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification.

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

Table of Contents

ANTI - INFECTIVES	12
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	19
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	27
CARDIOVASCULAR, HYPERTENSION & LIPIDS	45
DERMATOLOGICALS/TOPICAL THERAPY	52
DIAGNOSTICS & MISCELLANEOUS AGENTS	58
EAR, NOSE & THROAT MEDICATIONS	60
ENDOCRINE/DIABETES	61
GASTROENTEROLOGY	68
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	73
IMMUNOLOGY	79
MUSCULOSKELETAL & RHEUMATOLOGY	79
OBSTETRICS & GYNECOLOGY	82
OPHTHALMOLOGY	89
RESPIRATORY, ALLERGY, COUGH & COLD	92
UROLOGICALS	97
VITAMINS, HEMATINICS & ELECTROLYTES	98
Index	101

List of Abbreviations

1: Preferred Generic

2: Generic

3: Preferred Brand

4: Non-Preferred Brand

5: Specialty Drugs

9: Zero Cost Share Preventive Drugs

ACA: Affordable Care Act (ACA) preventive prescription drugs and over the counter items identified as an A or B recommendation by the United States Preventive Services Task Force. Please use this link for a list of Covered preventive care services: [healthcare.gov/what-are-my-preventive-care-benefits](https://www.healthcare.gov/what-are-my-preventive-care-benefits)

CGM: Continuous Glucose Monitor

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

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

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

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

SP: Specialty Drug

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
BREXAFEMME	4	PA
<i>clotrimazole mucous membrane</i>	2	QL (5 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	QL (40 per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	2	QL (10 per 1 day)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	2	QL (4 per 1 day)
<i>fluconazole oral tablet 150 mg</i>	2	QL (4 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	2	QL (8 per 1 day)
<i>flucytosine</i>	3	PA
<i>griseofulvin microsize oral suspension</i>	2	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet</i>	2	QL (2 per 1 day)
<i>griseofulvin ultramicrosize</i>	2	QL (3 per 1 day)
<i>itraconazole oral capsule</i>	3	QL (4 per 1 day)
<i>ketoconazole oral</i>	2	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; QL (1 per 1 day)
<i>nystatin oral suspension</i>	2	QL (24 per 1 day)
<i>nystatin oral tablet</i>	2	QL (6 per 1 day)
<i>posaconazole oral suspension</i>	3	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	3	PA; QL (8 per 1 day)
<i>terbinafine hcl oral</i>	2	QL (1 per 1 day)
VIVJOA	4	PA; QL (18 per 84 days)
<i>voriconazole oral tablet 200 mg</i>	3	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	3	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir</i>	2	SP
<i>abacavir-lamivudine</i>	3	SP
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>adefovir</i>	5	PA; SP; QL (1 per 1 day)
<i>amantadine hcl</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
APRETUDE	5	ACA; QL (3 per 30 days)
APTIVUS	5	SP
<i>atazanavir</i>	3	SP
BARACLUDE ORAL SOLUTION	5	SP; QL (20 per 1 day)
BIKTARVY	5	SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	5	PA; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	5	PA; QL (6 per 28 days)
CIMDUO	5	SP
COMPLERA	5	SP
<i>darunavir</i>	5	SP
DELSTRIGO	5	SP
DESCOVY	5	SP; ACA
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	5	SP
DOVATO	5	SP; QL (1 per 1 day)
EDURANT	5	SP
<i>efavirenz oral tablet</i>	3	SP
<i>efavirenz-emtricitabin-tenofov</i>	5	SP
<i>efavirenz-lamivuv-tenofov disop</i>	2	SP
<i>emtricitabine</i>	3	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	SP; ACA
EMTRIVA ORAL SOLUTION	5	SP
<i>entecavir</i>	5	SP; QL (1 per 1 day)
EPCLUSA	5	PA; SP; QL (1 per 1 day)
<i>etravirine</i>	5	SP
EVOTAZ	5	SP
<i>famciclovir</i>	2	
<i>fosamprenavir</i>	3	SP
FUZEON SUBCUTANEOUS RECON SOLN	5	SP

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

Drug Name	Drug Tier	Requirements / Limits
GENVOYA	5	SP
HARVONI	5	PA; SP
INTELENCE ORAL TABLET 25 MG	5	SP
ISENTRESS	5	SP
ISENTRESS HD	5	SP
JULUCA	5	SP
LAGEVRIO (EUA)	4	8 caps per day; 80 caps in 365 days
<i>lamivudine oral solution</i>	2	SP
<i>lamivudine oral tablet 100 mg</i>	5	SP; QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	SP
<i>lamivudine-zidovudine</i>	3	SP
LEDIPASVIR-SOFOSBUVIR	5	PA; SP
LIVTENCITY	5	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	3	SP
<i>lopinavir-ritonavir oral tablet</i>	5	SP
<i>maraviroc</i>	5	SP
MAVYRET ORAL PELLETS IN PACKET	3	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	3	PA; QL (3 per 1 day)
<i>nevirapine</i>	3	SP
NORVIR ORAL POWDER IN PACKET	5	SP
ODEFSEY	5	SP
<i>oseltamivir</i>	2	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (40 per 35 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	6 tabs per day; 60 tablets in 365 days
PIFELTRO	5	SP
PREVYMIS ORAL	5	PA; SP; QL (1 per 1 day)
PREZCOBIX	5	SP
PREZISTA ORAL SUSPENSION	5	SP
PREZISTA ORAL TABLET 150 MG, 75 MG	5	SP
REYATAZ ORAL POWDER IN PACKET	5	SP
<i>ribavirin inhalation</i>	5	SP
<i>rimantadine</i>	2	
<i>ritonavir</i>	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
RUKOBIA	5	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	5	SP
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL (1 per 1 day)
SOVALDI	5	PA; SP
<i>stavudine oral capsule 40 mg</i>	3	SP
STRIBILD	5	SP
SUNLENCA ORAL	5	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	5	PA; QL (3 per 126 days)
SYMTUZA	5	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	PA; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
<i>tenofovir disoproxil fumarate</i>	3	SP; QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	5	SP
TIVICAY PD	5	SP; QL (6 per 1 day)
TRIUMEQ	5	SP
TRIUMEQ PD	5	SP
TYBOST	5	SP
<i>valacyclovir</i>	2	
<i>valganciclovir oral recon soln</i>	5	PA for Age greater than or equal to 8 year(s); SP
<i>valganciclovir oral tablet</i>	5	SP
VEMLIDY	5	PA; SP; QL (1 per 1 day)
VIRACEPT ORAL TABLET	5	SP
VIREAD ORAL POWDER	5	SP; QL (8 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	SP; QL (1 per 1 day)
VOSEVI	5	PA; SP
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (1 per 183 days)
ZEPATIER	5	PA
<i>zidovudine</i>	2	SP
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral tablet extended release 12 hr</i>	3	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefdinir</i>	2	
<i>cefixime</i>	3	
<i>cefpodoxime</i>	2	
<i>cefprozil</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral capsule 750 mg</i>	3	
<i>cephalexin oral suspension for reconstitution</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	2	
<i>clarithromycin</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	PA; 100mL per fill
DIFICID ORAL TABLET	4	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	PA for Age greater than or equal to 8 year(s)
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	
<i>erythromycin oral tablet</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	3	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (180 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
ARIKAYCE	5	PA; LA; QL (8.4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone</i>	3	
<i>atovaquone-proguanil</i>	3	
BENZNIDAZOLE	4	PA
CAYSTON	5	SP; LA
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin pediatric</i>	2	
COARTEM	4	
CYCLOSERINE	4	
<i>dapsone oral</i>	2	
EMVERM	4	PA; 2 tablets per fill
<i>ethambutol</i>	2	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg</i>	2	
<i>isoniazid oral</i>	2	
<i>ivermectin oral</i>	2	PA; QL (20 per 90 days)
KRINTAFEL	4	QL (2 per 365 days)
LAMPIT	4	PA
<i>linezolid</i>	2	
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	5	
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	3	PA; QL (6 per 1 day)
<i>paromomycin</i>	2	
PASER	4	
<i>pentamidine inhalation</i>	3	
<i>praziquantel</i>	3	
PRETOMANID	4	PA; QL (1 per 1 day)
PRIFTIN	4	
<i>pyrazinamide</i>	3	
<i>pyrimethamine</i>	5	PA; SP; QL (3 per 1 day)
<i>quinine sulfate</i>	3	
<i>rifabutin</i>	3	
<i>rifampin oral</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO ORAL	5	SP
<i>tinidazole</i>	2	
TOBI PODHALER	5	ST; SP
<i>tobramycin in 0.225 % nacl</i>	5	SP
<i>tobramycin inhalation</i>	5	
TRECTOR	4	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (42 per 120 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>dicloxacillin</i>	2	
<i>penicillin v potassium</i>	2	
QUINOLONES		
BAXDELA ORAL	4	
<i>ciprofloxacin hcl oral</i>	2	
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	3	
<i>sulfamethoxazole-trimethoprim oral</i>	2	
<i>sulfatrim</i>	2	
TETRACYCLINES		
<i>avidoxy</i>	2	
<i>demeclocycline</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>minocycline oral capsule</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	2	
URINARY TRACT AGENTS		
<i>fosfomicin tromethamine</i>	3	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	3	QL (4 per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	
<i>nitrofurantoin monohyd/m-cryst</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	
<i>trimethoprim</i>	2	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	3	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	3	
<i>leucovorin calcium oral tablet 5 mg</i>	2	
MESNEX ORAL	5	SP
VISTOGARD	5	SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; SP; QL (4 per 1 day)
AKEEGA	5	PA; SP; QL (2 per 1 day)
ALECENSA	5	PA; SP; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (50 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>anastrozole</i>	2	ACA
AUGTYRO	5	PA; SP; QL (8 per 1 day)
AYVAKIT	5	PA; LA; QL (1 per 1 day)
<i>azathioprine oral tablet 50 mg</i>	2	
BALVERSA ORAL TABLET 3 MG	5	PA; SP; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	5	PA; SP; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	5	PA; SP; LA; QL (1 per 1 day)
<i>bexarotene</i>	5	PA; SP
<i>bicalutamide</i>	2	
BOSULIF ORAL CAPSULE 100 MG	5	PA; SP; QL (1 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	5	PA; SP; QL (4 per 1 day)
BOSULIF ORAL TABLET 100 MG	5	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG	5	PA; QL (1 per 1 day)
BOSULIF ORAL TABLET 500 MG	5	PA; SP; QL (1 per 1 day)
BRAFTOVI	5	PA; LA; QL (6 per 1 day)
BRUKINSA	5	PA; SP; LA; QL (4 per 1 day)
CABOMETYX	5	PA; SP; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; SP; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	5	PA; SP; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; LA; QL (1 per 1 day)
COMETRIQ	5	PA; SP; QL (50 per 28 days)
COPIKTRA	5	PA; LA; QL (2 per 1 day)
COTELLIC	5	PA; SP; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	5	SP
CYCLOPHOSPHAMIDE ORAL TABLET	5	
<i>cyclosporine modified</i>	2	SP
<i>cyclosporine oral capsule</i>	2	SP
DAURISMO ORAL TABLET 100 MG	5	PA; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (2 per 1 day)
DROXIA	3	
ELIGARD	5	PA; QL (1 per 28 days)
ELIGARD (3 MONTH)	5	PA; QL (1 per 84 days)

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

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (4 MONTH)	5	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	5	PA; QL (1 per 126 days)
EMCYT	5	PA; SP
ENSPRYNG	5	PA; QL (1 per 28 days)
ERIVEDGE	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	5	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	5	PA; SP
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; SP; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; SP
<i>exemestane</i>	2	ACA
EXKIVITY	5	PA; QL (4 per 1 day)
FENSOLVI	5	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; QL (50 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	PA; QL (50 per 30 days)
FOTIVDA	5	PA; QL (50 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; SP; QL (4 per 1 day)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; SP; QL (1 per 1 day)
GAVRETO	5	PA; LA; QL (4 per 1 day)
<i>gengraf</i>	2	SP
GILOTRIF	5	PA; SP; QL (1 per 1 day)
GLEOSTINE	5	PA; SP
HYCAMTIN ORAL	5	PA
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; SP; QL (1 per 1 day)
ICLUSIG	5	PA; QL (1 per 1 day)
IDHIFA	5	PA; SP; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	5	PA; SP; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	5	PA; SP; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; SP; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG	5	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	5	PA; SP; QL (4 per 1 day)
INQOVI	5	PA; SP; QL (50 per 28 days)
INREBIC	5	PA; LA; QL (4 per 1 day)
IRESSA	5	PA; QL (1 per 1 day)
IWILFIN	5	PA; SP; QL (8 per 1 day)
JAKAFI	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (1 per 1 day)
KISQALI	5	PA; QL (50 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; SP; QL (4 per 1 day)
KRAZATI	5	PA; QL (6 per 1 day)
<i>lapatinib</i>	5	PA; SP; QL (6 per 1 day)
<i>lenalidomide</i>	5	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA; SP; QL (50 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	5	PA; QL (50 per 30 days)
<i>letrozole</i>	2	
LEUKERAN	5	PA; SP
LEUPROLIDE (3 MONTH)	5	PA; QL (1 per 84 days)
<i>leuprolide subcutaneous kit</i>	5	PA; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; SP; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
LONSURF ORAL TABLET 20-8.19 MG	5	PA; SP; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (3 per 1 day)
LUPKYNIS	5	PA; QL (6 per 1 day)
LUPRON DEPOT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	5	PA; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	5	PA; QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; QL (1 per 126 days)
LYNPARZA	5	PA; SP; QL (4 per 1 day)
LYSODREN	5	PA; SP
LYTGOBI	5	PA; LA; QL (4 per 28 days)
MATULANE	5	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>megestrol oral tablet</i>	2	
MEKINIST ORAL RECON SOLN	5	PA; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (1 per 1 day)
MEKTOVI	5	PA; SP; LA; QL (6 per 1 day)
<i>melphalan</i>	5	PA; SP
<i>mercaptopurine</i>	2	
<i>methotrexate sodium</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	
MYCAPSSA	5	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	2	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	SP
<i>mycophenolate mofetil oral tablet</i>	2	SP
<i>mycophenolate sodium</i>	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
MYLERAN	5	PA; SP
NERLYNX	5	PA; LA; QL (6 per 1 day)
<i>nilutamide</i>	5	PA; SP; QL (1 per 1 day)
NINLARO	5	PA; SP; QL (50 per 30 days)
NUBEQA	5	PA; SP; LA; QL (4 per 1 day)
ODOMZO	5	PA; SP; LA; QL (1 per 1 day)
OGSIVEO	5	PA; SP; QL (6 per 1 day)
OJJAARA	5	PA; SP; QL (1 per 1 day)
ONUREG	5	PA; QL (50 per 28 days)
ORGOVYX	5	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (3 per 1 day)
<i>pazopanib</i>	5	PA; SP; QL (4 per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG	5	PA; LA; QL (50 per 16 days)
PEMAZYRE ORAL TABLET 9 MG	5	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 300 MG/DAY (150 MG X 2)	5	PA; SP; QL (50 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (50 per 30 days)
POMALYST	5	PA; SP; LA; QL (1 per 1 day)
QINLOCK	5	PA; LA; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (4 per 1 day)
REVLIMID	5	PA; SP; LA; QL (1 per 1 day)
REZLIDHIA	5	PA; QL (2 per 1 day)
REZUROCK	5	PA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; SP; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; SP; LA; QL (12 per 1 day)
RUBRACA	5	PA; SP; LA; QL (4 per 1 day)
RYDAPT	5	PA; SP; QL (8 per 1 day)
SANDIMMUNE ORAL SOLUTION	3	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (10 per 1 day)
SIGNIFOR	5	PA; SP
<i>sirolimus</i>	3	SP
SOLTAMOX	4	ACA
<i>sorafenib</i>	5	PA; SP; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	5	PA; SP; QL (3 per 1 day)
STIVARGA	5	PA; SP; QL (50 per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>sunitinib malate oral capsule 37.5 mg</i>	5	PA; QL (1 per 1 day)
SUPPRELIN LA	5	PA; SP; QL (1 per 365 days)
TABLOID	5	PA; SP
TABRECTA	5	PA; QL (4 per 1 day)
<i>tacrolimus oral</i>	2	SP
TAFINLAR ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (30 per 1 day)
TAGRISSO	5	PA; SP; LA; QL (1 per 1 day)
TALZENNA	5	PA; QL (1 per 1 day)
<i>tamoxifen</i>	2	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	5	PA; SP; QL (2 per 1 day)
TAZVERIK	5	PA; LA; QL (8 per 1 day)
<i>temozolomide</i>	5	PA; SP
TEPMETKO	5	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	SP; QL (1 per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	SP; QL (2 per 1 day)
TIBSOVO	5	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	3	QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PA; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; QL (1 per 126 days)

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

Drug Name	Drug Tier	Requirements / Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	5	PA; SP
TRIPTODUR	5	PA; QL (1 per 126 days)
TRUQAP	5	PA; SP; QL (64 per 28 days)
TUKYSA	5	PA; SP; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (4 per 1 day)
VANFLYTA	4	PA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	5	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	5	PA; SP; QL (50 per 365 days)
VERZENIO	5	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	5	PA; SP; LA; QL (10 per 1 day)
VIZIMPRO	5	PA; QL (1 per 1 day)
VONJO	5	PA; QL (4 per 1 day)
WELIREG	5	PA; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	5	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; SP; QL (4 per 1 day)
XOSPATA	5	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	5	PA; SP; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	5	PA; SP; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; SP; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; SP; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL TABLET 40 MG	5	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	5	PA; SP; QL (2 per 1 day)
YONSA	5	PA; QL (4 per 1 day)
ZEJULA ORAL TABLET	4	PA; LA; QL (1 per 1 day)
ZELBORAF	5	PA; SP; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA; QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	5	PA; QL (1 per 28 days)
ZOLINZA	5	PA; SP; QL (4 per 1 day)
ZYDELIG	5	PA; QL (2 per 1 day)
ZYKADIA	5	PA; SP; QL (3 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	4	PA
BRIVIACT ORAL	4	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
<i>clobazam</i>	3	PA
<i>clonazepam oral tablet</i>	2	
<i>clonazepam oral tablet, disintegrating</i>	3	
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; QL (6 per 1 day)
<i>diazepam rectal</i>	2	
DILANTIN	4	PA
<i>divalproex</i>	2	
EPIDIOLEX	5	PA; LA
<i>epitol</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
EQUETRO	4	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	3	
FINTEPLA	5	PA; LA; QL (12 per 1 day)
FYCOMPA	4	PA
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
<i>lacosamide oral</i>	3	PA
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	3	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>levetiracetam oral</i>	2	
<i>methsuximide</i>	3	
NAYZILAM	4	PA; QL (10 per 30 days)
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	PA
<i>phenobarbital</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin oral capsule</i>	2	
<i>pregabalin oral solution</i>	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide</i>	3	PA
<i>subvenite</i>	2	
<i>tiagabine</i>	3	
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	4	PA; QL (10 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>vigabatrin</i>	5	PA; SP; LA
<i>vigadrone oral powder in packet</i>	5	PA; SP
<i>vigpoder</i>	5	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	4	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	4	PA; 1 tab per day; 28 tablets in 365 days
<i>zonisamide</i>	2	
ZTALMY	4	PA; LA; QL (10 per 30 days)

