



AVMED EMPLOYER PLANS 5-TIER PRESCRIPTION DRUG FORMULARY

(Effective January – March 2025)

**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 www.avmed.org/prescriptions/ to obtain the appropriate 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.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support the clinical criteria that must be met for approval. The completed drug authorization request form and supporting clinical documentation must be submitted to AvMed by fax to 1-305-671-0200. The pharmacy drug authorization request forms are available at www.avmed.org/prescriptions or www.avmed.org/forms/provider.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 1-3 business days if authorization is deemed urgent and within 10-14 business days if identified as standard or routine.

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.

Step Therapy

Medications that require a trial of one or more first and/or second-line medications for the requested medication to be covered under the pharmacy benefit. If for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization 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.

Clinically Equivalent Drugs (CED)

Clinically Equivalent Drugs (CED) are medications that are clinically comparable to a medication that is already covered on the formulary. For this reason, coverage for a CED medication requires the prescriber to submit clinical documentation to establish medical necessity of the CED medication over comparable the formulary alternative(s). Medications labeled as CED on the formulary will also have a prior authorization requirement.

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 Generics - 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	Non-Preferred Generics - These are non-preferred generic medications or higher cost generic medications and are in the low to mid-range 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 Brands - 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 Brands - These are non-preferred brand medications and are typically the higher range for out-of-pocket expense.
5	Specialty Medications - 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.

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

What's Not Covered: Common Exclusions

Certain items may be excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications 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, unless otherwise specified in the member's specific benefit plan.
- Fertility drugs, unless otherwise specified in the member's specific benefit plan.
- Medications or devices for the diagnosis or treatment of sexual dysfunction, unless otherwise specified in the member's specific benefit plan.
- 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, unless otherwise specified in the member's specific benefit plan.

- 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.

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) Guideline for Prescribing Opioids for Chronic Pain updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But they may not work as well in the long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option.

Members should work with their doctor to find the safest ways to best manage their condition.

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.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified co-payment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time the mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, except for some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

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

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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	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	14
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	23
CARDIOVASCULAR, HYPERTENSION & LIPIDS	58
DERMATOLOGICALS/TOPICAL THERAPY	70
DIAGNOSTICS & MISCELLANEOUS AGENTS	84
EAR, NOSE & THROAT MEDICATIONS	87
ENDOCRINE/DIABETES	88
GASTROENTEROLOGY	99
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	108
IMMUNOLOGY	115
MUSCULOSKELETAL & RHEUMATOLOGY	115
OBSTETRICS & GYNECOLOGY	119
OPHTHALMOLOGY	128
RESPIRATORY, ALLERGY, COUGH & COLD	134
UROLOGICALS	140
VITAMINS, HEMATINICS & ELECTROLYTES	142
Index	146

List of Abbreviations

1: Preferred Generics

2: Non-Preferred Generics

3: Preferred Brands

4: Non-Preferred Brands

5: Specialty Medications

9: Affordable Care Act Drug (ACA) - \$0 copay

CED: Clinically Equivalent Drugs (CED) may not be covered under the Plan if you could use a clinically equivalent formulary drug. “Clinically Equivalent Drug” means a drug that for most individuals will give you similar results for a disease or condition. For more information please contact Member Services at the number listed on the back of your member ID card

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.