ANTIPARKINSONISM AGENTS

<i>apomorphine</i>	5	PA; SP; QL (3 per 1 day)
<i>benztropine oral</i>	2	
<i>bromocriptine</i>	2	
<i>carbidopa</i>	3	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; SP; QL (10 per 1 day)
NEUPRO	4	ST
NOURIANZ	4	PA; LA; QL (1 per 1 day)
ONGENTYS	4	PA; QL (1 per 1 day)
<i>pramipexole oral tablet</i>	2	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	3	
<i>selegiline hcl</i>	2	
<i>tolcapone</i>	3	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	2	
XADAGO	4	ST

MIGRAINE & CLUSTER HEADACHE THERAPY

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

Drug Name	Drug Tier	Requirements / Limits
AIMOVIG AUTOINJECTOR	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	4	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	4	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	3	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	3	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	3	PA; QL (8 per 28 days)
<i>eletriptan</i>	3	QL (12 per 30 days)
EMGALITY PEN	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ERGOMAR	4	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	3	
<i>frovatriptan</i>	3	QL (12 per 30 days)
<i>naratriptan</i>	2	QL (9 per 30 days)
NURTEC ODT	3	PA; QL (8 per 30 days)
QULIPTA	3	PA; QL (1 per 1 day)
REYVOW	4	PA; QL (4 per 30 days)
<i>rizatriptan</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (6 per 30 days)
UBRELVY	4	PA; QL (10 per 30 days)
ZAVZPRET	5	PA; QL (1 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	2	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	2	SP; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dichlorphenamide</i>	5	PA; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	3	
<i>donepezil oral tablet,disintegrating</i>	2	
EVRYSOI	5	PA; SP; LA; QL (6.7 per 1 day)
FIRDAPSE	5	PA; SP; LA; QL (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	
<i>galantamine oral tablet</i>	3	
INGREZZA	5	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PACK	5	PA; QL (28 per 365 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	
<i>memantine oral tablet</i>	2	
MEMANTINE ORAL TABLETS,DOSE PACK	2	
NUEDEXTA	5	PA; SP; QL (2 per 1 day)
NULIBRY	5	PA
RADICAVA ORS STARTER KIT SUSP	5	PA; SP
RELYVRIO	5	PA; QL (2 per 1 day)
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; SP; QL (4 per 1 day)
ZEPOSIA	5	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; SP; QL (28 per 34 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; SP; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	5	
<i>baclofen oral tablet</i>	2	
<i>carisoprodol oral tablet 350 mg</i>	2	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	2	PA
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet</i>	2	
<i>dantrolene oral</i>	2	
<i>meprobamate</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>metaxalone oral tablet 800 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	5	
<i>orphenadrine citrate oral</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release</i>	2	
<i>tizanidine oral capsule</i>	3	
<i>tizanidine oral tablet</i>	2	
<i>vanadom</i>	2	QL (4 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	2	PA; QL (6 per 1 day)
BELBUCA	4	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	5	PA; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	5	PA; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	5	PA; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	5	PA; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	5	PA; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	5	PA; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	5	PA; QL (0.27 per 28 days)
<i>buprenorphine</i>	3	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital compound w/codeine</i>	2	PA; QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	2	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	2	
<i>codeine sulfate oral tablet 15 mg</i>	2	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	2	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	2	PA; QL (6 per 1 day)
<i>codeine-butalbital-asa-caff</i>	2	PA; QL (6 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	2	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	2	PA; QL (8 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; QL (4 per 1 day)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	4	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL (50 per 30 days)
FENTORA	4	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	3	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	3	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	2	PA; QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	PA; QL (12 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	3	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	2	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	2	PA; QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	2	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	2	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone rectal</i>	2	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	2	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	2	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	2	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	2	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	2	PA; QL (6 per 1 day)
<i>methadose oral concentrate</i>	2	PA; QL (3 per 1 day)
<i>morphine concentrate oral solution</i>	2	PA; QL (4 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	2	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	2	PA; QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	3	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	3	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	3	PA; QL (3 per 1 day)
<i>oxycodone oral capsule</i>	2	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	2	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	2	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	2	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	2	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	2	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet 10 mg</i>	2	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	2	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	PA; QL (1.5 per 28 days)
<i>tencon</i>	2	QL (6 per 1 day)
XTAMPZA ER	4	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	2	ACA; OTC
<i>aspirin childrens</i>	2	ACA; OTC
<i>aspirin oral tablet, chewable</i>	2	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	2	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	3	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	3	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (3 per 1 day)
<i>butorphanol nasal</i>	2	PA; QL (50 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	2	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	3	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	3	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	2	QL (300 per 30 days)
<i>diclofenac-misoprostol</i>	3	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>diflunisal</i>	3	QL (3 per 1 day)
<i>ecotrin low strength</i>	2	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	3	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	3	QL (3 per 1 day)
<i>etodolac oral tablet</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	3	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	3	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	2	QL (3 per 1 day)
<i>ibu</i>	2	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg</i>	2	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	2	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	2	QL (2 per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	3	PA; QL (4 per 1 day)
<i>ketorolac oral</i>	2	QL (20 per 30 days)
KLOXXADO	3	2 sprays per fill
<i>mefenamic acid</i>	3	PA; 29 capsules per fill
<i>meloxicam oral tablet</i>	2	
<i>nabumetone oral tablet 500 mg</i>	2	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	2	QL (2 per 1 day)
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naloxone nasal</i>	3	2 sprays per fill
<i>naltrexone</i>	2	
<i>naproxen oral tablet 250 mg</i>	2	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	2	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	2	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	3	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
NUCYNTA	4	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NUCYNTA ER	4	PA; QL (2 per 1 day)
OPVEE	4	2 units per fill
<i>oxaprozin oral tablet</i>	2	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	3	PA; QL (4 per 1 day)
<i>piroxicam</i>	2	QL (1 per 1 day)
<i>salsalate</i>	2	
<i>st joseph aspirin</i>	2	ACA; OTC
<i>st. joseph aspirin</i>	2	ACA; OTC
<i>sulindac</i>	2	QL (2 per 1 day)
<i>tramadol oral tablet 50 mg</i>	2	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	3	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	3	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	2	PA; QL (8 per 1 day)
VIVITROL	5	SP
ZIMHI	4	1mL per fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	3	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
ADDERALL XR	3	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
ADDYI	4	PA; QL (1 per 1 day)
<i>alprazolam</i>	2	
<i>amitriptyline</i>	2	
<i>amitriptyline-chlordiazepoxide</i>	3	
<i>amoxapine</i>	2	
<i>aripiprazole oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
ARISTADA INITIO	3	PA for Age less than or equal to 17 year(s); QL (2.4 per 35 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	3	PA for Age less than or equal to 17 year(s); QL (3.9 per 56 days)

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

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	PA for Age less than or equal to 17 year(s); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	3	QL (2 per 1 day)
<i>asenapine maleate</i>	3	PA; QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL (2 per 1 day)
<i>bupirone</i>	2	
<i>chlordiazepoxide hcl</i>	2	
<i>chlorpromazine oral tablet</i>	3	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>citalopram oral solution</i>	3	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	2	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	2	QL (1 per 1 day)
<i>clomipramine</i>	3	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>desipramine</i>	3	
<i>desvenlafaxine succinate</i>	3	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>diazepam intensol</i>	3	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet</i>	2	
<i>doxepin oral capsule</i>	2	
<i>doxepin oral concentrate</i>	2	
<i>doxepin oral tablet</i>	3	ST; QL (1 per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (2 per 1 day)
<i>ergoloid</i>	3	
<i>escitalopram oxalate oral solution</i>	3	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (1 per 1 day)
<i>estazolam</i>	2	
<i>eszopiclone</i>	2	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	2	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	3	QL (20 per 1 day)
<i>fluoxetine oral tablet</i>	3	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine decanoate</i>	3	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	3	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	3	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	3	PA for Age less than or equal to 17 year(s); QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	3	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>flurazepam</i>	2	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	2	
<i>haloperidol decanoate</i>	3	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate injection</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate intramuscular</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate oral</i>	2	PA for Age less than or equal to 17 year(s); QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (1.5 per 1 day)
HETLIOZ LQ	5	PA
<i>imipramine hcl</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	PA for Age less than or equal to 17 year(s); QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	PA for Age less than or equal to 17 year(s); QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	PA for Age less than or equal to 17 year(s); QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	PA for Age less than or equal to 17 year(s); QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	PA for Age less than or equal to 17 year(s); QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	PA for Age less than or equal to 17 year(s); QL (2.63 per 84 days)
<i>lisdexamfetamine</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam intensol</i>	3	
<i>lorazepam oral concentrate</i>	3	
<i>lorazepam oral tablet</i>	2	
<i>loxapine succinate oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 1 day)
LUMRYZ	4	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	3	PA; QL (2 per 1 day)
MARPLAN	4	PA
<i>methamphetamine</i>	3	PA for Age greater than or equal to 19 year(s); QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	3	PA for Age greater than or equal to 19 year(s); QL (30 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	3	PA for Age greater than or equal to 19 year(s); QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	3	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	4	
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine</i>	2	QL (1 per 1 day)
<i>modafinil</i>	3	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	3	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	3	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; QL (1 per 1 day)
<i>olanzapine oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	3	PA for Age less than or equal to 17 year(s)
<i>oxazepam</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	2	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	2	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine-amitriptyline</i>	3	PA for Age less than or equal to 17 year(s)
PERSERIS	3	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
<i>phenelzine</i>	2	
<i>pimozide oral tablet 1 mg</i>	2	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	2	QL (5 per 1 day)
<i>protriptyline</i>	3	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; QL (2 per 1 day)
QUAZEPAM	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>ramelteon</i>	3	ST; QL (1 per 1 day)
REXULTI ORAL TABLET	4	PA; QL (1 per 1 day)
RISPERDAL CONSTA	3	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone microspheres</i>	3	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone oral solution</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>risperidone oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
RYKINDO	3	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>sertraline oral concentrate</i>	2	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	2	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 1 day)
SODIUM OXYBATE	5	PA; SP; LA; QL (18 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (8 per 28 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (12 per 28 days)
SUNOSI	4	PA; QL (1 per 1 day)
<i>tasimelteon</i>	5	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	3	PA for Age less than or equal to 17 year(s); QL (6 per 1 day)
<i>tranlycypromine</i>	3	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	2	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	3	QL (2 per 1 day)
<i>triazolam</i>	2	QL (1 per 1 day)
<i>trifluoperazine</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>trimipramine</i>	3	
TRINTELLIX	4	ST; QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	2	QL (3 per 1 day)
<i>vilazodone</i>	3	ST; QL (1 per 1 day)
VYVANSE	3	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
WAKIX	5	PA; LA; QL (2 per 1 day)
XYREM	5	PA; SP; LA; QL (18 per 1 day)
XYWAV	5	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	2	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ziprasidone hcl</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>zolpidem oral tablet</i>	2	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	3	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; SP; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; SP; QL (14 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	3	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	3	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	3	
<i>flecainide</i>	2	
<i>mexiletine</i>	2	
MULTAQ	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	3	
<i>propafenone oral capsule,extended release 12 hr</i>	3	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	2	
<i>aliskiren</i>	3	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan</i>	3	
<i>amlodipine-valsartan</i>	3	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>betaxolol oral</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>bumetanide oral</i>	2	
<i>candesartan</i>	3	ST
<i>candesartan-hydrochlorothiazid</i>	3	ST
<i>captopril</i>	2	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg</i>	1	
<i>chlorthalidone oral tablet 50 mg</i>	2	
<i>clonidine</i>	3	
<i>clonidine hcl oral tablet</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	
<i>dilt-xr</i>	2	
DIURIL	4	
<i>doxazosin</i>	2	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynic acid</i>	3	PA
<i>felodipine</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	2	
HEMANGEOL	4	PA
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	2	
KERENDIA	4	PA; QL (1 per 1 day)
<i>labetalol oral</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	3	
<i>methyldopa</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz</i>	3	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 75 mg</i>	2	
<i>metyrosine</i>	3	PA
<i>minoxidil oral</i>	2	
<i>moexipril</i>	2	
<i>nadolol</i>	2	
<i>nebivolol</i>	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>nicardipine oral</i>	3	
<i>nifedipine</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine</i>	3	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	2	
ORENITRAM	5	PA; SP; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	5	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	5	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	5	PA; SP; QL (252 per 365 days)
<i>perindopril erbumine</i>	2	
<i>phenoxybenzamine</i>	3	PA
<i>pindolol</i>	3	
<i>prazosin</i>	2	
<i>propranolol oral</i>	2	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	2	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan</i>	2	
<i>terazosin</i>	2	
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	3	
<i>torseamide oral</i>	2	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	3	
<i>triamterene</i>	2	
<i>triamterene-hydrochlorothiazid</i>	2	
UPTRAVI ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (200 per 365 days)
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	3	
<i>verapamil oral tablet</i>	2	
<i>verapamil oral tablet extended release</i>	2	
CARDIAC GLYCOSIDES		
<i>digox</i>	2	
<i>digoxin oral solution</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	3	
<i>aminocaproic acid oral tablet</i>	2	
<i>aspirin-dipyridamole</i>	3	
BRILINTA	3	
CABLIVI INJECTION KIT	5	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>dabigatran etexilate</i>	3	
<i>dipyridamole oral</i>	2	
DOPTELET (15 TAB PACK)	5	PA; LA; QL (2 per 1 day)
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	5	SP
<i>fondaparinux</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
<i>heparin (porcine) injection cartridge</i>	2	
<i>heparin (porcine) injection solution</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>jantoven</i>	2	
MULPLETA	5	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	
<i>prasugrel</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	5	PA; SP; LA; QL (2 per 1 day)
TAVALISSE	5	PA; LA; QL (2 per 1 day)
<i>warfarin</i>	2	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (20 per 1 day)
XARELTO ORAL TABLET	3	
ZONTIVITY	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	3	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam</i>	3	
<i>colestipol</i>	2	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	3	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	2	
<i>gemfibrozil</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>icosapent ethyl</i>	3	PA; QL (4 per 1 day)
JUXTAPID	5	PA; LA
<i>lovastatin</i>	1	ACA
NEXLETOL	4	PA; QL (1 per 1 day)
NEXLIZET	4	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	3	
<i>niacin oral tablet extended release 24 hr</i>	3	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	3	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	2	
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (2 per 28 days)
REPATHA SYRINGE	3	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; SP; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	4	PA; QL (15 per 1 day)
CORLANOR ORAL TABLET	4	QL (2 per 1 day)
ENTRESTO	3	
LODOCO	4	PA; QL (1 per 1 day)
<i>ranolazine</i>	3	
VERQUVO	4	PA; QL (1 per 1 day)
VYNDAMAX	5	PA; SP; QL (1 per 1 day)
VYNDAQEL	5	PA; SP; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>nitro-bid</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	3	
BIMZELX	5	PA; SP; QL (2 per 42 days)
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
<i>calcipotriene topical ointment</i>	3	
<i>calcipotriene-betamethasone topical ointment</i>	3	ST
<i>calcitriol topical</i>	3	
COSENTYX (2 SYRINGES)	5	PA; SP; QL (2 per 28 days)
COSENTYX PEN	5	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (2 per 28 days)
ILUMYA	5	PA; QL (1 per 84 days)
<i>selenium sulfide topical lotion</i>	2	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SILIQ	5	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 84 days)
SOTYKTU	5	PA; SP; QL (1 per 1 day)
STELARA INTRAVENOUS	5	PA; QL (52 per 38 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; SP; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; SP; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; SP; QL (1 per 56 days)
TALTZ AUTOINJECTOR	5	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (3 PACK)	5	PA; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; QL (1 per 28 days)
TREMFYA	5	PA; SP; QL (1 per 56 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; SP; QL (4 per 28 days)
<i>ammonium lactate</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
EUCRISA	4	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	2	QL (10 per 365 days)
HYFTOR	5	PA; QL (3 per 30 days)
<i>methoxsalen</i>	5	SP
OPZELURA	5	PA; QL (60 per 30 days)
PANRETIN	5	PA; SP
<i>pimecrolimus</i>	3	ST
<i>podofilox topical solution</i>	2	
REGRANEX	4	QL (15 per 720 days)
<i>tacrolimus topical</i>	2	
<i>urea topical cream 40 %</i>	2	
VALCHLOR	5	PA; SP; QL (50 per 30 days)
THERAPY FOR ACNE		
<i>accutane</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical cream</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene topical gel with pump</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
ALTRENO	4	PA
<i>amnesteem</i>	2	
<i>azelaic acid</i>	3	
<i>brimonidine topical</i>	3	PA; QL (30 per 30 days)
<i>claravis</i>	2	
<i>clindacin etz topical swab</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin phosphate topical gel</i>	3	
<i>clindamycin phosphate topical gel, once daily</i>	3	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin-benzoyl peroxide topical gel</i>	3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>dapsone topical gel</i>	3	ST
<i>ery pads</i>	3	
<i>erygel</i>	3	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>ivermectin topical cream</i>	3	PA
<i>metronidazole topical cream</i>	2	
<i>metronidazole topical gel 0.75 %</i>	3	QL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical gel 1 %</i>	3	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	3	QL (60 per 30 days)
<i>neuac</i>	3	
RHOFADE	4	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	2	
<i>rosadan topical gel</i>	3	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	2	
<i>sulfacleanse 8-4</i>	2	
<i>tazarotene topical cream</i>	3	ST
<i>tretinoin microspheres topical gel</i>	3	PA for Age greater than or equal to 29 year(s)
<i>tretinoin topical cream</i>	2	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	3	PA for Age greater than or equal to 29 year(s);
<i>zenatane</i>	2	
TOPICAL ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	
<i>lidocaine hcl topical cream 3 %</i>	2	
<i>lidocaine hcl-hydrocortison ac topical</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	2	
<i>lidocaine viscous</i>	2	PA for Age less than or equal to 2 year(s)
<i>lidocaine-prilocaine topical cream</i>	2	
<i>lidocort</i>	2	
<i>lidopin topical cream 3 %</i>	2	
TOPICAL ANTIBACTERIALS		
ALTABAX	4	PA; 30 grams per fill
<i>gentamicin topical</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	4	PA
XEPI	4	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	
<i>ciclopirox</i>	2	
<i>clotrimazole-betamethasone topical cream</i>	2	
<i>econazole</i>	2	
<i>ketconazole topical cream</i>	2	
<i>ketconazole topical shampoo</i>	2	
<i>klayesta</i>	2	
LULICONAZOLE	4	PA
<i>naftifine topical cream</i>	3	PA
<i>nyamyc</i>	2	
<i>nystatin topical</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
<i>oxiconazole</i>	3	PA
SULCONAZOLE TOPICAL SOLUTION	4	
<i>tavaborole</i>	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	2	
<i>penciclovir</i>	3	PA; 5 grams per fill
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	3	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	3	
<i>clobetasol scalp</i>	2	
<i>clobetasol topical cream</i>	2	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical lotion</i>	3	
<i>clobetasol topical ointment</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	3	ST
<i>clobetasol-emollient topical cream</i>	3	
<i>desonide topical cream</i>	2	
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream 0.05 %</i>	3	ST
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical gel</i>	3	ST
<i>desoximetasone topical ointment 0.05 %</i>	3	ST
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>desoximetasone topical spray,non-aerosol</i>	3	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	3	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	3	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i>	3	ST
<i>fluocinonide topical gel</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical ointment</i>	2	
<i>hydrocortisone butyrate topical cream</i>	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical ointment</i>	3	
<i>hydrocortisone butyrate topical solution</i>	3	
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	3	
<i>mometasone topical</i>	2	
<i>prednicarbate topical ointment</i>	3	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream</i>	2	
TOPICAL ENZYMES		
SANTYL	4	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	2	QL (120 per 30 days)
<i>permethrin</i>	2	QL (120 per 30 days)
<i>spinosad</i>	3	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	5	PA; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	3	
<i>anagrelide</i>	2	
<i>caffeine citrate oral</i>	2	
<i>carglumic acid</i>	5	PA; SP
<i>cevimeline</i>	3	
CHEMET	4	PA for Age greater than or equal to 18 year(s)
<i>deferasirox oral granules in packet</i>	5	PA
<i>deferasirox oral tablet</i>	5	PA; SP
<i>deferasirox oral tablet, dispersible</i>	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>deferiprone</i>	5	PA; SP
<i>disulfiram</i>	3	
<i>droxidopa</i>	5	PA
ENDARI	5	PA; QL (2 per 1 day)
FERRIPROX ORAL SOLUTION	5	PA; SP
INCRELEX	5	PA; SP; LA
<i>levocarnitine (with sugar)</i>	3	
<i>levocarnitine oral solution 100 mg/ml</i>	3	
<i>levocarnitine oral tablet</i>	3	
LITFULO	5	PA; QL (1 per 1 day)
<i>midodrine</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA; SP; LA
<i>nitisinone oral capsule 20 mg</i>	5	PA; LA
NITYR	5	PA; SP; LA
OLPRUVA	5	PA
ORFADIN ORAL SUSPENSION	5	PA; SP; LA
OXBRYTA	5	PA; LA; QL (3 per 1 day)
PHEBURANE	5	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
PYRUKYND ORAL TABLET 20 MG, 50 MG	5	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	5	PA; 2 tabs per day; 7 tablets in 365 days; LA
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; LA; QL (14 per 365 days)
RAVICTI	5	PA; SP; QL (17.5 per 1 day)
REVCOVI	5	PA; LA
<i>riluzole</i>	3	
<i>risedronate oral tablet 30 mg</i>	3	
<i>sodium chloride irrigation</i>	2	
<i>sodium phenylbutyrate oral powder</i>	5	PA
<i>sodium phenylbutyrate oral tablet</i>	5	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	5	PA; SP; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	5	PA; SP; QL (1 per 1 day)
TAVNEOS	5	PA; QL (6 per 1 day)
THIOLA EC	5	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>tiopronin oral tablet</i>	5	PA; SP
<i>trientine oral capsule 250 mg</i>	5	PA; SP; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	5	PA; QL (4 per 1 day)
XURIDEN	5	
ZOKINVY	5	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 day supply every 365 days; ACA; OTC
<i>nicotine</i>	9	183 day supply every 365 days; ACA; OTC
<i>nicotine (polacrilex)</i>	9	183 day supply every 365 days; ACA; OTC
NICOTROL	4	183 day supply every 365 days; ACA
NICOTROL NS	4	183 day supply every 365 days; ACA
<i>quit 2</i>	9	183 day supply every 365 days; ACA; OTC
<i>quit 4</i>	9	183 day supply every 365 days; ACA; OTC
<i>stop smoking aid</i>	9	183 day supply every 365 days; ACA; OTC
<i>varenicline</i>	3	183 day supply every 365 days; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	2	
<i>chlorhexidine gluconate mucous membrane</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	
GELCLAIR	4	15 mL per fill
<i>ipratropium bromide nasal</i>	2	
<i>olopatadine nasal</i>	3	
<i>oralone</i>	2	
<i>paroex oral rinse</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>periogard</i>	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	
<i>triamcinolone acetonide dental</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	
<i>ciprofloxacin hcl otic (ear)</i>	3	
<i>flac otic oil</i>	3	
<i>fluocinolone acetonide oil</i>	3	
<i>hydrocortisone-acetic acid</i>	2	
<i>ofloxacin otic (ear)</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA
CORTROPHIN GEL	5	PA
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	3	
<i>methylprednisolone oral tablet 4 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	3	
<i>prednisone</i>	2	
TARPEYO	5	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	3	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	3	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	3	OTC; QL (100 per 30 days)
ONETOUCH ULTRA TEST	3	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	3	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI	3	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS Z STAT	3	
AEROVENT PLUS	3	
COMPACT SPACE CHAMBER	3	
EASIVENT HOLDING CHAMBER	3	
FLEXICHAMBER	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
MICROCHAMBER	3	
OPTICHAMBER DIAMOND VHC	3	
POCKET CHAMBER	3	
RITEFLO AEROCHAMBER	3	
SPACE CHAMBER	3	
VORTEX HOLDING CHAMBER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</i>	3	
GVOKE	3	

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

Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 274 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	2	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 274 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
DEXCOM G6 RECEIVER	4	PA; CGM; SP; QL (1 per 720 days)
DEXCOM G6 SENSOR	4	PA; CGM; SP; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	4	PA; CGM; SP; QL (1 per 90 days)
DEXCOM G7 RECEIVER	4	PA; 1 rx per 720 days; CGM
DEXCOM G7 SENSOR	4	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	4	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	4	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 READER	4	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	4	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	2	OTC
LANCETS 33 GAUGE	2	OTC; QL (210 per 30 days)
LANCING DEVICE	2	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	3	QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 274 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 274 days)
ONETOUCH VERIO MID CONTROL	2	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 274 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
V-GO 20	3	QL (30 per 30 days)
V-GO 30	3	QL (30 per 30 days)
V-GO 40	3	QL (30 per 30 days)
INSULIN THERAPY		
APIDRA U-100 INSULIN	4	PA; 100 units per 30 days
FIASP U-100 INSULIN	4	PA; 100 units per 30 days
HUMALOG JUNIOR KWIKPEN U-100	2	100 units per 30 days
HUMALOG KWIKPEN INSULIN	2	100 units per 30 days
HUMALOG MIX 50-50 INSULN U-100	2	100 units per 30 days
HUMALOG MIX 50-50 KWIKPEN	2	100 units per 30 days
HUMALOG MIX 75-25 KWIKPEN	2	100 units per 30 days
HUMALOG MIX 75-25(U-100)INSULN	2	100 units per 30 days
HUMALOG U-100 INSULIN	2	100 units per 30 days
HUMULIN 70/30 U-100 INSULIN	3	100 units per 30 days
HUMULIN 70/30 U-100 KWIKPEN	3	100 units per 30 days
HUMULIN N NPH INSULIN KWIKPEN	3	100 units per 30 days
HUMULIN N NPH U-100 INSULIN	3	100 units per 30 days
HUMULIN R REGULAR U-100 INSULN	3	100 units per 30 days
HUMULIN R U-500 (CONC) INSULIN	3	100 units per 30 days
HUMULIN R U-500 (CONC) KWIKPEN	3	100 units per 30 days
LANTUS SOLOSTAR U-100 INSULIN	3	100 units per 30 days
LANTUS U-100 INSULIN	3	100 units per 30 days
SOLIQUA 100/33	4	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	3	100 units per 30 days
TOUJEO SOLOSTAR U-300 INSULIN	3	100 units per 30 days
TRESIBA FLEXTOUCH U-100	3	100 units per 30 days
TRESIBA FLEXTOUCH U-200	3	100 units per 30 days

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA U-100 INSULIN	3	100 units per 30 days
XULTOPHY 100/3.6	4	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal</i>	2	
<i>calcitriol oral</i>	2	
CERDELGA	5	PA; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	5	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	5	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	3	PA; QL (4 per 1 day)
<i>clomiphene citrate</i>	3	QL (10 per 30 days)
<i>danazol</i>	3	
<i>desmopressin injection</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	SP
<i>desmopressin oral</i>	2	
<i>doxercalciferol oral</i>	3	
GALAFOLD	5	PA; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET	5	PA; SP; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; SP; LA; QL (56 per 28 days)
KORLYM	5	PA; QL (4 per 1 day)
KYZATREX	4	PA; QL (2 per 1 day)
<i>methyltestosterone oral capsule</i>	3	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>miglustat</i>	5	PA; SP; LA; QL (3 per 1 day)
MYALEPT	5	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	PA
OPFOLDA	5	PA; SP; QL (4 per 1 day)
ORILISSA	4	PA

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Drug Name	Drug Tier	Requirements / Limits
OVIDREL	5	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	3	
PREGNYL	5	PA
RECORLEV	5	PA; QL (8 per 1 day)
<i>sapropterin</i>	5	PA
SOMAVERT	5	PA
STRENSIQ	5	PA; SP; LA
SYNAREL	5	PA; QL (8 per 28 days)
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	2	PA
<i>testosterone transdermal</i>	3	PA
<i>tolvaptan oral tablet 15 mg</i>	5	PA; SP; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; SP; LA; QL (60 per 365 days)
VOXZOGO	5	PA; QL (1 per 1 day)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	2	
BYDUREON BCISE	3	PA
BYETTA	3	PA
CYCLOSET	4	
FARXIGA	3	QL (1 per 1 day)
<i>glimepiride</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	2	
<i>glyburide micronized</i>	2	
<i>glyburide oral tablet 1.25 mg</i>	2	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>migliol</i>	3	
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide</i>	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	3	PA; QL (9 per 84 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	2	
<i>repaglinide</i>	3	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (30 per 365 days)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 per 1 day)
TRULICITY	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; QL (9 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
VICTOZA 3-PAK	3	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5- 500 MG	3	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)

THYROID HORMONES

<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	2	
<i>np thyroid</i>	2	
SYNTHROID	4	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	2	
<i>chlordiazepoxide-clidinium</i>	3	
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	3	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate oral solution</i>	3	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>hyoscyamine sulfate oral elixir</i>	2	
<i>hyoscyamine sulfate oral tablet</i>	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	2	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	2	
<i>hyoscyamine sulfate sublingual</i>	2	
<i>hyosyne oral elixir</i>	2	
<i>methscopolamine</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>oscimin</i>	2	
<i>oscimin sl</i>	2	
MISCELLANEOUS AGENTS		
<i>lanthanum</i>	3	ST; QL (3 per 1 day)
LOKELMA	4	QL (3 per 1 day)
<i>sevelamer carbonate oral tablet</i>	2	QL (17 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol)</i>	3	
VELPHORO	4	ST; QL (6 per 1 day)
VELTASSA	4	QL (1 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	4	QL (1 per 28 days)
<i>alosetron</i>	3	PA; QL (2 per 1 day)
<i>alvimopan</i>	3	
<i>anucort-hc</i>	2	
ANZEMET ORAL TABLET 50 MG	4	
<i>aprepitant oral capsule 125 mg</i>	3	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	3	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	3	QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	3	QL (15 per 28 days)
<i>balsalazide</i>	2	
<i>betaine</i>	5	SP
<i>budesonide oral capsule,delayed,extend.release</i>	2	
<i>budesonide oral tablet,delayed and ext.release</i>	3	PA
<i>budesonide rectal</i>	3	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	5	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	5	PA; LA; QL (4 per 1 day)
CHENODAL	5	LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	5	PA; SP; QL (4 per 1 day)
CIMZIA	5	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
<i>compro</i>	2	
<i>constulose</i>	2	
CREON	3	
<i>cromolyn oral</i>	2	
DIPENTUM	4	ST
<i>doxylamine-pyridoxine (vit b6)</i>	3	ST; QL (4 per 1 day)
<i>dronabinol</i>	2	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
ENTYVIO PEN	5	PA; SP; QL (1.36 per 28 days)
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; SP
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	2	ACA
<i>gavilyte-g</i>	2	ACA
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
<i>granisetron hcl oral</i>	2	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	2	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	2	
<i>hydrocortisone rectal</i>	2	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	3	
IBSRELA	4	PA; QL (2 per 1 day)
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	2	
LINZESS	3	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
LIVMARLI	5	PA; SP; QL (3 per 1 day)
<i>lubiprostone</i>	3	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule (with del rel tablets)</i>	3	
<i>mesalamine oral capsule, extended release</i>	3	
<i>mesalamine oral capsule, extended release 24hr</i>	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	3	ST
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	QL (1 per 1 day)
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	4	ST; QL (1 per 1 day)
MOVANTIK	3	QL (1 per 1 day)
<i>natura-lax</i>	9	ACA; OTC
OICALIVA	5	PA; SP; LA; QL (1 per 1 day)
OMVOH PEN	5	PA; SP; QL (2 per 28 days)
<i>ondansetron</i>	2	
<i>ondansetron hcl oral solution</i>	2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	
<i>onelax magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</i>	9	ACA; OTC
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
<i>peg 3350-electrolytes</i>	2	ACA
<i>peg-electrolyte soln</i>	2	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
PERTZYE	4	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCTOFOAM HC	3	
<i>procto-med hc</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	4	
RELISTOR ORAL	4	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	2	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	5	PA; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; SP; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL (2.4 per 56 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	5	PA; SP; QL (8 per 1 day)
<i>sulfasalazine</i>	2	
SYMPROIC	3	QL (1 per 1 day)
SYNDROS	4	PA
<i>trimethobenzamide oral</i>	2	
TRULANCE	4	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	3	
VARUBI	4	QL (4 per 28 days)
VELSIPITY	5	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VIBERZI	4	PA; QL (2 per 1 day)
VIOKACE	4	ST
VOWST	4	PA; QL (12 per 365 days)
women's gentle laxative(<i>bisac</i>)	9	ACA; OTC
ZELNORM	4	PA; QL (2 per 1 day)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	3	QL (224 per 365 days)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	2	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	3	PA for Age greater than or equal to 8 year(s); QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	QL (2 per 1 day)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	3	PA for Age greater than or equal to 8 year(s); PA for Age greater than or equal to 8 year(s); QL (1 per 1 day)
<i>misoprostol</i>	2	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	4	PA for Age greater than or equal to 8 year(s); QL (2 per 1 day)
<i>nizatidine oral capsule</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	QL (2 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	3	QL (2 per 1 day)
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	2	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule</i>	5	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ribavirin oral tablet 200 mg</i>	5	SP
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	5	PA; SP
ARCALYST	5	PA; QL (4 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA
FULPHILA	5	PA
FYLNETRA	5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	PA; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	5	PA; QL (4.8 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	5	PA; SP
MIRCERA	5	PA; SP
NEULASTA	5	PA; SP
NEULASTA ONPRO	5	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	5	PA; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
NYVEPRIA	5	PA
PROCRIT	5	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; QL (2.4 per 1 day)
RETACRIT	5	PA; SP
ROLVEDON	5	PA
STIMUFEND	5	PA
UDENYCA	5	PA; SP
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
ZIEXTENZO	5	PA
GROWTH HORMONES		
EGRIFTA SV	5	PA
GENOTROPIN	5	PA; SP
GENOTROPIN MINIQUICK	5	PA; SP
HUMATROPE INJECTION CARTRIDGE	5	PA
NGENLA	5	PA
NORDITROPIN FLEXPRO	5	PA; SP
NUTROPIN AQ NUSPIN	5	PA
OMNITROPE	5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA
SKYTROFA	5	PA
SOGROYA	4	PA; QL (3 per 28 days)
ZOMACTON	5	PA
INTERFERONS		

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

Drug Name	Drug Tier	Requirements / Limits
ACTIMMUNE	5	PA; SP
ALFERON N	5	SP
BESREMI	5	PA; QL (2 per 28 days)
PEGASYS	5	SP
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	
AVONEX INTRAMUSCULAR SYRINGE KIT	5	
BAFIERTAM	5	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	5	SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	5	SP; QL (2 per 1 day)
EXTAVIA	5	PA; SP
<i>fingolimod</i>	5	SP
<i>glatiramer</i>	5	
<i>glatopa</i>	5	
KESIMPTA PEN	5	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	5	PA; 2 tablets per day; 4 packs in 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	5	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; SP; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; SP; QL (12 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY INTRAMUSCULAR	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	QL (1 per 365 days)
PONVORY	5	PA; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	5	PA; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	5	SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	5	SP; QL (4.2 per 365 days)
<i>teriflunomide</i>	5	
VUMERITY	5	PA; SP; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	9	PA for Age less than or equal to 59 year(s); ACA
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	9	ACA
AFLURIA QUAD 2023-2024(6MO UP)	9	ACA
AREXVY (PF)	9	PA for Age less than or equal to 59 year(s); ACA
BEXSERO	9	ACA
BOOSTRIX TDAP	9	ACA
COMIRNATY 2023-24 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	9	ACA
FLUARIX QUAD 2023-2024 (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUBLOK QUAD 2023-2024 (PF)	9	ACA
FLUCELVAX QUAD 2023-2024	9	ACA
FLUCELVAX QUAD 2023-2024 (PF)	9	ACA
FLULAVAL QUAD 2023-2024 (PF)	9	ACA
FLUMIST QUAD 2023-2024	9	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	9	ACA
FLUZONE QUAD 2023-2024	9	ACA
FLUZONE QUAD 2023-2024 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	4	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	9	ACA
IPOL	9	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	9	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 23-24(6M-11Y)PF	9	ACA
NOVAVAX COVID 2023-24(PF)(EUA)	9	ACA
ODACTRA	4	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	5	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	5	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	5	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	5	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	5	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	5	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	5	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	5	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	5	PA; QL (30 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 10)	5	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	5	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	5	PA; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	9	ACA
PFIZER COVID 2023-24(5Y-11Y)PF	9	ACA
PFIZER COVID 2023-24(6MO-4Y)PF	9	ACA
PNEUMOVAX-23	9	ACA
PREHEVBRIO (PF)	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	4	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
SPIKEVAX 2023-2024(12Y UP)(PF)	9	ACA
TDVAX	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet 5 %</i>	2	QL (36 per 365 days)
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MUSCULOSKELETAL & RHEUMATOLOGY