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		
ANCOBON	4	PA
BREXAFEMME	4	PA
<i>clotrimazole mucous membrane</i>	1	QL (5 per 1 day)
CRESEMBA ORAL CAPSULE 186 MG	4	PA; QL (2 per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	4	PA; QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	QL (10 per 1 day)
DIFLUCAN ORAL TABLET 100 MG, 200 MG	4	QL (4 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	QL (40 per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	1	QL (10 per 1 day)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	QL (4 per 1 day)
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 per 1 day)
<i>flucytosine</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	1	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet</i>	1	QL (2 per 1 day)
<i>griseofulvin ultramicrosize</i>	1	QL (3 per 1 day)
<i>itraconazole oral capsule</i>	2	QL (4 per 1 day)
<i>itraconazole oral solution</i>	CED	PA; QL (40 per 1 day)
<i>ketoconazole oral</i>	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; QL (1 per 1 day)
NOXAFIL ORAL SUSPENSION	4	PA; QL (20 per 1 day)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; QL (8 per 1 day)
<i>nystatin oral suspension</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet</i>	1	QL (6 per 1 day)
ORAVIG	CED	PA; 14 tablets per fill
<i>posaconazole oral suspension</i>	2	QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	4	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
SPORANOX ORAL SOLUTION	CED	PA; QL (40 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
TOLSURA	CED	PA; QL (4 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	CED	PA; QL (10 per 1 day)
VFEND ORAL TABLET 50 MG	4	QL (4 per 1 day)
VIVJOA	4	PA; QL (18 per 84 days)
<i>voriconazole oral suspension for reconstitution</i>	CED	PA; QL (10 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir</i>	1	SP
<i>abacavir-lamivudine</i>	2	SP
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	5	PA; SP; QL (1 per 1 day)
<i>amantadine hcl</i>	1	
APRETUDE	5	SP; ACA; QL (3 per 30 days)
APTIVUS	5	SP
<i>atazanavir</i>	2	SP
ATRIPLA	5	SP
BARACLUDE ORAL SOLUTION	5	SP; QL (20 per 1 day)
BARACLUDE ORAL TABLET	5	SP; QL (1 per 1 day)
BIKTARVY	5	SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	5	PA; SP; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	5	PA; SP; QL (6 per 28 days)
CIMDUO	5	SP
COMPLERA	5	SP
<i>darunavir</i>	2	SP
DELSTRIGO	5	SP
DESCOVY	5	SP; 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
DOVATO	5	SP; QL (1 per 1 day)
EDURANT	5	SP
<i>efavirenz oral tablet</i>	2	SP
<i>efavirenz-emtricitabin-tenofov</i>	5	SP
<i>efavirenz-lamivu-tenofov disop</i>	1	SP
<i>emtricitabine</i>	2	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	5	SP
<i>entecavir</i>	5	SP; QL (1 per 1 day)
EPCLUSA	5	PA; SP; QL (1 per 1 day)
EPIVIR	5	SP
<i>etravirine</i>	5	SP
EVOTAZ	5	SP
<i>famciclovir</i>	1	
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir</i>	2	SP
FUZEON SUBCUTANEOUS RECON SOLN	5	SP
GENVOYA	5	SP
HARVONI	5	PA; SP
INTELENCE	5	SP
ISENTRESS	5	SP
ISENTRESS HD	5	SP
JULUCA	5	SP
KALETRA	5	SP
<i>lamivudine oral solution</i>	1	SP
<i>lamivudine oral tablet 100 mg</i>	5	SP; QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SP
<i>lamivudine-zidovudine</i>	2	SP
LEDIPASVIR-SOFOSBUVIR	5	PA; SP
LIVTENCITY	5	PA; SP; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	SP
<i>lopinavir-ritonavir oral tablet</i>	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
<i>maraviroc</i>	5	SP
MAVYRET ORAL PELLETS IN PACKET	5	PA; SP; QL (6 per 1 day)
MAVYRET ORAL TABLET	5	PA; SP; QL (3 per 1 day)
<i>nevirapine</i>	2	SP
NORVIR ORAL POWDER IN PACKET	5	SP
NORVIR ORAL TABLET	5	SP
ODEFSEY	5	SP
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (60 per 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, 600 MG, 75 MG, 800 MG	5	SP
RELENZA DISKHALER	4	QL (20 per 180 days)
RETROVIR ORAL CAPSULE	5	SP
RETROVIR ORAL SYRUP	5	SP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	5	SP
REYATAZ ORAL POWDER IN PACKET	5	SP
<i>ribavirin inhalation</i>	5	SP
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	SP
RUKOBIA	5	PA; SP; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	5	SP
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	SP
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL (1 per 1 day)
SOVALDI	5	PA; SP
STRIBILD	5	SP
SUNLENCA ORAL	5	PA; SP; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	5	PA; SP; QL (3 per 126 days)
SYMFI	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
SYMFI LO	5	SP
SYMTUZA	5	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)