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

Drug Name	Drug Tier	Requirements / Limits
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral tablet</i>	2	
<i>febuxostat</i>	2	ST
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
FORTEO	5	PA; SP; QL (1 per 28 days)
FOSAMAX PLUS D	3	
<i>ibandronate oral</i>	2	
<i>raloxifene</i>	2	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	3	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	5	PA; SP; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; SP; QL (1 per 28 days)
TYMLOS	5	PA; SP; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	5	PA; QL (4 per 28 days)
CYLTEZO(CF)	5	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN	5	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 31 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (4 per 31 days)
ENBREL MINI	5	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	5	PA; SP; QL (4 per 28 days)
HUMIRA PEN	5	PA; SP; QL (2 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; SP; QL (6 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF)	5	PA; SP; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HYRIMOZ	5	PA; QL (1.6 per 28 days)
HYRIMOZ PEN	5	PA; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; QL (3 per 365 days)
HYRIMOZ(CF)	5	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; QL (1.6 per 28 days)
KEVZARA	5	PA; SP; QL (2.28 per 28 days)
KINERET	5	PA; SP; QL (18.76 per 28 days)
<i>leflunomide</i>	2	
OLUMIANT	5	PA; QL (1 per 1 day)
ORENCIA CLICKJECT	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 per 28 days)
OTEZLA	5	PA; SP; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL (55 per 365 days)
OTREXUP (PF)	4	ST
<i>penicillamine</i>	5	PA; QL (16 per 1 day)
RASUVO (PF)	4	ST
RIDAURA	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; SP; QL (56 per 365 days)
SAVELLA ORAL TABLET	4	ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG	5	PA; SP; QL (2 per 1 day)
XELJANZ ORAL TABLET 5 MG	5	PA; QL (2 per 1 day)
XELJANZ XR	5	PA; SP; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX LUBRICATED CONDOMS	9	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
WIDE-SEAL DIAPHRAGM	9	ACA

ESTROGENS & PROGESTINS

<i>amabelz</i>	2	
BIJUVA	4	QL (1 per 1 day)
<i>camila</i>	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
COMBIPATCH	4	
<i>covaryx</i>	3	
<i>covaryx h.s.</i>	3	
CRINONE	4	PA
<i>deblitane</i>	2	ACA
<i>dotti</i>	2	
DUAVEE	4	PA
<i>eemt</i>	3	
<i>eemt hs</i>	3	
<i>errin</i>	2	ACA
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch semiweekly</i>	2	
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal</i>	3	
<i>estradiol-norethindrone acet</i>	2	
<i>estrogens-methyltestosterone</i>	3	
<i>fyavolv</i>	3	
<i>heather</i>	2	ACA
<i>incassia</i>	2	ACA
<i>jencycla</i>	2	ACA
<i>jinteli</i>	3	
<i>lyleq</i>	2	ACA
<i>lyllana</i>	2	
<i>lyza</i>	2	ACA
<i>medroxyprogesterone intramuscular</i>	2	ACA
<i>medroxyprogesterone oral</i>	2	
<i>mimvey</i>	2	
<i>nora-be</i>	2	ACA
<i>norethindrone (contraceptive)</i>	2	ACA
<i>norethindrone acetate</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	

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

Drug Name	Drug Tier	Requirements / Limits
PREMPHASE	3	
PREMPRO	3	
<i>progesterone</i>	2	
<i>progesterone micronized</i>	2	
<i>sharobel</i>	2	ACA
<i>tulana</i>	2	ACA
<i>yuvafem</i>	3	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin phosphate vaginal</i>	2	
CLINDESSE	4	
<i>eluryng</i>	2	ACA
<i>enilloring</i>	2	ACA
<i>etonogestrel-ethinyl estradiol</i>	2	ACA
GYNAZOLE-1	4	
<i>haloette</i>	1	ACA
INTRAROSA	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole-3 vaginal suppository</i>	2	
<i>mifepristone oral tablet 200 mg</i>	3	PA
MYFEMBREE	4	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	2	ACA
NUVESSA	4	
ORIAHNN	4	PA; SP; QL (2 per 1 day)
OSPHENA	4	PA
<i>terconazole</i>	2	
<i>tranexamic acid oral</i>	3	
<i>vandazole</i>	2	
XACIATO	4	
<i>xulane</i>	2	ACA
<i>zafemy</i>	2	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	2	ACA
<i>after pill</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>altavera (28)</i>	2	ACA
<i>alyacen 1/35 (28)</i>	2	ACA
<i>alyacen 7/7/7 (28)</i>	2	ACA
<i>amethia</i>	2	ACA
<i>amethyst (28)</i>	2	ACA
<i>apri</i>	2	ACA
<i>aranelle (28)</i>	2	ACA
<i>ashlyna</i>	2	ACA
<i>aubra</i>	2	ACA
<i>aubra eq</i>	2	ACA
<i>aurovela 1.5/30 (21)</i>	2	ACA
<i>aurovela 1/20 (21)</i>	2	ACA
<i>aurovela 24 fe</i>	2	ACA
<i>aurovela fe 1.5/30 (28)</i>	2	ACA
<i>aurovela fe 1-20 (28)</i>	2	ACA
<i>aviane</i>	2	ACA
<i>ayuna</i>	2	ACA
<i>azurette (28)</i>	2	ACA
<i>balziva (28)</i>	2	ACA
<i>blisovi 24 fe</i>	2	ACA
<i>blisovi fe 1.5/30 (28)</i>	2	ACA
<i>blisovi fe 1/20 (28)</i>	2	ACA
<i>briellyn</i>	2	ACA
<i>camrese</i>	2	ACA
<i>camrese lo</i>	2	ACA
<i>caziant (28)</i>	2	ACA
<i>charlotte 24 fe</i>	2	ACA
<i>chateal (28)</i>	2	ACA
<i>chateal eq (28)</i>	2	ACA
<i>cryselle (28)</i>	2	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	2	ACA
<i>cyred eq</i>	2	ACA
<i>dasetta 1/35 (28)</i>	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 7/7/7 (28)</i>	2	ACA
<i>daysee</i>	2	ACA
<i>desog-e.estradiol/e.estradiol</i>	2	ACA
<i>dolishale</i>	2	ACA
<i>drospirenone-ethinyl estradiol</i>	2	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	2	ACA
ELLA	4	ACA
<i>enpresse</i>	2	ACA
<i>enskyce</i>	2	ACA
<i>estarylla</i>	2	ACA
<i>ethynodiol diac-eth estradiol</i>	2	ACA
<i>falmina (28)</i>	2	ACA
<i>finzala</i>	2	ACA
<i>hailey</i>	2	ACA
<i>hailey 24 fe</i>	2	ACA
<i>hailey fe 1.5/30 (28)</i>	2	ACA
<i>hailey fe 1/20 (28)</i>	2	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	2	ACA
<i>isibloom</i>	2	ACA
<i>jaimiess</i>	2	ACA
<i>jasmiel (28)</i>	2	ACA
<i>jolessa</i>	2	ACA
<i>juleber</i>	2	ACA
<i>junel 1.5/30 (21)</i>	2	ACA
<i>junel 1/20 (21)</i>	2	ACA
<i>junel fe 1.5/30 (28)</i>	2	ACA
<i>junel fe 1/20 (28)</i>	2	ACA
<i>junel fe 24</i>	2	ACA
<i>kaitlib fe</i>	2	ACA
<i>kalliga</i>	2	ACA
<i>kariva (28)</i>	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>kelnor 1/35 (28)</i>	2	ACA
<i>kelnor 1-50 (28)</i>	2	ACA
<i>kurvelo (28)</i>	2	ACA
<i>l norgest/e.estradiol-e.estrad</i>	2	ACA
<i>larin 1.5/30 (21)</i>	2	ACA
<i>larin 1/20 (21)</i>	2	ACA
<i>larin 24 fe</i>	2	ACA
<i>larin fe 1.5/30 (28)</i>	2	ACA
<i>larin fe 1/20 (28)</i>	2	ACA
<i>layolis fe</i>	2	ACA
<i>leena 28</i>	2	ACA
<i>lessina</i>	2	ACA
<i>levonest (28)</i>	2	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	2	ACA
<i>levonorg-eth estrad triphasic</i>	2	ACA
<i>levora-28</i>	2	ACA
LO LOESTRIN FE	3	
<i>lojaimiess</i>	2	ACA
<i>loryna (28)</i>	2	ACA
<i>low-ogestrel (28)</i>	2	ACA
<i>lo-zumandimine (28)</i>	2	ACA
<i>lutra (28)</i>	2	ACA
<i>marlissa (28)</i>	2	ACA
<i>merzee</i>	2	ACA
<i>mibelas 24 fe</i>	2	ACA
<i>microgestin 1.5/30 (21)</i>	2	ACA
<i>microgestin 1/20 (21)</i>	2	ACA
<i>microgestin 24 fe</i>	2	ACA
<i>microgestin fe 1.5/30 (28)</i>	2	ACA
<i>microgestin fe 1/20 (28)</i>	2	ACA
<i>mili</i>	2	ACA
<i>mono-linyah</i>	2	ACA
<i>my choice</i>	9	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	2	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	2	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	2	ACA
<i>norgestimate-ethinyl estradiol</i>	2	ACA
<i>nortrel 0.5/35 (28)</i>	2	ACA
<i>nortrel 1/35 (21)</i>	2	ACA
<i>nortrel 1/35 (28)</i>	2	ACA
<i>nortrel 7/7/7 (28)</i>	2	ACA
<i>nylia 1/35 (28)</i>	2	ACA
<i>nylia 7/7/7 (28)</i>	2	ACA
<i>nymyo</i>	2	ACA
<i>ocella</i>	2	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	2	ACA
<i>pimtrea (28)</i>	2	ACA
<i>portia 28</i>	2	ACA
<i>reclipsen (28)</i>	2	ACA
<i>setlakin</i>	2	ACA
<i>simliya (28)</i>	2	ACA
<i>simpesse</i>	2	ACA
<i>sprintec (28)</i>	2	ACA
<i>sronyx</i>	2	ACA
<i>syeda</i>	2	ACA
<i>tarina 24 fe</i>	2	ACA
<i>tarina fe 1/20 (28)</i>	2	ACA
<i>tilia fe</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-estarylla</i>	2	ACA
<i>tri-legest fe</i>	2	ACA
<i>tri-linyah</i>	2	ACA
<i>tri-lo-estarylla</i>	2	ACA
<i>tri-lo-marzia</i>	2	ACA
<i>tri-lo-mili</i>	2	ACA
<i>tri-lo-sprintec</i>	2	ACA
<i>tri-mili</i>	2	ACA
<i>tri-nymyo</i>	2	ACA
<i>tri-sprintec (28)</i>	2	ACA
<i>trivora (28)</i>	2	ACA
<i>tri-vylibra</i>	2	ACA
<i>tri-vylibra lo</i>	2	ACA
<i>turqoz (28)</i>	2	ACA
<i>tydemy</i>	2	ACA
<i>velivet triphasic regimen (28)</i>	2	ACA
<i>vestura (28)</i>	2	ACA
<i>vienva</i>	2	ACA
<i>viorele (28)</i>	2	ACA
<i>volnea (28)</i>	2	ACA
<i>vyfemla (28)</i>	2	ACA
<i>vylibra</i>	2	ACA
<i>wera (28)</i>	2	ACA
<i>wymzya fe</i>	2	ACA
<i>zarah</i>	2	ACA
<i>zovia 1-35 (28)</i>	2	ACA
<i>zumandimine (28)</i>	2	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	3	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	3	
<i>bacitracin-polymyxin b</i>	2	
BETADINE OPHTHALMIC PREP	4	

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

Drug Name	Drug Tier	Requirements / Limits
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gatifloxacin</i>	3	
<i>gentamicin ophthalmic (eye) drops</i>	2	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neo-polycin</i>	2	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
ANTIVIRALS		
<i>trifluridine</i>	2	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	
<i>carteolol</i>	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
<i>atropine ophthalmic (eye) ointment</i>	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2	
<i>homatropaire</i>	2	
<i>tropicamide</i>	2	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
ALOCRIL	4	ST
ALOMIDE	3	ST
<i>azelastine ophthalmic (eye)</i>	2	
<i>bepotastine besilate</i>	3	ST
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	QL (2 per 1 day)
CYSTADROPS	5	PA; QL (20 per 28 days)
CYSTARAN	5	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	3	
<i>eye itch relief</i>	2	OTC
<i>ketotifen fumarate</i>	2	OTC
<i>olopatadine ophthalmic (eye)</i>	2	
OXERVATE	5	PA; SP; QL (56 per 720 days)
<i>proparacaine</i>	2	
<i>tetracaine hcl</i>	2	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	2	
XDEMVY	5	PA; SP; QL (10 per 365 days)
XIIDRA	3	QL (2 per 1 day)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	3	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	3	
<i>ketorolac ophthalmic (eye)</i>	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	
<i>methazolamide</i>	3	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	3	
<i>brimonidine-timolol</i>	3	
<i>brinzolamide</i>	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>latanoprost</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>tafluprost (pf)</i>	3	ST
<i>travoprost</i>	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	
<i>neo-polycin hc</i>	2	
<i>tobramycin-dexamethasone</i>	2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>difluprednate</i>	3	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	3	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral liquid</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>clemastine oral tablet</i>	3	QL (3 per 1 day)
<i>cyproheptadine</i>	2	
<i>desloratadine oral tablet</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate</i>	2	
<i>levocetirizine</i>	2	
<i>promethazine oral</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan</i>	2	
SYMJEPI	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	
<i>benzonatate oral capsule 150 mg</i>	3	
<i>codeine-guaifenesin</i>	2	
<i>g tussin ac</i>	2	
<i>hydrocodone-chlorpheniramine</i>	2	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral tablet</i>	2	
<i>hydromet</i>	2	
<i>maxi-tuss ac</i>	2	
<i>promethazine vc</i>	2	
<i>promethazine vc-codeine</i>	2	
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
TUXARIN ER	4	QL (24 per 30 days)
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY	2	OTC
<i>acetylcysteine</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
ADEMPAS	5	PA; SP; LA; QL (3 per 1 day)
ADVAIR HFA	3	
<i>albuterol sulfate inhalation solution for nebulization</i>	2	
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	2	
<i>alyq</i>	5	PA; SP; QL (2 per 1 day)
<i>ambrisentan</i>	5	PA; SP; LA; QL (1 per 1 day)
ANORO ELLIPTA	3	
<i>arformoterol</i>	3	ST
ARNUITY ELLIPTA	3	
ASMANEX HFA	3	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	
ATROVENT HFA	4	
<i>bosentan</i>	5	PA; SP; QL (2 per 1 day)
BREO ELLIPTA	3	
<i>breyna</i>	3	
BRONCHITOL	5	PA; QL (20 per 1 day)
<i>budesonide inhalation</i>	2	
<i>budesonide nasal</i>	2	OTC
<i>budesonide-formoterol</i>	3	
COMBIVENT RESPIMAT	3	
<i>cromolyn inhalation</i>	2	
DULERA	3	
ESBRIET ORAL CAPSULE	5	PA; SP; QL (6 per 1 day)
FASENRA	5	PA; QL (1 per 56 days)
FASENRA PEN	5	PA; QL (1 per 56 days)
<i>flunisolide</i>	3	ST
<i>fluticasone propionate nasal</i>	2	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	
HAEGARDA	5	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	4	
<i>icatibant</i>	5	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation</i>	2	
<i>ipratropium-albuterol</i>	2	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	5	PA; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; SP; QL (2 per 1 day)
KALYDECO ORAL TABLET	5	PA; SP; QL (2 per 1 day)
<i>levalbuterol hcl</i>	3	
<i>mometasone nasal</i>	3	ST
<i>montelukast</i>	2	
NASAL ALLERGY	2	OTC
NUCALA	5	PA; SP; LA; QL (1 per 28 days)
OFEV	5	PA; SP; QL (2 per 1 day)
OPSUMIT	5	PA; LA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	5	PA; SP; QL (4 per 1 day)
ORLADEYO	5	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	5	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (3 per 1 day)
PULMOZYME	5	PA; SP; QL (5 per 1 day)
QVAR REDIHALER	3	
<i>roflumilast</i>	3	QL (1 per 1 day)
RUCONEST	5	PA; QL (2 per 28 days)
<i>sajazir</i>	5	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	3	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; SP; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; SP; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	2	
SPIRIVA RESPIMAT	3	
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
SYMDEKO	5	PA; SP; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	5	PA; SP; QL (2 per 1 day)
TADLIQ	5	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	2	
TEZSPIRE	5	PA; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
<i>tiotropium bromide</i>	3	
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide nasal</i>	2	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; SP; QL (3 per 1 day)
TYVASO	5	PA; SP; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	5	PA; SP; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL (1 per 30 days)
TYVASO REFILL KIT	5	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	5	PA; SP; QL (1 per 365 days)
VENTAVIS	5	PA; SP; QL (9 per 1 day)
VENTOLIN HFA	2	
<i>wixela inhub</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
XHANCE	4	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	5	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	3	
<i>zileuton</i>	3	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	3	
<i>fesoterodine</i>	3	ST
<i>flavoxate</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
<i>solifenacin</i>	2	
<i>tolterodine</i>	3	
<i>trospium oral capsule, extended release 24hr</i>	3	
<i>trospium oral tablet</i>	2	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	3	
<i>finasteride oral tablet 5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>silodosin</i>	3	
<i>tadalafil oral tablet 5 mg</i>	2	PA; QL (1 per 1 day)
<i>tamsulosin</i>	2	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	SP; LA
OXLUMO	5	PA
<i>potassium citrate oral tablet extended release</i>	2	
PROCYSBI	5	PA; SP
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	2	QL (12 per 1 day)
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	2	
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	2	
<i>complete natal dha</i>	2	
<i>cyanocobalamin (vitamin b-12) injection</i>	2	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	2	
<i>elite-ob</i>	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	2	
<i>foltabs 800</i>	9	ACA; OTC
<i>full spectrum b-vitamin c</i>	9	ACA; OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	2	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	2	
<i>mynatal plus</i>	2	
<i>mynatal-z</i>	2	
<i>newgen</i>	2	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	2	
<i>pnv-omega</i>	2	
<i>pnv-select</i>	2	
<i>pr natal 400</i>	2	
<i>pr natal 400 ec</i>	2	
<i>pr natal 430</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 430 ec</i>	2	
<i>prenatabs fa</i>	2	
<i>prenatabs rx</i>	2	
<i>prenatal complete</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	9	ACA; OTC
<i>prenatal multivitamins</i>	9	ACA; OTC
<i>prenatal one daily</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal plus</i>	2	
<i>prenatal plus (calcium carb)</i>	2	
<i>prenatal vit no.179-iron-folic</i>	9	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	2	
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19 chewable</i>	2	
<i>se-natal-19</i>	2	
<i>stress formula with iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b maxi complex</i>	9	ACA; OTC
<i>super quint</i>	9	ACA; OTC
<i>taron-c dha</i>	2	
<i>trinatal rx 1</i>	2	
<i>trinate</i>	2	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	2	
<i>wesnatal dha complete</i>	2	
<i>westab plus</i>	2	
<i>zatean-pn dha</i>	2	
<i>zatean-pn plus</i>	2	