TAMIFLU	4	
TEMBEXA ORAL SUSPENSION	4	65mL per fill
TEMBEXA ORAL TABLET	4	4 tablets per fill
<i>tenofovir disoproxil fumarate</i>	2	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
TRUVADA	5	SP
TYBOST	5	SP
<i>valacyclovir</i>	1	
VALCYTE ORAL RECON SOLN	5	PA for age 18 and older; SP
VALCYTE ORAL TABLET	5	SP
<i>valganciclovir oral recon soln</i>	5	PA for age 18 and older; SP
<i>valganciclovir oral tablet</i>	5	SP
VALTREX	4	
VEMLIDY	5	PA; SP; QL (1 per 1 day)
VIRACEPT ORAL TABLET	5	SP
VIRAZOLE	5	SP
VIREAD ORAL POWDER	5	SP; QL (8 per 1 day)
VIREAD ORAL TABLET	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; SP
ZIAGEN ORAL SOLUTION	5	SP
<i>zidovudine</i>	1	SP
CEPHALOSPORINS		
<i>cefaclor oral capsule</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>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	CED	PA
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	PA; 100 ml per fill
DIFICID ORAL TABLET	4	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	4	PA for age 18 and older
ERYPED 200	4	PA for age 18 and older
ERYPED 400	4	PA for age 18 and older
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</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>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	4	PA; QL (6 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA	4	
ARIKAYCE	5	PA; SP; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	4	PA
BETHKIS	5	SP
BILTRICIDE	4	
CAYSTON	5	SP; LA
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	4	
<i>cycloserine</i>	2	
<i>dapsone oral</i>	1	
DARAPRIM	5	PA; SP; QL (3 per 1 day)
EMVERM	4	PA; 2 tablets per fill
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
HUMATIN	4	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	5	SP
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (20 per 90 days)
KITABIS PAK	5	SP
KRINTAFEL	4	QL (2 per 365 days)
LAMPIT	4	PA
LIKMEZ	CED	PA
<i>linezolid</i>	1	
MALARONE	4	
MALARONE PEDIATRIC	4	
<i>mefloquine</i>	1	
MEPRON	4	
<i>metronidazole oral capsule</i>	CED	PA
<i>metronidazole oral tablet</i>	1	
NEBUPENT	4	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</i>	1	
PASER	4	
<i>pentamidine inhalation</i>	2	
PLAQUENIL	4	
<i>praziquantel</i>	2	
PRETOMANID	4	PA; QL (1 per 1 day)
PRIFTIN	4	
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	5	PA; SP; QL (3 per 1 day)
QUALAQUIN	4	
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIRTURO	CED	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO ORAL	5	SP
SOLOSEC	CED	PA
SOVUNA	CED	PA
STROMEKTOL	4	PA; QL (20 per 90 days)
<i>tinidazole</i>	1	
TOBI	5	SP
TOBI PODHALER	5	ST; SP
<i>tobramycin in 0.225 % nacl</i>	5	SP
<i>tobramycin inhalation</i>	5	SP
TOBRAMYCIN WITH NEBULIZER	5	SP
TRECTOR	4	
XENLETA ORAL	4	PA; QL (10 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (42 per 120 days)
ZYVOX ORAL	4	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
AUGMENTIN XR	4	
<i>dicloxacillin</i>	1	
MOXATAG	4	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	4	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	4	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	CED	PA
<i>avidoxy</i>	1	
AVIDOXY DK	CED	PA
<i>demeclocycline</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	CED	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	CED	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	CED	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	CED	PA
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	CED	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	CED	PA
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	CED	PA
<i>doxycycline monohydrate oral suspension for reconstitution</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>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	CED	PA
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	CED	PA
<i>minocycline oral tablet</i>	CED	PA
<i>minocycline oral tablet extended release 24 hr</i>	CED	PA
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	CED	PA
MONODOX	CED	PA
MORGIDOX 1X 50	CED	PA
MORGIDOX 1X100	CED	PA
NUZYRA ORAL	CED	PA
ORACEA	CED	PA
SEYSARA	4	ST
TARGADOX	CED	PA
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	CED	PA
XIMINO	CED	PA
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	2	
FURADANTIN	4	
MACROBID	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	CED	PA
PRIMSOL	4	
<i>trimethoprim</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN		
FIRVANQ	CED	PA
VANCOCIN	4	
<i>vancomycin oral capsule</i>	2	
<i>vancomycin oral recon soln</i>	CED	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
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)
<i>abiraterone oral tablet 500 mg</i>	CED	PA; SP
AFINITOR	5	PA; SP; QL (1 per 1 day)
AFINITOR DISPERZ	5	PA; SP
AKEEGA	5	PA; SP; QL (2 per 1 day)
ALECENSA	5	PA; SP; QL (8 per 1 day)
ALKERAN	5	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; SP; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	5	PA; SP; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; SP; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
ARIMIDEX	4	
AROMASIN	4	
ASTAGRAF XL	CED	PA; SP
AUGTYRO ORAL CAPSULE 160 MG	5	PA; SP; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; SP; QL (8 per 1 day)
AYVAKIT	5	PA; SP; LA; QL (1 per 1 day)
AZASAN	CED	PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	CED	PA
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	5	PA; SP; LA; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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>	1	
BOSULIF ORAL CAPSULE 100 MG	5	PA; SP; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	5	PA; SP; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	5	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; SP; QL (1 per 1 day)
BRAFTOVI	5	PA; SP; 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)
CASODEX	4	
CELLCEPT	5	SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; SP; QL (84 per 28 days)
COPIKTRA	5	PA; SP; 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 50 MG	5	SP
<i>cyclosporine modified</i>	1	SP
<i>cyclosporine oral capsule</i>	1	SP
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	5	PA; SP; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	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
DROXIA	3	
ELIGARD	5	PA; SP; QL (1 per 28 days)
ELIGARD (3 MONTH)	5	PA; SP; QL (1 per 63 days)
ELIGARD (4 MONTH)	5	PA; SP; QL (1 per 112 days)
ELIGARD (6 MONTH)	5	PA; SP; QL (1 per 126 days)
ENSPRYNG	5	PA; SP; QL (1 per 28 days)
ENVARUSUS XR	CED	PA; SP
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
EULEXIN	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>everolimus (immunosuppressive)</i>	5	SP
<i>exemestane</i>	1	ACA
FARESTON	5	PA; SP; QL (1 per 1 day)
FEMARA	4	
FENSOLVI	5	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	SP; QL (1 per 30 days)
FOTIVDA	5	PA; SP; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; SP; QL (21 per 28 days)
GAVRETO	5	PA; SP; LA; QL (4 per 1 day)
<i>gefitinib</i>	2	PA; SP; QL (1 per 1 day)
<i>gengraf</i>	1	SP
GILOTRIF	5	PA; SP; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	5	PA; SP; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	5	PA; SP; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
GLEOSTINE	5	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG	5	PA; SP
HYDREA	4	
<i>hydroxyurea</i>	1	
IBRANCE	5	PA; SP; QL (1 per 1 day)
ICLUSIG	5	PA; SP; 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)
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)
IMURAN	4	
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 (5 per 28 days)
INREBIC	5	PA; SP; LA; QL (4 per 1 day)
IRESSA	5	PA; SP; QL (1 per 1 day)
IWILFIN	5	PA; SP; LA; QL (8 per 1 day)
JAKAFI	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	5	PA; SP; QL (1 per 1 day)
JYLAMVO	CED	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP; QL (63 per 30 days)
KLISYRI	4	PA; QL (5 per 365 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; SP; QL (6 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>lapatinib</i>	5	PA; SP; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	5	PA; SP; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	5	PA; SP; LA; QL (2 per 1 day)
<i>lenalidomide</i>	5	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; SP; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; SP; QL (60 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	5	PA; SP
LEUPROLIDE (3 MONTH)	5	PA; SP; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	5	PA; SP; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; SP; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	5	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	5	PA; SP; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 240 MG	5	PA; SP; QL (2 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	5	PA; SP; QL (3 per 1 day)
LUPKYNIS	5	PA; SP; 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 63 days)
LUPRON DEPOT (4 MONTH)	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	5	PA; SP; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	5	PA; SP; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; SP; QL (1 per 126 days)
LYNPARZA	5	PA; SP; QL (4 per 1 day)