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

Index

2		
24 HOUR NASAL ALLERGY		
.....	93	
A		
<i>abacavir</i>	12	
<i>abacavir-lamivudine</i>	12	
ABILIFY MAINTENA.....	37	
<i>abiraterone</i>	19	
ABRYSVO.....	77	
<i>acamprosate</i>	58	
<i>acarbose</i>	66	
ACCU-CHEK AVIVA PLUS		
TEST STRP.....	62	
ACCU-CHEK GUIDE		
GLUCOSE METER.....	63	
ACCU-CHEK GUIDE L1-L2		
CTRL SOL	63	
ACCU-CHEK GUIDE ME		
GLUCOSE MTR.....	63	
ACCU-CHEK GUIDE TEST		
STRIPS.....	62	
ACCU-CHEK SMARTVIEW		
CONTRL SOL	63	
ACCU-CHEK SMARTVIEW		
TEST STRIP	62	
<i>accutane</i>	53	
<i>acebutolol</i>	45	
<i>acetaminophen-codeine</i>	32	
<i>acetazolamide</i>	91	
<i>acetic acid</i>	61	
<i>acetylcysteine</i>	93	
<i>acitretin</i>	52	
ACTEMRA	80	
ACTEMRA ACTPEN.....	80	
ACTHAR	61	
ACTHIB (PF).....	77	
ACTIMMUNE	76	
<i>acyclovir</i>	12, 56	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	77	
<i>adapalene</i>	54	
<i>adapalene-benzoyl peroxide</i>	54	
ADBRY.....	53	
ADDERALL	37	
ADDERALL XR.....	37	
ADDYI.....	37	
<i>adefovir</i>	12	
ADEMPAS.....	94	
<i>adult aspirin regimen</i>	35	
ADVAIR HFA	94	
AEROCHAMBER MINI	62	
AEROCHAMBER PLUS		
FLOW-VU.....	62	
AEROCHAMBER PLUS Z		
STAT	62	
AEROVENT PLUS.....	62	
<i>afirmelle</i>	84	
AFLURIA QD 2023-24(3YR		
UP)(PF)	77	
AFLURIA QUAD 2023-		
2024(6MO UP).....	77	
<i>after pill</i>	84	
AIMOVIG AUTOINJECTOR		
.....	30	
AJOVY AUTOINJECTOR..	30	
AJOVY SYRINGE.....	30	
AKEEGA.....	19	
AKYNZEO (NETUPITANT)		
.....	69	
<i>albendazole</i>	16	
<i>albuterol sulfate</i>	94	
<i>alclometasone</i>	56	
ALECENSA	19	
<i>alendronate</i>	80	
ALFERON N.....	76	
<i>alfuzosin</i>	97	
ALINIA	16	
<i>aliskiren</i>	45	
<i>allergy eye (ketotifen)</i>	90	
<i>allopurinol</i>	80	
<i>almotriptan malate</i>	30	
ALOCRI.....	91	
ALOMIDE.....	91	
<i>alosetron</i>	69	
<i>alprazolam</i>	37	
ALTABAX.....	55	
<i>altavera (28)</i>	85	
ALTRENO	54	
ALUNBRIG	19	
<i>alvimopan</i>	69	
<i>alyacen 1/35 (28)</i>	85	
<i>alyacen 7/7/7 (28)</i>	85	
<i>alyq</i>	94	
<i>amabelz</i>	82	
<i>amantadine hcl</i>	12	
<i>ambrisentan</i>	94	
<i>amethia</i>	85	
<i>amethyst (28)</i>	85	
<i>amikacin</i>	16	
<i>amiloride</i>	45	
<i>amiloride-hydrochlorothiazide</i>		
.....	45	
<i>aminocaproic acid</i>	49	
<i>amiodarone</i>	45	
<i>amitriptyline</i>	37	
<i>amitriptyline-chlordiazepoxide</i>		
.....	37	
<i>amlodipine</i>	45	
<i>amlodipine-atorvastatin</i>	50	
<i>amlodipine-benazepril</i>	45	
<i>amlodipine-olmesartan</i>	46	
<i>amlodipine-valsartan</i>	46	
<i>ammonium lactate</i>	53	
<i>amnesteem</i>	54	
<i>amoxapine</i>	37	
<i>amoxicil-clarithromy-</i>		
<i>lansopraz</i>	73	
<i>amoxicillin</i>	18	
<i>amoxicillin-pot clavulanate</i> ..	18	
<i>ampicillin</i>	18	
<i>anagrelide</i>	58	
<i>anaspaz</i>	68	
<i>anastrozole</i>	20	
ANORO ELLIPTA.....	94	
<i>anucort-hc</i>	69	
ANZEMET	69	
APIDRA U-100 INSULIN ..	64	
<i>apomorphine</i>	29	
<i>apraclonidine</i>	92	
<i>aprepitant</i>	69	
APRETUDE	13	
<i>apri</i>	85	
APTIOM.....	27	
APTIVUS	13	
<i>aranelle (28)</i>	85	
ARANESP (IN		
POLYSORBATE).....	74	
ARCALYST	74	
AREXVY (PF)	77	
<i>arformoterol</i>	94	
ARIKAYCE	16	

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

<i>aripiprazole</i>	37	<i>balanced b-100</i>	98	BOOSTRIX TDAP.....	77
ARISTADA.....	37, 38	<i>bal-care dha</i>	98	<i>bosentan</i>	94
ARISTADA INITIO.....	37	<i>balsalazide</i>	69	BOSULIF.....	20
<i>armodafinil</i>	38	BALVERSA.....	20	BRAFTOVI.....	20
ARNUITY ELLIPTA.....	94	<i>balziva (28)</i>	85	BREO ELLIPTA.....	94
<i>ascomp with codeine</i>	32	BAQSIMI.....	62	BREXAFEMME.....	12
<i>asenapine maleate</i>	38	BARACLUDE.....	13	<i>breyna</i>	94
<i>ashlyna</i>	85	BAXDELA.....	18	<i>briellyn</i>	85
ASMANEX HFA.....	94	<i>bayer low dose aspirin</i>	35	BRILINTA.....	49
ASMANEX TWISTHALER.....	94	<i>b-complex with vitamin c</i>	99	<i>brimonidine</i>	54, 92
<i>aspirin</i>	35	BD INTEGRA NEEDLE.....	63	<i>brimonidine-timolol</i>	91
<i>aspirin childrens</i>	35	BD MICROTAINER		<i>brinzolamide</i>	91
<i>aspirin-dipyridamole</i>	49	LANCET.....	63	BRIVIACT.....	27
<i>atazanavir</i>	13	BD SPECIALTY USE		BRIXADI.....	32
<i>atenolol</i>	46	NEEDLES.....	63	<i>bromfenac</i>	91
<i>atenolol-chlorthalidone</i>	46	BD ULTRA-FINE NANO		<i>bromocriptine</i>	29
<i>atomoxetine</i>	38	PEN NEEDLE.....	63	BRONCHITOL.....	94
<i>atorvastatin</i>	50	BELBUCA.....	32	BRUKINSA.....	20
<i>atovaquone</i>	17	<i>benazepril</i>	46	<i>budesonide</i>	69, 94
<i>atovaquone-proguanil</i>	17	<i>benazepril-hydrochlorothiazide</i>	46	<i>budesonide-formoterol</i>	94
<i>atracurium</i>	31	.....	46	<i>bumetanide</i>	46
<i>atropine</i>	90	BENLYSTA.....	80	<i>buprenorphine</i>	32
ATROVENT HFA.....	94	BENZNIDAZOLE.....	17	<i>buprenorphine hcl</i>	32
<i>aubra</i>	85	<i>benzonatate</i>	93	<i>buprenorphine-naloxone</i>	35
<i>aubra eq</i>	85	<i>benztropine</i>	29	<i>bupropion hcl</i>	38
AUGTYRO.....	20	<i>bepotastine besilate</i>	91	<i>bupropion hcl (smoking deter)</i>	60
<i>aurovela 1.5/30 (21)</i>	85	BESREMI.....	76	.....	60
<i>aurovela 1/20 (21)</i>	85	BETADINE OPHTHALMIC		<i>bupirone</i>	38
<i>aurovela 24 fe</i>	85	PREP.....	89	<i>butalbital compound w/codeine</i>	33
<i>aurovela fe 1.5/30 (28)</i>	85	<i>betaine</i>	69	.....	33
<i>aurovela fe 1-20 (28)</i>	85	<i>betamethasone dipropionate</i>	56	<i>butalbital-acetaminop-caf-cod</i>	33
AUVI-Q.....	92	<i>betamethasone valerate</i>	56	.....	33
<i>aviane</i>	85	<i>betamethasone, augmented</i>	56, 57	<i>butalbital-acetaminophen</i>	33
<i>avidoxy</i>	18	BETASERON.....	76	<i>butalbital-acetaminophen-caff</i>	33
AVONEX.....	76	<i>betaxolol</i>	46, 90	.....	33
<i>ayuna</i>	85	<i>bethanechol chloride</i>	98	<i>butalbital-aspirin-caffeine</i>	33
AYVAKIT.....	20	<i>bexarotene</i>	20	<i>butorphanol</i>	35
<i>azathioprine</i>	20	BEXSERO.....	77	BYDUREON BCISE.....	66
<i>azelaic acid</i>	54	<i>bicalutamide</i>	20	BYETTA.....	66
<i>azelastine</i>	60, 91	BIJUVA.....	82	BYLVAY.....	69
<i>azithromycin</i>	16	BIKTARVY.....	13	C	
<i>azurette (28)</i>	85	<i>bimatoprost</i>	91	CABENUVA.....	13
B		BIMZELX.....	52	<i>cabergoline</i>	65
<i>b complex 1 (with folic acid)</i>	98	<i>bisoprolol fumarate</i>	46	CABLIVI.....	49
<i>b complex-vitamin c-folic acid</i>	98	<i>bisoprolol-hydrochlorothiazide</i>	46	CABOMETYX.....	20
.....	98	.....	46	<i>caffeine citrate</i>	58
<i>bacitracin</i>	89	<i>blisovi 24 fe</i>	85	<i>calcipotriene</i>	52
<i>bacitracin-polymyxin b</i>	89	<i>blisovi fe 1.5/30 (28)</i>	85	<i>calcipotriene-betamethasone</i>	52
<i>baclofen</i>	31	<i>blisovi fe 1/20 (28)</i>	85	<i>calcitonin (salmon)</i>	65
BAFIERTAM.....	76			<i>calcitriol</i>	52, 65

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

<i>calcium acetate(phosphat bind)</i>	<i>chlorhexidine gluconate</i>	<i>clopidogrel</i>
..... 98	60	49
CALQUENCE	<i>chloroquine phosphate</i>	<i>clorazepate dipotassium</i>
(ACALABRUTINIB MAL)	17	38
..... 20	<i>chlorpromazine</i>	<i>clotrimazole</i>
<i>camila</i>	38	12
82	<i>chlorthalidone</i>	<i>clotrimazole-betamethasone</i>
<i>camrese</i>	46	56
85	<i>chlorzoxazone</i>	<i>clozapine</i>
<i>camrese lo</i>	31	38
85	CHOLBAM	<i>c-nate dha</i>
CAMZYOS	69	99
51	<i>cholestyramine (with sugar)</i>	COARTEM
<i>candesartan</i>	50	17
46	<i>cholestyramine light</i>	<i>codeine sulfate</i>
<i>candesartan-</i>	50	33
<i>hydrochlorothiazid</i>	CHORIONIC	<i>codeine-butalbital-asa-caff</i>
46	GONADOTROPIN,	<i>codeine-guaifenesin</i>
<i>capecitabine</i>	HUMAN	93
20	65	<i>colchicine</i>
CAPRELSA	<i>ciclodan</i>	80
20	56	<i>colesevelam</i>
<i>captopril</i>	<i>ciclopirox</i>	50
46	56	COLESTIPOL
<i>carbamazepine</i>	<i>cilostazol</i>	83
27	49	COMBIPATCH
<i>carbidopa</i>	CILOXAN	94
29	90	COMBIVENT RESPIMAT
<i>carbidopa-levodopa</i>	CIMDUO	20
29	13	COMETRIQ
<i>carbidopa-levodopa-</i>	<i>cimetidine</i>	COMIRNATY 2023-24 (12Y
<i>entacapone</i>	73	UP)(PF)
29	CIMZIA	77
<i>carbinoxamine maleate</i>	69	COMPACT SPACE
93	RECONST	CHAMBER
<i>carglumic acid</i>	69	62
58	<i>cinacalcet</i>	COMPLERA
<i>carisoprodol</i>	65	13
31	CIPRO HC	<i>complete natal dha</i>
<i>carisoprodol-aspirin-codeine</i>	61	99
..... 31	<i>ciprofloxacin hcl</i>	70
<i>carteolol</i>	18, 61, 90	<i>compro</i>
90	<i>ciprofloxacin-dexamethasone</i>	70
<i>cartia xt</i> .....	..... 61	<i>constulose</i>
46	<i>citalopram</i>	70
<i>carvedilol</i>	38	COPIKTRA
46	<i>citrate of magnesia</i>	20
CAYA CONTOURED	70	CORLANOR
82	<i>citroma</i>	51
CAYSTON	70	CORTISPORIN-TC
17	<i>claravis</i>	61
<i>caziant (28)</i>	54	CORTROPHIN GEL
85	<i>clarithromycin</i>	61
<i>cefaclor</i>	16	COSENTYX
15, 16	<i>classic prenatal</i>	52
<i>cefadroxil</i>	99	..... 52
16	<i>clearlax</i>	COSENTYX PEN
<i>cefdinir</i>	70	52
16	<i>clemastine</i>	COSENTYX PEN (2 PENS)
<i>cefixime</i>	93	52
<i>cefpodoxime</i>	CLEOCIN	COSENTYX UNOREADY
16	84	PEN
<i>cefprozil</i>	<i>clindacin etz</i>	52
16	54	COTELLIC
<i>cefuroxime axetil</i>	<i>clindacin p</i>	20
16	54	<i>covaryx</i>
<i>celecoxib</i>	<i>clindamycin hcl</i>	83
35	17	<i>covaryx h.s.</i>
<i>cephalexin</i>	<i>clindamycin pediatric</i>	83
16	17	CREON
CERDELGA	<i>clindamycin phosphate</i> ...	70
65	54, 84	CRINONE
<i>cetirizine</i>	<i>clindamycin-benzoyl peroxide</i>	83
93	..... 54	<i>cromolyn</i>
<i>cevimeline</i>	CLINDESSE	70, 91, 94
58	84	<i>cryselle (28)</i>
<i>charlotte 24 fe</i>	<i>clobazam</i>	85
85	27	<i>curae</i>
<i>chateal (28)</i>	<i>clobetasol</i>	85
85	57	<i>cyanocobalamin (vitamin b-12)</i>
<i>chateal eq (28)</i>	<i>clobetasol-emollient</i> .....	..... 99
85	57	<i>cyclobenzaprine</i>
CHEMET	<i>clomiphene citrate</i>	31
58	65	<i>cyclopentolate</i>
CHENODAL	<i>clomipramine</i>	90
69	38	<i>cyclophosphamide</i>
<i>chlordiazepoxide hcl</i>	<i>clonazepam</i>	20
38	27	CYCLOPHOSPHAMIDE
<i>chlordiazepoxide-clidinium</i> ..	<i>clonidine</i>	20
68	46	CYCLOSERINE
	<i>clonidine hcl</i>	17
	38, 46	

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

CYCLOSET	66	DEXCOM G6		<i>doxercalciferol</i>	65
<i>cyclosporine</i>	20, 91	TRANSMITTER	63	<i>doxycycline hyclate</i>	18
<i>cyclosporine modified</i>	20	DEXCOM G7 RECEIVER ..	63	<i>doxycycline monohydrate</i>	19
CYLTEZO(CF)	80	DEXCOM G7 SENSOR	63	<i>doxylamine-pyridoxine (vit b6)</i>	
CYLTEZO(CF) PEN.....	80	<i>dexmethylphenidate</i>	39	.....	70
CYLTEZO(CF) PEN		<i>dextroamphetamine sulfate</i> ...	39	<i>dronabinol</i>	70
CROHN'S-UC-HS.....	80	<i>dextroamphetamine-</i>		<i>drosiprenone-ethinyl estradiol</i>	
CYLTEZO(CF) PEN		<i>amphetamine</i>	39	.....	86
PSORIASIS-UV	80	DIACOMIT	27	DROXIA.....	20
<i>cyproheptadine</i>	93	<i>dialyvite 800</i>	99	<i>droxidopa</i>	59
<i>cyred</i>	85	<i>diazepam</i>	27, 39	DRYSOL DAB-O-MATIC ..	53
<i>cyred eq</i>	85	<i>diazepam intensol</i>	39	DUAVEE.....	83
CYSTADROPS.....	91	<i>dichlorphenamide</i>	31	<i>dulcolax (magnesium</i>	
CYSTAGON	98	<i>diclofenac potassium</i>	35	<i>hydroxide)</i>	70
CYSTARAN	91	<i>diclofenac sodium</i>	35, 53, 91	DULERA.....	94
D		<i>diclofenac-misoprostol</i>	35	<i>duloxetine</i>	39
<i>dabigatran etexilate</i>	49	<i>dicloxacillin</i>	18	DUPIXENT PEN.....	53
<i>dalfampridine</i>	30	<i>dicyclomine</i>	68	DUPIXENT SYRINGE.....	53
<i>danazol</i>	65	<i>didanosine</i>	13	DUREX AVANTI BARE	
<i>dantrolene</i>	31	DIFICID	16	REAL FEEL	82
<i>dapsone</i>	17, 54	<i>diflunisal</i>	36	<i>dutasteride</i>	97
DAPTACEL (DTAP		<i>difluprednate</i>	92	<i>dutasteride-tamsulosin</i>	97
PEDIATRIC) (PF).....	77	<i>digox</i>	49	E	
<i>darifenacin</i>	97	<i>digoxin</i>	49	<i>e.e.s. 400</i>	16
<i>darunavir</i>	13	<i>dihydroergotamine</i>	30	EASIVENT HOLDING	
<i>dasetta 1/35 (28)</i>	85	DILANTIN.....	27	CHAMBER	62
<i>dasetta 7/7/7 (28)</i>	86	<i>diltiazem</i>	46	<i>econazole</i>	56
DAURISMO.....	20	<i>dilt-xr</i>	46	<i>econtra ez</i>	86
<i>daysee</i>	86	<i>dimethyl fumarate</i>	76	<i>econtra one-step</i>	86
<i>deblitane</i>	83	DIPENTUM	70	<i>ecotrin low strength</i>	36
<i>deferasirox</i>	58	<i>diphenoxylate-atropine</i>	68	<i>ed-spaz</i>	68
<i>deferiprone</i>	59	<i>dipyridamole</i>	49	EDURANT	13
DELSTRIGO.....	13	<i>disopyramide phosphate</i>	45	<i>eemt</i>	83
<i>demeclocycline</i>	18	<i>disulfiram</i>	59	<i>eemt hs</i>	83
<i>denta 5000 plus</i>	60	DIURIL	46	<i>efavirenz</i>	13
<i>dentagel</i>	60	<i>divalproex</i>	27	<i>efavirenz-emtricitabin-tenofov</i>	
DESCOVY	13	<i>dodex</i>	99	.....	13
<i>desipramine</i>	39	<i>dofetilide</i>	45	<i>efavirenz-lamivu-tenofov disop</i>	
<i>desloratadine</i>	93	DOJOLVI.....	98	.....	13
<i>desmopressin</i>	65	<i>dolishale</i>	86	<i>effe-k</i>	98
DESMOPRESSIN.....	65	<i>donepezil</i>	31	EGRIFTA SV	75
<i>desog-e.estradiol/e.estradiol</i>	86	DOPTELET (15 TAB PACK)		<i>eletriptan</i>	30
<i>desonide</i>	57	.....	49	ELIGARD.....	20
<i>desoximetasone</i>	57	<i>dorzolamide</i>	91	ELIGARD (3 MONTH)	20
<i>desvenlafaxine succinate</i>	39	<i>dorzolamide-timolol</i>	91	ELIGARD (4 MONTH)	21
<i>dexamethasone</i>	61	<i>dorzolamide-timolol (pf)</i>	91	ELIGARD (6 MONTH)	21
<i>dexamethasone sodium</i>		<i>dotti</i>	83	<i>elinest</i>	86
<i>phosphate</i>	92	DOVATO	13	ELIQUIS.....	49
DEXCOM G6 RECEIVER ..	63	<i>doxazosin</i>	46	ELIQUIS DVT-PE TREAT	
DEXCOM G6 SENSOR	63	<i>doxepin</i>	39	30D START.....	49

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

<i>elite-ob</i>	99	<i>erythrocin (as stearate)</i>	16	<i>fenofibric acid (choline)</i>	50
ELLA.....	86	<i>erythromycin</i>	16, 90	FENSOLVI.....	21
<i>eluryng</i>	84	<i>erythromycin ethylsuccinate</i>	16	<i>fentanyl</i>	33
EMCYT.....	21	<i>erythromycin with ethanol</i>	54	<i>fentanyl citrate</i>	33
EMGALITY PEN	30	<i>erythromycin-benzoyl peroxide</i>		FENTANYL CITRATE	33
EMGALITY SYRINGE.....	30	.....	54	FENTORA.....	33
<i>emtricitabine</i>	13	ESBRIET.....	94	FERRIPROX	59
<i>emtricitabine-tenofovir (tdf)</i>	13	<i>escitalopram oxalate</i>	39	<i>fesoterodine</i>	97
EMTRIVA.....	13	<i>esomeprazole magnesium</i>	73	FIASP U-100 INSULIN	64
EMVERM	17	<i>estarylla</i>	86	<i>finasteride</i>	97
<i>enalapril maleate</i>	46	<i>estazolam</i>	39	<i> fingolimod</i>	76
<i>enalapril-hydrochlorothiazide</i>		<i>estradiol</i>	83	FINTEPLA	28
.....	46	<i>estradiol-norethindrone acet</i>	83	<i>finzala</i>	86
ENBREL	80	<i>estrogens-methyltestosterone</i>	83	FIRDAPSE	31
ENBREL MINI	80	<i>eszopiclone</i>	39	FIRMAGON KIT W	
ENBREL SURECLICK	80	<i>ethacrynic acid</i>	46	DILUENT SYRINGE	21
ENDARI.....	59	<i>ethambutol</i>	17	<i>flac otic oil</i>	61
<i>endocet</i>	33	<i>ethosuximide</i>	28	FLAREX.....	92
ENGERIX-B (PF)	77	<i>ethynodiol diac-eth estradiol</i>	86	<i>flavoxate</i>	97
ENGERIX-B PEDIATRIC		<i>etodolac</i>	36	<i>flecainide</i>	45
(PF).....	77	<i>etonogestrel-ethinyl estradiol</i>		FLEXICHAMBER	62
<i>enilloring</i>	84	.....	84	FLUAD QUAD 2023-24(65Y	
<i>enoxaparin</i>	49	<i>etoposide</i>	21	UP)(PF).....	77
<i>enpresse</i>	86	<i>etravirine</i>	13	FLUARIX QUAD 2023-2024	
<i>enskyce</i>	86	EUCRISA.....	53	(PF).....	77
ENSPRYNG.....	21	<i>euthyrox</i>	68	FLUBLOK QUAD 2023-2024	
<i>entacapone</i>	29	<i>everolimus (antineoplastic)</i> ..	21	(PF).....	78
<i>entecavir</i>	13	EVOTAZ.....	13	FLUCELVAX QUAD 2023-	
ENTRESTO	51	EVRYSDI.....	31	2024	78
ENTYVIO PEN.....	70	<i>exemestane</i>	21	FLUCELVAX QUAD 2023-	
<i>enulose</i>	70	EXKIVITY.....	21	2024 (PF).....	78
EPCLUSA.....	13	EXTAVIA	76	<i>fluconazole</i>	12
EPIDIOLEX	27	<i>eye itch relief</i>	91	<i>flucytosine</i>	12
<i>epinastine</i>	91	<i>ezetimibe</i>	50	<i>fludrocortisone</i>	61
<i>epinephrine</i>	93	<i>ezetimibe-simvastatin</i>	50	FLULAVAL QUAD 2023-	
<i>epitol</i>	27	F		2024 (PF).....	78
<i>eplerenone</i>	46	<i>falmina (28)</i>	86	FLUMIST QUAD 2023-2024	
EPOGEN	74	<i>famciclovir</i>	13	.....	78
EQUETRO	28	<i>famotidine</i>	73	<i>flunisolide</i>	94
<i>ergocalciferol (vitamin d2)</i>	99	FARXIGA	66	<i>fluocinolone</i>	57
<i>ergoloid</i>	39	FASENRA.....	94	<i>fluocinolone acetonide oil</i> ...	61
ERGOMAR.....	30	FASENRA PEN	94	<i>fluocinolone and shower cap</i>	57
<i>ergotamine-caffeine</i>	30	FC2 FEMALE CONDOM ..	82	<i>fluocinonide</i>	57
ERIVEDGE.....	21	<i>febuxostat</i>	80	<i>fluocinonide-e</i>	57
ERLEADA	21	<i>felbamate</i>	28	<i>fluoride (sodium)</i>	60, 99
<i>erlotinib</i>	21	<i>felodipine</i>	46	<i>fluorometholone</i>	92
<i>errin</i>	83	FEMCAP	82	<i>fluorouracil</i>	53
<i>ery pads</i>	54	<i>fenofibrate</i>	50	<i>fluoxetine</i>	39
<i>erygel</i>	54	<i>fenofibrate micronized</i>	50	<i>fluphenazine decanoate</i>	40
<i>ery-tab</i>	16	<i>fenofibrate nanocrystallized</i>	50	<i>fluphenazine hcl</i>	40

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

<i>flurazepam</i>	40
<i>flurbiprofen</i>	36
<i>flurbiprofen sodium</i>	91
<i>fluticasone propionate</i>	57, 94
<i>fluticasone propion-salmeterol</i>	95
FLUTICASONE PROPION- SALMETEROL	94
<i>flvoxamine</i>	40
FLUZONE HIGHDOSE QUAD 23-24 PF.....	78
FLUZONE QUAD 2023-2024	78
FLUZONE QUAD 2023-2024 (PF).....	78
<i>folic acid</i>	99
<i>folitab</i>	99
<i>folivane-ob</i>	99
<i>foltabs 800</i>	99
<i>fondaparinux</i>	49
FORTEO	80
FOSAMAX PLUS D.....	80
<i>fosamprenavir</i>	13
<i>fosfomycin tromethamine</i>	19
<i>fosinopril</i>	47
<i>fosinopril-hydrochlorothiazide</i>	47
FOTIVDA	21
FRAGMIN	49
FREESTYLE LIBRE 14 DAY READER.....	63
FREESTYLE LIBRE 14 DAY SENSOR.....	63
FREESTYLE LIBRE 2 READER.....	63
FREESTYLE LIBRE 2 SENSOR.....	63
FREESTYLE LIBRE 3 READER.....	63
FREESTYLE LIBRE 3 SENSOR.....	63
<i>frovatriptan</i>	30
FRUZAQLA.....	21
<i>full spectrum b-vitamin c</i>	99
FULPHILA.....	74
<i>furosemide</i>	47
FUZEON	13
<i>fyavolv</i>	83
FYCOMPA	28
FYLNTRA	74

G	
<i>g tussin ac</i>	93
<i>gabapentin</i>	28
GALAFOLD	65
<i>galantamine</i>	31
GARDASIL 9 (PF).....	78
<i>gatifloxacin</i>	90
GATTEX 30-VIAL	70
<i>gavilax</i>	70
<i>gavilyte-c</i>	70
<i>gavilyte-g</i>	70
GAVRETO.....	21
GELCLAIR	60
<i>gemfibrozil</i>	50
<i>gengraf</i>	21
GENOTROPIN	75
GENOTROPIN MINIQWICK	75
<i>gentamicin</i>	55, 90
GENTEEL VACUUM LANCING DEVICE	63
<i>gentle laxative (bisacodyl)</i>	70
<i>gentlelax</i>	70
GENVOYA	14
GILOTRIF.....	21
<i>glatiramer</i>	76
<i>glatopa</i>	76
GLEOSTINE	21
<i>glimpiride</i>	66
<i>glipizide</i>	66
<i>glipizide-metformin</i>	66
GLUCAGON (HCL) EMERGENCY KIT	62
<i>glucagon emergency kit</i> (human)	62
<i>glyburide</i>	66
<i>glyburide micronized</i>	66
<i>glyburide-metformin</i>	66, 67
<i>glycopyrrolate</i>	68
GLYXAMBI	67
<i>granisetron hcl</i>	70
GRANIX	74
GRASTEK.....	78
<i>griseofulvin microsize</i>	12
<i>griseofulvin ultramicrosize</i> ...	12
<i>guanfacine</i>	40, 47
GVOKE	62
GVOKE HYOPEN 2-PACK	63

GVOKE PFS 2-PACK SYRINGE.....	63
GYNAZOLE-1	84
H	
HAEGARDA.....	95
<i>hailey</i>	86
<i>hailey 24 fe</i>	86
<i>hailey fe 1.5/30 (28)</i>	86
<i>hailey fe 1/20 (28)</i>	86
<i>halobetasol propionate</i>	57
<i>haloette</i>	84
<i>haloperidol</i>	40
<i>haloperidol decanoate</i>	40
<i>haloperidol lactate</i>	40
HARVONI.....	14
HAVRIX (PF)	78
<i>heather</i>	83
HEMANGEOL.....	47
<i>hemmorex-hc</i>	70
<i>heparin (porcine)</i>	49
<i>heparin, porcine (pf)</i>	49
HEPLISAV-B (PF).....	78
<i>her style</i>	86
HETLIOZ LQ	40
HIBERIX (PF).....	78
<i>homatropaire</i>	90
HUMALOG JUNIOR KWIKPEN U-100	64
HUMALOG KWIKPEN INSULIN	64
HUMALOG MIX 50-50 INSULN U-100	64
HUMALOG MIX 50-50 KWIKPEN.....	64
HUMALOG MIX 75-25 KWIKPEN.....	64
HUMALOG MIX 75-25(U- 100)INSULN	64
HUMALOG U-100 INSULIN	64
HUMATROPE	75
HUMIRA.....	80
HUMIRA PEN	80
HUMIRA PEN CROHNS-UC- HS START	80
HUMIRA(CF)	80
HUMIRA(CF) PEDI CROHNS STARTER	81
HUMIRA(CF) PEN.....	81

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

HUMIRA(CF) PEN	HYRIMOZ PEN PSORIASIS	ISENTRESS	14
CROHNS-UC-HS	STARTER	ISENTRESS HD	14
HUMIRA(CF) PEN	HYRIMOZ(CF).....	<i>isibloom</i>	86
PEDIATRIC UC	HYRIMOZ(CF) PEDI	<i>isoniazid</i>	17
HUMIRA(CF) PEN PSOR-	CROHN STARTER	<i>isosorbide dinitrate</i>	51
UV-ADOL HS.....	HYRIMOZ(CF) PEN	<i>isosorbide mononitrate</i>	51
HUMULIN 70/30 U-100	I	<i>isotretinoin</i>	54
INSULIN.....	<i>ibandronate</i>	<i>isradipine</i>	47
HUMULIN 70/30 U-100	IBRANCE	ISTURISA	65
KWIKPEN	IBSRELA	<i>itraconazole</i>	12
HUMULIN N NPH INSULIN	<i>ibu</i>	<i>ivermectin</i>	17, 54
KWIKPEN	<i>ibuprofen</i>	IWILFIN.....	22
HUMULIN N NPH U-100	<i>icatibant</i>	J	
INSULIN.....	<i>iclevia</i>	<i>jaimiess</i>	86
HUMULIN R REGULAR U-	ICLUSIG	JAKAFI	22
100 INSULN	<i>icosapent ethyl</i>	<i>jantoven</i>	50
HUMULIN R U-500 (CONC)	IDHIFA	JANUMET	67
INSULIN.....	ILUMYA	JANUMET XR.....	67
HUMULIN R U-500 (CONC)	<i>imatinib</i>	JANUVIA.....	67
KWIKPEN	IMBRUVICA	JARDIANCE.....	67
HYCAMTIN	IMCIVREE.....	<i>jasmiel (28)</i>	86
<i>hydralazine</i>	<i>imipramine hcl</i>	JAYPIRCA	22
<i>hydrochlorothiazide</i>	<i>imiquimod</i>	<i>jencycla</i>	83
<i>hydrocodone bitartrate</i>	INBRIJA.....	JENTADUETO	67
<i>hydrocodone-acetaminophen</i>	<i>incassia</i>	JENTADUETO XR.....	67
<i>hydrocodone-</i>	INCRELEX	<i>jinteli</i>	83
<i>chlorpheniramine</i>	INCRUSE ELLIPTA.....	<i>jolessa</i>	86
<i>hydrocodone-homatropine</i>	<i>indapamide</i>	<i>juleber</i>	86
<i>hydrocodone-ibuprofen</i>	<i>indomethacin</i>	JULUCA.....	14
<i>hydrocortisone</i>	INFANRIX (DTAP) (PF).....	<i>junel 1.5/30 (21)</i>	86
<i>hydrocortisone acetate</i>	INGREZZA	<i>junel 1/20 (21)</i>	86
<i>hydrocortisone butyrate</i> .57, 58	INGREZZA INITIATION	<i>junel fe 1.5/30 (28)</i>	86
<i>hydrocortisone valerate</i>	PACK	<i>junel fe 1/20 (28)</i>	86
<i>hydrocortisone-acetic acid</i> ...61	INLYTA	<i>junel fe 24</i>	86
<i>hydrocortisone-pramoxine</i>	INQOVI.....	JUXTAPID	51
<i>hydromet</i>	INREBIC	JYNARQUE.....	65
<i>hydromorphone</i>	INSULIN SYRINGE-	K	
<i>hydroxychloroquine</i>	NEEDLE U-100	<i>kaitlib fe</i>	86
<i>hydroxyurea</i>	INTELENCE	<i>kalliga</i>	86
<i>hydroxyzine hcl</i>	INTRAROSA	KALYDECO	95
<i>hydroxyzine pamoate</i>	INVEGA HAFYERA.....	<i>kariva (28)</i>	86
HYFTOR.....	INVEGA SUSTENNA...40, 41	<i>kelnor 1/35 (28)</i>	87
<i>hyoscyamine sulfate</i>	INVEGA TRINZA	<i>kelnor 1-50 (28)</i>	87
<i>hyosyne</i>	IPOL	KERENDIA.....	47
HYPER-SAL.....	<i>ipratropium bromide</i>	KESIMPTA PEN.....	76
HYRIMOZ	<i>ipratropium-albuterol</i>	<i>ketoconazole</i>	12, 56
HYRIMOZ PEN.....	<i>irbesartan</i>	<i>ketoprofen</i>	36
HYRIMOZ PEN CROHN'S-	<i>irbesartan-hydrochlorothiazide</i>	<i>ketorolac</i>	36, 91
UC STARTER.....	.....	<i>ketotifen fumarate</i>	91
	IRESSA	KEVZARA	81

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

KINERET.....	81	<i>leflunomide</i>	81	<i>lopinavir-ritonavir</i>	14
KINRIX (PF).....	78	<i>lenalidomide</i>	22	<i>lorazepam</i>	41
KISQALI.....	22	LENVIMA.....	22	<i>lorazepam intensol</i>	41
KISQALI FEMARA CO- PACK.....	22	<i>lessina</i>	87	LORBRENA.....	23
<i>klayesta</i>	56	<i>letrozole</i>	22	<i>loryna (28)</i>	87
<i>klor-con 10</i>	98	<i>leucovorin calcium</i>	19	<i>losartan</i>	47
<i>klor-con 8</i>	98	LEUKERAN.....	22	<i>losartan-hydrochlorothiazide</i>	47
<i>klor-con m10</i>	98	LEUKINE.....	74	<i>loteprednol etabonate</i>	92
<i>klor-con m15</i>	98	<i>leuprolide</i>	22	<i>lovastatin</i>	51
<i>klor-con m20</i>	98	LEUPROLIDE (3 MONTH).....	22	<i>low-ogestrel (28)</i>	87
<i>klor-con/ef</i>	98	<i>levabuterol hcl</i>	95	<i>loxapine succinate</i>	41
KLOXXADO.....	36	<i>levetiracetam</i>	28	<i>lo-zumandimine (28)</i>	87
<i>kobee</i>	99	<i>levobunolol</i>	90	<i>lubiprostone</i>	71
KORLYM.....	65	<i>levocarnitine</i>	59	<i>ludent fluoride</i>	99
KOSELUGO.....	22	<i>levocarnitine (with sugar)</i>	59	LULICONAZOLE.....	56
KRAZATI.....	22	<i>levocetirizine</i>	93	LUMAKRAS.....	23
KRINTAFEL.....	17	<i>levofloxacin</i>	18, 90	LUMIGAN.....	92
<i>kurvelo (28)</i>	87	<i>levonest (28)</i>	87	LUMRYZ.....	41
KYZATREX.....	65	<i>levonorgestrel</i>	87	LUPKYNIS.....	23
L		<i>levonorgestrel-ethinyl estrad</i>	87	LUPRON DEPOT.....	23
<i>l norgest/e.estradiol-e.estrad</i>	87	<i>levonorg-eth estrad triphasic</i>	87	LUPRON DEPOT (3 MONTH).....	23
<i>labetalol</i>	47	<i>levora-28</i>	87	LUPRON DEPOT (4 MONTH).....	23
<i>lacosamide</i>	28	<i>levo-t</i>	68	LUPRON DEPOT (6 MONTH).....	23
<i>lactulose</i>	70	<i>levothyroxine</i>	68	LUPRON DEPOT-PED.....	23
LAGEVRIO (EUA).....	14	<i>levoxyl</i>	68	LUPRON DEPOT-PED (3 MONTH).....	23
<i>lamivudine</i>	14	<i>lidocaine</i>	55	<i>lurasidone</i>	41
<i>lamivudine-zidovudine</i>	14	<i>lidocaine hcl</i>	55	<i>lutera (28)</i>	87
<i>lamotrigine</i>	28	<i>lidocaine hcl-hydrocortison ac</i>	55, 70	<i>lyleq</i>	83
LAMPIT.....	17	<i>lidocaine viscous</i>	55	<i>lyllana</i>	83
LANCETS.....	63	<i>lidocaine-prilocaine</i>	55	LYNPARZA.....	23
LANCING DEVICE.....	63	<i>lidocort</i>	55	LYSODREN.....	23
<i>lansoprazole</i>	73	<i>lidopin</i>	55	LYTGOBI.....	23
<i>lanthanum</i>	69	<i>linezolid</i>	17	<i>lyza</i>	83
LANTUS SOLOSTAR U-100 INSULIN.....	64	LINZESS.....	70	M	
LANTUS U-100 INSULIN.....	64	<i>liothyronine</i>	68	<i>magnesium citrate</i>	71
<i>lapatinib</i>	22	<i>lisdexamfetamine</i>	41	<i>malathion</i>	58
<i>larin 1.5/30 (21)</i>	87	<i>lisinopril</i>	47	<i>maraviroc</i>	14
<i>larin 1/20 (21)</i>	87	<i>lisinopril-hydrochlorothiazide</i>	47	<i>marlissa (28)</i>	87
<i>larin 24 fe</i>	87	LITFULO.....	59	MARPLAN.....	41
<i>larin fe 1.5/30 (28)</i>	87	<i>lithium carbonate</i>	41	MATULANE.....	23
<i>larin fe 1/20 (28)</i>	87	<i>lithium citrate</i>	41	<i>matzim la</i>	47
<i>latanoprost</i>	92	LIVMARLI.....	71	MAVENCLAD (10 TABLET PACK).....	76
<i>laxative (bisacodyl)</i>	70	LIVTENCITY.....	14	MAVENCLAD (4 TABLET PACK).....	76
<i>laxative peg 3350</i>	70	LO LOESTRIN FE.....	87		
<i>layolis fe</i>	87	LODOCO.....	51		
LEDIPASVIR-SOFOSBUVIR	14	<i>lojaimiess</i>	87		
<i>leena 28</i>	87	LOKELMA.....	69		
		LONSURF.....	22, 23		

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

MAVENCLAD (5 TABLET PACK).....	76	<i>methoxsalen</i>	53	<i>montelukast</i>	95
MAVENCLAD (6 TABLET PACK).....	76	<i>methscopolamine</i>	68	<i>morphine</i>	34
MAVENCLAD (7 TABLET PACK).....	76	<i>methsuximide</i>	28	<i>morphine concentrate</i>	34
MAVENCLAD (8 TABLET PACK).....	76	<i>methyldopa</i>	47	MOTEGRITY.....	71
MAVENCLAD (9 TABLET PACK).....	76	<i>methylergonovine</i>	89	MOUNJARO.....	67
MAVYRET.....	14	<i>methylphenidate hcl</i>	41, 42	MOVANTIK.....	71
<i>maxi-tuss ac</i>	93	<i>methylprednisolone</i>	61	<i>moxifloxacin</i>	18, 90
MAYZENT.....	76	<i>methyltestosterone</i>	65	MULPLETA.....	50
MAYZENT STARTER(FOR 1MG MAINT).....	76	<i>metoclopramide hcl</i>	71	MULTAQ.....	45
MAYZENT STARTER(FOR 2MG MAINT).....	76	<i>metolazone</i>	47	<i>multi-vitamin with fluoride</i> ...	99
<i>meclizine</i>	71	<i>metoprolol succinate</i>	47	<i>mupirocin</i>	56
<i>medroxyprogesterone</i>	83	<i>metoprolol ta-hydrochlorothiaz</i>	47	<i>mvc-fluoride</i>	99
<i>mefenamic acid</i>	36	<i>metoprolol tartrate</i>	47	<i>my choice</i>	87
<i>mefloquine</i>	17	<i>metronidazole</i>	17, 54, 55, 84	<i>my way</i>	88
<i>megestrol</i>	23	<i>metryrosine</i>	47	MYALEPT.....	65
MEKINIST.....	23	<i>mexiletine</i>	45	MYCAPSSA.....	23
MEKTOVI.....	23	<i>mibelas 24 fe</i>	87	<i>mycophenolate mofetil</i>	23
<i>meloxicam</i>	36	<i>miconazole-3</i>	84	<i>mycophenolate sodium</i>	23
<i>melphalan</i>	23	MICROCHAMBER.....	62	MYFEMBREE.....	84
<i>memantine</i>	31	<i>microgestin 1.5/30 (21)</i>	87	MYLERAN.....	24
MEMANTINE.....	31	<i>microgestin 1/20 (21)</i>	87	<i>mynatal</i>	99
MENQUADFI (PF).....	78	<i>microgestin 24 fe</i>	87	<i>mynatal plus</i>	99
MENVEO A-C-Y-W-135-DIP (PF).....	78	<i>microgestin fe 1.5/30 (28)</i>	87	<i>mynatal-z</i>	99
<i>meperidine</i>	34	<i>microgestin fe 1/20 (28)</i>	87	MYRBETRIQ.....	97
<i>meprobamate</i>	31	<i>midazolam</i>	42	N	
<i>mercaptapurine</i>	23	MIDAZOLAM.....	42	<i>nabumetone</i>	36
<i>meropenem</i>	17	<i>midodrine</i>	59	<i>nadolol</i>	47
<i>merzee</i>	87	<i>mifepristone</i>	65, 84	<i>naftifine</i>	56
<i>mesalamine</i>	71	<i>miglitol</i>	67	<i>naloxone</i>	36
MESNEX.....	19	<i>miglustat</i>	65	<i>naltrexone</i>	36
<i>metaxalone</i>	32	<i>mili</i>	87	<i>naproxen</i>	36
<i>metformin</i>	67	<i>milk of magnesia</i>	71	<i>naproxen sodium</i>	36
<i>methadone</i>	34	<i>milk of magnesia concentrated</i>	71	<i>naratriptan</i>	30
<i>methadose</i>	34	<i>mimvey</i>	83	NASAL ALLERGY.....	95
<i>methamphetamine</i>	41	<i>minocycline</i>	19	NATACYN.....	90
<i>methazolamide</i>	91	<i>minoxidil</i>	47	<i>nateglinide</i>	67
<i>methenamine hippurate</i>	19	MIRCERA.....	74	<i>natura-lax</i>	71
<i>methenamine mandelate</i>	19	<i>mirtazapine</i>	42	NAYZILAM.....	28
<i>methimazole</i>	62	<i>misoprostol</i>	73	<i>nebivolol</i>	47
<i>methocarbamol</i>	32	M-M-R II (PF).....	78	<i>necon 0.5/35 (28)</i>	88
<i>methotrexate sodium</i>	23	<i>m-natal plus</i>	99	<i>nefazodone</i>	42
<i>methotrexate sodium (pf)</i>	23	<i>modafinil</i>	42	<i>neomycin</i>	17
		MODERNA COVID 23- 24(6M-11Y)PF.....	78	<i>neomycin-bacitracin-poly-hc</i>	92
		<i>moexipril</i>	47	<i>neomycin-bacitracin- polymyxin</i>	90
		<i>mometasone</i>	58, 95	<i>neomycin-polymyxin b- dexameth</i>	92
		<i>mondoxyne nl</i>	19	<i>neomycin-polymyxin- gramicidin</i>	90
		<i>mono-linyah</i>	87	<i>neomycin-polymyxin-hc</i> ..	61, 92

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

<i>neo-polycin</i>	90	<i>norethindrone ac-eth estradiol</i>		<i>olmesartan-</i>	
<i>neo-polycin hc</i>	92	.....	83, 88	<i>hydrochlorothiazide</i>	48
<i>neostigmine methylsulfate</i>	32	<i>norethindrone-e.estradiol-iron</i>		<i>olopatadine</i>	60, 91
NERLYNX.....	24	.....	88	OLPRUVA	59
<i>neuac</i>	55	<i>norgestimate-ethinyl estradiol</i>		OLUMIANT	81
NEULASTA.....	74	.....	88	<i>omega-3 acid ethyl esters</i>	51
NEULASTA ONPRO	74	<i>nortrel 0.5/35 (28)</i>	88	<i>omeprazole</i>	73
NEUPOGEN	74	<i>nortrel 1/35 (21)</i>	88	OMNIPOD 5 G6 INTRO KIT	
NEUPRO.....	29	<i>nortrel 1/35 (28)</i>	88	(GEN 5)	63
<i>nevirapine</i>	14	<i>nortrel 7/7/7 (28)</i>	88	OMNIPOD 5 G6 PODS (GEN	
<i>new day</i>	88	<i>nortriptyline</i>	42	5).....	63
<i>newgen</i>	99	NORVIR.....	14	OMNIPOD 5 G6-G7 INTRO	
NEXIUM PACKET	73	NOURIANZ.....	29	KT(GEN5).....	63
NEXLETOL	51	NOVAREL.....	65	OMNIPOD 5 G6-G7 PODS	
NEXLIZET.....	51	NOVAVAX COVID 2023-		(GEN 5)	63
NGENLA	75	24(PF)(EUA).....	78	OMNIPOD CLASSIC PODS	
<i>niacin</i>	51	NOXAFIL	12	(GEN 3)	63
NIACOR.....	51	<i>np thyroid</i>	68	OMNIPOD DASH INTRO	
<i>nicardipine</i>	48	NUBEQA	24	KIT (GEN 4).....	63
<i>nicorette</i>	60	NUCALA	95	OMNIPOD DASH PODS	
<i>nicotine</i>	60	NUCYNTA	36	(GEN 4)	63
<i>nicotine (polacrilex)</i>	60	NUCYNTA ER	37	OMNIPOD GO PODS 10	
NICOTROL.....	60	NUEDEXTA	31	UNITS/DAY.....	63
NICOTROL NS.....	60	NULIBRY	31	OMNITROPE.....	75
<i>nifedipine</i>	48	NUPLAZID	42	OMVOH PEN	71
<i>nikki (28)</i>	88	NURTEC ODT.....	30	<i>ondansetron</i>	71
<i>nilutamide</i>	24	NUTROPIN AQ NUSPIN....	75	<i>ondansetron hcl</i>	71
<i>nimodipine</i>	48	NUVESSA.....	84	<i>one daily prenatal</i>	99
NINLARO.....	24	<i>nyamyc</i>	56	<i>onelax magnesium citrate</i>	71
<i>nisoldipine</i>	48	<i>nylia 1/35 (28)</i>	88	ONETOUCH ULTRA	
<i>nitazoxanide</i>	17	<i>nylia 7/7/7 (28)</i>	88	CONTROL	64
<i>nitisinone</i>	59	<i>nymyo</i>	88	ONETOUCH ULTRA TEST	
<i>nitro-bid</i>	51	<i>nystatin</i>	12, 56	.....	62
NITRO-DUR.....	51	<i>nystatin-triamcinolone</i>	56	ONETOUCH ULTRA2	
<i>nitrofurantoin</i>	19	<i>nystop</i>	56	METER.....	64
<i>nitrofurantoin macrocrystal</i> .	19	NYVEPRIA.....	75	ONETOUCH VERIO FLEX	
<i>nitrofurantoin monohyd/m-</i>		O		METER.....	64
<i>cryst</i>	19	OCALIVA	71	ONETOUCH VERIO MID	
<i>nitroglycerin</i>	52	<i>ocella</i>	88	CONTROL	64
NITYR.....	59	ODACTRA.....	78	ONETOUCH VERIO	
NIVESTYM	74, 75	ODEFSEY	14	REFLECT METER	64
<i>nizatidine</i>	73	ODOMZO	24	ONETOUCH VERIO TEST	
<i>nora-be</i>	83	OFEV.....	95	STRIPS	62
NORDITROPIN FLEXPPO 75		<i>ofloxacin</i>	18, 61, 90	ONGENTYS.....	29
<i>norelgestromin-ethin.estradiol</i>		OGSIVEO	24	ONUREG	24
.....	84	OJJAARA.....	24	<i>opcicon one-step</i>	88
<i>noreth-ethinyl estradiol-iron</i>	88	<i>olanzapine</i>	42	OPFOLDA.....	65
<i>norethindrone (contraceptive)</i>		<i>olanzapine-fluoxetine</i>	42	OPSUMIT.....	95
.....	83	<i>olmesartan</i>	48	OPTICHAMBER DIAMOND	
<i>norethindrone acetate</i>	83			VHC.....	62

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

<i>option-2</i>	88	PALFORZIA (LEVEL 4)....	78	PHEBURANE	59
OPVEE	37	PALFORZIA (LEVEL 5)....	78	<i>phenazopyridine</i>	98
OPZELURA	53	PALFORZIA (LEVEL 6)....	78	<i>phenelzine</i>	43
<i>oral saline laxative</i>	71	PALFORZIA (LEVEL 7)....	78	<i>phenobarbital</i>	28
ORALAIR	78	PALFORZIA (LEVEL 8)....	78	<i>phenoxybenzamine</i>	48
<i>oralone</i>	60	PALFORZIA (LEVEL 9)....	78	<i>phenylephrine hcl</i>	92
ORENCIA	81	PALFORZIA (LEVEL 10)...	79	<i>phenytoin</i>	28
ORENCIA CLICKJECT	81	PALFORZIA INITIAL DOSE		<i>phenytoin sodium extended</i> ...	28
ORENITRAM	48	.....	79	<i>philith</i>	88
ORENITRAM MONTH 1		PALFORZIA LEVEL 11		<i>phosphate laxative</i>	72
TITRATION KT	48	MAINTENANCE.....	79	<i>phytonadione (vitamin k1)</i>	50
ORENITRAM MONTH 2		<i>paliperidone</i>	42	PIFELTRO	14
TITRATION KT	48	PALYNZIQ	66	<i>pilocarpine hcl</i>	59, 61, 90
ORENITRAM MONTH 3		PANCREAZE	71	<i>pimecrolimus</i>	53
TITRATION KT	48	PANRETIN	53	<i>pimozide</i>	43
ORFADIN	59	<i>pantoprazole</i>	73	<i>pimtree (28)</i>	88
ORGOVYX.....	24	<i>paricalcitol</i>	66	<i>pindolol</i>	48
ORIAHNN	84	<i>paroex oral rinse</i>	60	<i>pioglitazone</i>	67
ORLISSA.....	65	<i>paromomycin</i>	17	<i>pioglitazone-metformin</i>	67
ORKAMBI.....	95	<i>paroxetine hcl</i>	42	PIQRAY	24
ORLADEYO.....	95	PASER.....	17	<i>pirfenidone</i>	95
<i>orphenadrine citrate</i>	32	PAXLOVID.....	14	PIRFENIDONE.....	95
ORSERDU	24	<i>pazopanib</i>	24	<i>piroxicam</i>	37
<i>oscimin</i>	69	PEDIARIX (PF).....	79	PLEGRIDY	77
<i>oscimin sl</i>	69	PEDVAX HIB (PF).....	79	PNEUMOVAX-23	79
<i>oseltamivir</i>	14	<i>peg 3350-electrolytes</i>	71	<i>pnv-dha</i>	99
OSPHERA	84	PEGASYS	76	<i>pnv-omega</i>	99
OTEZLA	81	<i>peg-electrolyte soln</i>	71	<i>pnv-select</i>	99
OTEZLA STARTER.....	82	PEMAZYRE	24	POCKET CHAMBER.....	62
OTREXUP (PF)	82	PEN NEEDLE, DIABETIC .	64	<i>podofilox</i>	53
OVIDREL	66	PENBRAYA (PF)	79	<i>polycin</i>	90
<i>oxaprozin</i>	37	<i>peniclovir</i>	56	<i>polyethylene glycol 3350</i>	72
<i>oxazepam</i>	42	<i>penicillamine</i>	82	<i>polymyxin b sulf-trimethoprim</i>	
OXBRYTA.....	59	<i>penicillin v potassium</i>	18	.....	90
<i>oxcarbazepine</i>	28	PENTACEL (PF)	79	POMALYST.....	24
OXERVATE	91	<i>pentamidine</i>	17	PONVORY	77
<i>oxiconazole</i>	56	PENTASA	71	PONVORY 14-DAY	
OXLUMO	98	<i>pentazocine-naloxone</i>	37	STARTER PACK.....	77
OXTELLAR XR	28	<i>pentoxifylline</i>	50	<i>portia 28</i>	88
<i>oxybutynin chloride</i>	97	<i>perindopril erbumine</i>	48	<i>posaconazole</i>	12
<i>oxycodone</i>	34	<i>perio gard</i>	61	<i>potassium chloride</i>	98
<i>oxycodone-acetaminophen</i> ...	34	<i>permethrin</i>	58	<i>potassium citrate</i>	98
OXYCONTIN	34	<i>perphenazine</i>	42	<i>powderlax</i>	72
<i>oxymorphone</i>	35	<i>perphenazine-amitriptyline</i> ..	43	<i>pr natal 400</i>	99
OZEMPIC	67	PERSERIS.....	43	<i>pr natal 400 ec</i>	99
P		PERTZYE	72	<i>pr natal 430</i>	99
<i>pacerone</i>	45	PFIZER COVID 2023-24(5Y-		<i>pr natal 430 ec</i>	100
PALFORZIA (LEVEL 1)....	78	11Y)PF	79	<i>pramipexole</i>	29
PALFORZIA (LEVEL 2)....	78	PFIZER COVID 2023-		<i>prasugrel</i>	50
PALFORZIA (LEVEL 3)....	78	24(6MO-4Y)PF	79	<i>pravastatin</i>	51

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

<i>praziquantel</i>	17	<i>progesterone</i>	84	RAVICTI.....	59
<i>prazosin</i>	48	<i>progesterone micronized</i>	84	REBIF (WITH ALBUMIN).....	77
<i>prednicarbate</i>	58	PROMACTA.....	50	REBIF REBIDOSE.....	77
<i>prednisolone</i>	61	<i>promethazine</i>	93	REBIF TITRATION PACK.....	77
<i>prednisolone acetate</i>	92	<i>promethazine vc</i>	93	<i>reclipsen (28)</i>	88
<i>prednisolone sodium</i>		<i>promethazine vc-codeine</i>	93	RECOMBIVAX HB (PF).....	79
<i>phosphate</i>	61, 62, 92	<i>promethazine-codeine</i>	93	RECORLEV.....	66
<i>prednisone</i>	62	<i>promethazine-dm</i>	93	RECTIV.....	72
<i>pregabalin</i>	28	<i>promethegan</i>	93	REGRANEX.....	53
PREGNYL.....	66	<i>propafenone</i>	45	RELEUKO.....	75
PREHEVBRIO (PF).....	79	<i>proparacaine</i>	91	RELISTOR.....	72
PREMARIN.....	83	<i>propranolol</i>	48	RELYVRIO.....	31
PREMPHASE.....	84	<i>propylthiouracil</i>	62	<i>rena-vite</i>	100
PREMPRO.....	84	PROQUAD (PF).....	79	<i>repaglinide</i>	67
<i>prenatabs fa</i>	100	<i>protriptyline</i>	43	REPATHA PUSHTRONEX.....	51
<i>prenatabs rx</i>	100	PULMOZYME.....	95	REPATHA SURECLICK.....	51
<i>prenatal</i>	100	<i>purelax</i>	72	REPATHA SYRINGE.....	51
<i>prenatal complete</i>	100	<i>pyrazinamide</i>	17	RETACRIT.....	75
<i>prenatal multi-dha (algal oil)</i>		<i>pyridostigmine bromide</i>	32	RETEVMO.....	24
.....	100	PYRIDOSTIGMINE		REVCOVI.....	59
<i>prenatal multivitamins</i>	100	BROMIDE.....	32	REVLIMID.....	24
<i>prenatal one daily</i>	100	<i>pyrimethamine</i>	17	REXULTI.....	43
<i>prenatal plus</i>	100	PYRUKYND.....	59	REYATAZ.....	14
<i>prenatal plus (calcium carb)</i>		Q		REYVOW.....	30
.....	100	QELBREE.....	43	REZLIDHIA.....	24
<i>prenatal vit no.179-iron-folic</i>		QINLOCK.....	24	REZUROCK.....	24
.....	100	QUADRACEL (PF).....	79	RHOFADE.....	55
<i>prenatal vitamin</i>	100	QUAZEPAM.....	43	<i>ribavirin</i>	14, 73, 74
<i>prenatal vitamin with minerals</i>		<i>quetiapine</i>	43	RIDAURA.....	82
.....	100	<i>quinapril</i>	48	<i>rifabutin</i>	17
<i>prenatal-u</i>	100	<i>quinapril-hydrochlorothiazide</i>		<i>rifampin</i>	17
PRETOMANID.....	17	.....	48	<i>riluzole</i>	59
<i>prevalite</i>	51	<i>quinidine gluconate</i>	45	<i>rimantadine</i>	14
PREVNAR 20 (PF).....	79	<i>quinidine sulfate</i>	45	RINVOQ.....	82
PREVYMIS.....	14	<i>quinine sulfate</i>	17	<i>risedronate</i>	59, 80
PREZCOBIX.....	14	<i>quit 2</i>	60	RISPERDAL CONSTA.....	43
PREZISTA.....	14	<i>quit 4</i>	60	<i>risperidone</i>	43
PRIFTIN.....	17	QULIPTA.....	30	<i>risperidone microspheres</i>	43
<i>primidone</i>	28	QVAR REDIHALER.....	95	RITFLO AEROCHAMBER	
PRIORIX (PF).....	79	R		.....	62
<i>probenecid</i>	80	<i>rabeprazole</i>	73	<i>ritonavir</i>	14
<i>probenecid-colchicine</i>	80	RADICAVA ORS STARTER		<i>rivastigmine</i>	31
<i>prochlorperazine</i>	72	KIT SUSP.....	31	<i>rivastigmine tartrate</i>	31
<i>prochlorperazine maleate</i>	72	RAGWITEK.....	79	<i>rizatriptan</i>	30
PROCRIT.....	75	<i>raloxifene</i>	80	<i>roflumilast</i>	95
PROCTOFOAM HC.....	72	<i>ramelteon</i>	43	ROLVEDON.....	75
<i>procto-med hc</i>	72	<i>ramipril</i>	48	<i>ropinirole</i>	29
<i>proctosol hc</i>	72	<i>ranolazine</i>	51	<i>rosadan</i>	55
<i>proctozone-hc</i>	72	<i>rasagiline</i>	29	<i>rosuvastatin</i>	51
PROCYSBI.....	98	RASUVO (PF).....	82	ROTARIX.....	79

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

ROTATEQ VACCINE	79	<i>smoothlax</i>	72	SUCRAID.....	72
<i>roweepra</i>	28	<i>sodium chloride</i>	59, 96	<i>sucralfate</i>	73
ROZLYTREK	24	<i>sodium fluoride 5000 plus</i>	61	SULCONAZOLE	56
RUBRACA.....	24	<i>sodium fluoride-pot nitrate</i> ...61		<i>sulfacetamide sodium</i>	92
RUCONEST.....	95	SODIUM OXYBATE	43	<i>sulfacetamide sodium (acne)</i> 56	
<i>rufinamide</i>	28	<i>sodium phenylbutyrate</i>	59	<i>sulfacetamide sodium-sulfur</i> ..55	
RUKOBIA.....	15	<i>sodium polystyrene sulfonate</i> 69		<i>sulfacetamide-prednisolone</i> ..92	
RYBELSUS	67	SOFOSBUVIR-		<i>sulfacleanse 8-4</i>	55
RYDAPT.....	24	VELPATASVIR.....	15	<i>sulfadiazine</i>	18
RYKINDO	43	SOGROYA.....	75	<i>sulfamethoxazole-trimethoprim</i>	
S		SOHONOS	59	.....	18
<i>sajazir</i>	95	<i>solifenacin</i>	97	SULFAMYLON.....	56
<i>salsalate</i>	37	SOLQUA 100/33	64	<i>sulfasalazine</i>	72
SANDIMMUNE	24	SOLTAMOX.....	25	<i>sulfatrim</i>	18
SANDOSTATIN LAR		SOMAVERT	66	<i>sulindac</i>	37
DEPOT	24	<i>sorafenib</i>	25	<i>sumatriptan</i>	30
SANTYL	58	<i>sotalol</i>	45	<i>sumatriptan succinate</i>	30
<i>sapropterin</i>	66	<i>sotalol af</i>	45	<i>sunitinib malate</i>	25
SAVELLA.....	82	SOTYKTU	52	SUNLENCA.....	15
SCEMBLIX.....	25	SOVALDI	15	SUNOSI.....	44
<i>scopolamine base</i>	72	SPACE CHAMBER.....	62	<i>super b maxi complex</i>	100
<i>selegiline hcl</i>	29	SPIKEVAX 2023-2024(12Y		<i>super quints</i>	100
<i>selenium sulfide</i>	52	UP)(PF)	79	SUPPRELIN LA	25
SELZENTRY	15	<i>spinosad</i>	58	<i>syeda</i>	88
<i>se-natal 19 chewable</i>	100	SPIRIVA RESPIMAT.....	96	SYMDEKO	96
<i>se-natal-19</i>	100	<i>spironolactone</i>	48	SYMJEPI.....	93
SEREVENT DISKUS	95	<i>spironolacton-</i>		SYMLINPEN 120	67
SEROSTIM	75	<i>hydrochlorothiaz</i>	48	SYMLINPEN 60	67
<i>sertraline</i>	43	SPRAVATO	44	SYMPROIC.....	72
<i>setlakin</i>	88	<i>sprintec (28)</i>	88	SYMTUZA.....	15
<i>sevelamer carbonate</i>	69	SPRYCEL	25	SYNAGIS.....	15
<i>sf 61</i>		<i>sps (with sorbitol)</i>	69	SYNAREL.....	66
<i>sf 5000 plus</i>	61	<i>sronyx</i>	88	SYNDROS	72
<i>sharobel</i>	84	<i>ssd</i>	53	SYNJARDY	67
SHINGRIX (PF).....	79	<i>st joseph aspirin</i>	37	SYNJARDY XR.....	67
SIGNIFOR	25	<i>st. joseph aspirin</i>	37	SYNTHROID	68
<i>sildenafil (pulm.hypertension)</i>		<i>stavudine</i>	15	T	
.....	95, 96	STELARA	52	TABLOID.....	25
SILIQ.....	52	STIMUFEND	75	TABRECTA	25
<i>silodosin</i>	98	STIOLTO RESPIMAT.....	96	<i>tacrolimus</i>	25, 53
<i>silver sulfadiazine</i>	53	STIVARGA.....	25	<i>tadalafil</i>	98
<i>simliya (28)</i>	88	<i>stop smoking aid</i>	60	<i>tadalafil (pulm. hypertension)</i>	
<i>simpesse</i>	88	STRENSIQ.....	66	.....	96
SIMPONI	82	<i>stress formula with iron</i>	100	TADLIQ	96
<i>simvastatin</i>	51	<i>stress formula with iron(sulf)</i>		TAFINLAR	25
<i>sirolimus</i>	25	.....	100	<i>tafluprost (pf)</i>	92
SIVEXTRO	18	STRIBILD	15	TAGRISSE.....	25
SKYCLARYS	31	STRIVERDI RESPIMAT	96	TAKHZYRO	96
SKYRIZI.....	52, 72	SUBLOCADE.....	35	TALTZ AUTOINJECTOR ..52	
SKYTROFA.....	75	<i>subvenite</i>	28		

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

TALTZ AUTOINJECTOR (2 PACK).....	52	<i>tiagabine</i>	28	<i>triamterene-hydrochlorothiazid</i>	48
TALTZ AUTOINJECTOR (3 PACK).....	53	TIBSOVO.....	25	<i>triazolam</i>	44
TALTZ SYRINGE.....	53	<i>tilia fe</i>	88	<i>triderm</i>	58
TALZENNA.....	25	<i>timolol maleate</i>	48, 90	<i>trientine</i>	60
<i>tamoxifen</i>	25	<i>tinidazole</i>	18	TRIENTINE.....	60
<i>tamsulosin</i>	98	<i>tiopronin</i>	60	<i>tri-estarylla</i>	89
<i>tarina 24 fe</i>	88	<i>tiotropium bromide</i>	96	<i>trifluoperazine</i>	44
<i>tarina fe 1/20 (28)</i>	88	TIVICAY.....	15	<i>trifluridine</i>	90
<i>taron-c dha</i>	100	TIVICAY PD.....	15	<i>trihexyphenidyl</i>	29
TARPEYO.....	62	<i>tizanidine</i>	32	TRIJARDY XR.....	67
TASIGNA.....	25	TOBI PODHALER.....	18	TRIKAFTA.....	96
<i>tasimelteon</i>	44	<i>tobramycin</i>	18, 90	<i>tri-legest fe</i>	89
<i>tavaborole</i>	56	<i>tobramycin in 0.225 % nacl</i>	18	<i>tri-linyah</i>	89
TAVALISSE.....	50	<i>tobramycin-dexamethasone</i>	92	<i>tri-lo-estarylla</i>	89
TAVNEOS.....	59	<i>tolcapone</i>	29	<i>tri-lo-marzia</i>	89
<i>tazarotene</i>	55	<i>tolterodine</i>	97	<i>tri-lo-mili</i>	89
<i>taztia xt</i>	48	<i>tolvaptan</i>	66	<i>tri-lo-sprintec</i>	89
TAZVERIK.....	25	<i>topiramate</i>	28	<i>trimethobenzamide</i>	72
TDVAX.....	79	<i>toremifene</i>	25	<i>trimethoprim</i>	19
<i>telmisartan</i>	48	<i>torseamide</i>	48	<i>tri-mili</i>	89
<i>temazepam</i>	44	TOUJEO MAX U-300 SOLOSTAR.....	64	<i>trimipramine</i>	44
<i>temozolomide</i>	25	TOUJEO SOLOSTAR U-300 INSULIN.....	64	<i>trinatal rx 1</i>	100
<i>tencon</i>	35	TRACLEER.....	96	<i>trinate</i>	100
TENIVAC (PF).....	79	TRADJENTA.....	67	TRINTELLIX.....	44
<i>tenofovir disoproxil fumarate</i>	15	<i>tramadol</i>	37	<i>tri-nymyo</i>	89
TEPMETKO.....	25	<i>tramadol-acetaminophen</i>	37	TRIPTODUR.....	26
<i>terazosin</i>	48	<i>trandolapril</i>	48	<i>tri-sprintec (28)</i>	89
<i>terbinafine hcl</i>	12	<i>trandolapril-verapamil</i>	48	TRIUMEQ.....	15
<i>terbutaline</i>	96	<i>tranexamic acid</i>	84	TRIUMEQ PD.....	15
<i>terconazole</i>	84	<i>tranylcypromine</i>	44	<i>tri-vitamin with fluoride</i>	100
<i>teriflunomide</i>	77	<i>travoprost</i>	92	<i>trivora (28)</i>	89
<i>teriparatide</i>	80	<i>trazodone</i>	44	<i>tri-vylibra</i>	89
TERIPARATIDE.....	80	TRECATOR.....	18	<i>tri-vylibra lo</i>	89
<i>testosterone</i>	66	TRELEGY ELLIPTA.....	96	<i>tropicamide</i>	90
<i>testosterone cypionate</i>	66	TRELSTAR.....	25, 26	<i>tropium</i>	97
<i>testosterone enanthate</i>	66	TREMFYA.....	53	TRULANCE.....	72
<i>tetrabenazine</i>	31	TRESIBA FLEXTOUCH U-100.....	64	TRULICITY.....	67
<i>tetracaine hcl</i>	91	TRESIBA FLEXTOUCH U-200.....	64	TRUMENBA.....	79
TETRACAINE HCL (PF).....	91	TRESIBA U-100 INSULIN.....	65	TRUQAP.....	26
<i>tetracycline</i>	19	<i>tretinoin</i>	55	TRUSTEX LUBRICATED CONDOMS.....	82
TEZSPIRE.....	96	<i>tretinoin (antineoplastic)</i>	26	TRUSTEX-RIA NON-LUB CONDOMS.....	82
THALOMID.....	25	<i>tretinoin microspheres</i>	55	TUKYSA.....	26
<i>theophylline</i>	96	<i>triamcinolone acetonide</i>	58, 61, 96	<i>tulana</i>	84
THIOLA EC.....	59	<i>triamterene</i>	48	TURALIO.....	26
<i>thioridazine</i>	44			<i>turqoz (28)</i>	89
<i>thiothixene</i>	44			TUXARIN ER.....	93
<i>tiadyl er</i>	48			TWINRIX (PF).....	79

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TYBOST	15	<i>verapamil</i>	49	WIDE-SEAL DIAPHRAGM	
<i>tydemy</i>	89	VERQUVO	51	82
TYMLOS	80	VERZENIO	26	<i>wixela inhub</i>	96
TYVASO.....	96	<i>vestura (28)</i>	89	<i>women's gentle laxative(bisac)</i>	
TYVASO DPI	96	V-GO 20.....	64	.....	73
TYVASO REFILL KIT	96	V-GO 30.....	64	<i>wymzya fe</i>	89
TYVASO STARTER KIT ...	96	V-GO 40.....	64	X	
U		VIBERZI	73	XACIATO	84
UBRELVY	30	VICTOZA 2-PAK	67	XADAGO.....	29
UDENYCA	75	VICTOZA 3-PAK	68	XALKORI.....	26
UDENYCA AUTOINJECTOR		<i>vienna</i>	89	XARELTO	50
.....	75	<i>vigabatrin</i>	29	XARELTO DVT-PE TREAT	
UDENYCA ONBODY	75	<i>vigadrone</i>	29	30D START.....	50
<i>unithroid</i>	68	<i>vigpoder</i>	29	XCOPRI	29
UPTRAVI.....	48	VIJOICE.....	26	XCOPRI MAINTENANCE	
<i>urea</i>	53	<i>vilazodone</i>	44	PACK	29
<i>ursodiol</i>	72	VIOKACE	73	XCOPRI TITRATION PACK	
V		<i>viorele (28)</i>	89	.....	29
<i>valacyclovir</i>	15	VIRACEPT	15	XDEMVY.....	91
VALCHLOR	53	VIREAD.....	15	XELJANZ.....	82
<i>valganciclovir</i>	15	VISTOGARD.....	19	XELJANZ XR.....	82
<i>valproic acid</i>	28	<i>vitamin b complex-folic acid</i>		XEPI	56
<i>valproic acid (as sodium salt)</i>		.....	100	XHANCE	97
.....	28	<i>vitamins a,c,d and fluoride</i> .	100	XIFAXAN	18
<i>valsartan</i>	48	VITRAKVI.....	26	XIGDUO XR.....	68
<i>valsartan-hydrochlorothiazide</i>		VIVITROL	37	XIIDRA	91
.....	48	VIVJOA.....	12	XOFLUZA	15
VALTOCO.....	28	VIZIMPRO.....	26	XOLAIR	97
<i>vanadom</i>	32	<i>volnea (28)</i>	89	XOSPATA.....	26
<i>vancomycin</i>	19	VONJO.....	26	XPOVIO	26
<i>vandazole</i>	84	<i>voriconazole</i>	12	XTAMPZA ER.....	35
VANFLYTA	26	VORTEX HOLDING		XTANDI.....	26, 27
VAQTA (PF).....	79	CHAMBER	62	<i>xulane</i>	84
<i>varenicline</i>	60	VOSEVI	15	XULTOPHY 100/3.6	65
VARIVAX (PF)	79	VOWST.....	73	XURIDEN	60
VARUBI.....	72	VOXZOGO	66	XYREM.....	44
VAXELIS (PF).....	79	VUMERITY	77	XYWAV	44
VAXNEUVANCE (PF)	79	<i>vyfemla (28)</i>	89	Y	
<i>velivet triphasic regimen (28)</i>		<i>vylibra</i>	89	YONSA	27
.....	89	VYNDAMAX	51	<i>yuvafem</i>	84
VELPHORO.....	69	VYNDAQEL.....	51	Z	
VELSIPITY.....	72	VYVANSE.....	44	<i>zafemy</i>	84
VELTASSA	69	W		<i>zafirlukast</i>	97
VEMLIDY	15	WAKIX	44	<i>zaleplon</i>	44
VENCLEXTA.....	26	<i>warfarin</i>	50	<i>zarah</i>	89
VENCLEXTA STARTING		WELIREG	26	ZARXIO	75
PACK	26	<i>wera (28)</i>	89	<i>zatean-pn dha</i>	100
<i>venlafaxine</i>	44	<i>wescap-c dha</i>	100	<i>zatean-pn plus</i>	100
VENTAVIS.....	96	<i>wesnatal dha complete</i>	100	ZAVZPRET.....	30
VENTOLIN HFA.....	96	<i>westab plus</i>	100	ZEJULA	27

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ZELBORAF	27	<i>zidovudine</i>	15	ZOMACTON	75
ZELNORM.....	73	ZIEXTENZO.....	75	<i>zonisamide</i>	29
<i>zenatane</i>	55	<i>zileuton</i>	97	ZONTIVITY.....	50
ZENPEP	73	ZIMHI	37	<i>zovia 1-35 (28)</i>	89
<i>zenzedi</i>	44	<i>ziprasidone hcl</i>	45	ZTALMY	29
ZEPATIER.....	15	ZIRGAN.....	90	<i>zumandimine (28)</i>	89
ZEPOSIA	31	ZOKINVY.....	60	ZURZUVAE.....	45
ZEPOSIA STARTER KIT (28- DAY).....	31	ZOLADEX	27	ZYDELIG.....	27
ZEPOSIA STARTER PACK (7-DAY)	31	ZOLINZA.....	27	ZYKADIA.....	27
		<i>zolmitriptan</i>	30	ZYPREXA RELPREVV	45
		<i>zolpidem</i>	45		

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