LYSODREN	5	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; SP; LA; QL (4 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
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; 4 packs per 28 days; SP; LA
MATULANE	5	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	CED	PA
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	5	PA; SP; 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>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	5	PA; SP; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	SP
<i>mycophenolate mofetil oral tablet</i>	1	SP
<i>mycophenolate sodium</i>	1	SP
MYFORTIC	4	SP
MYHIBBIN	5	PA for Age greater than 8 year(s); SP; QL (350 per 30 days)
MYLERAN	5	PA; SP
NEORAL	4	SP
NERLYNX	5	PA; SP; LA; QL (6 per 1 day)
NEXAVAR	5	PA; SP; LA; QL (4 per 1 day)
NILANDRON	5	PA; SP; QL (1 per 1 day)
<i>nilutamide</i>	5	PA; SP; QL (1 per 1 day)
NINLARO	5	PA; SP; QL (3 per 30 days)
NUBEQA	5	PA; SP; LA; QL (4 per 1 day)
ODOMZO	5	PA; SP; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 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
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; SP; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; SP; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; SP; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; SP; QL (24 per 28 days)
OJJAARA	5	PA; SP; QL (1 per 1 day)
ONUREG	5	PA; SP; QL (14 per 28 days)
ORGOVYX	5	PA; SP; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	5	PA; SP; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	5	PA; SP; QL (3 per 1 day)
<i>pazopanib</i>	5	PA; SP; QL (4 per 1 day)
PEMAZYRE	5	PA; SP; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	5	PA; SP; QL (56 per 28 days)
POMALYST	5	PA; SP; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE	5	SP
PROGRAF ORAL GRANULES IN PACKET	CED	PA; SP
PURIXAN	CED	PA; SP
QINLOCK	5	PA; SP; LA; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; SP; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	5	PA; SP; LA; QL (3 per 1 day)
REVLIMID	5	PA; SP; LA; QL (1 per 1 day)
REZLIDHIA	5	PA; SP; QL (2 per 1 day)
REZUROCK	5	PA; SP; 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 ORAL TABLET 250 MG, 300 MG	5	PA; SP; LA; QL (4 per 1 day)
RYDAPT	5	PA; SP; QL (8 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE ORAL CAPSULE	4	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; SP
SCSEMBLIX ORAL TABLET 100 MG	5	PA; SP; QL (4 per 1 day)
SCSEMBLIX ORAL TABLET 20 MG	5	PA; SP; QL (2 per 1 day)
SCSEMBLIX ORAL TABLET 40 MG	5	PA; SP; QL (10 per 1 day)
SIGNIFOR	5	PA; SP
SIKLOS	CED	PA; SP
<i>sirolimus</i>	2	SP
SOLTAMOX	4	
<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 (84 per 30 days)
<i>sunitinib malate</i>	5	PA; SP; QL (1 per 1 day)
SUPPRELIN LA	5	PA; SP; QL (1 per 365 days)
SUTENT	5	PA; SP; QL (1 per 1 day)
TABLOID	5	PA; SP
TABRECTA	5	PA; SP; QL (4 per 1 day)
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; SP; QL (30 per 1 day)
TAGRISSO	5	PA; SP; LA; QL (1 per 1 day)
TALZENNA	5	PA; SP; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TARCEVA ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
TARGRETIN	5	PA; SP
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; SP; LA; QL (8 per 1 day)
<i>temozolomide</i>	5	PA; SP
TEPMETKO	5	PA; SP; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TIBSOVO	5	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	5	PA; SP; QL (1 per 1 day)
<i>torpenz</i>	5	PA; SP; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PA; SP; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; SP; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PA; SP; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	5	PA; SP
TREXALL	CED	PA
TRIPTODUR	5	PA; SP; 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; SP; LA; QL (4 per 1 day)
TYKERB	5	PA; SP; LA; QL (6 per 1 day)
VANFLYTA	5	PA; SP; 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; SP; 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 (42 per 365 days)
VERZENIO	5	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	5	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; 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; SP; QL (1 per 1 day)
VONJO	5	PA; SP; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	5	PA; SP; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	5	PA; SP; QL (1 per 1 day)
VOTRIENT	5	PA; SP; QL (4 per 1 day)
WELIREG	5	PA; SP; LA; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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)
XATMEP	CED	PA
XELODA ORAL TABLET 150 MG	5	PA; SP; QL (4 per 1 day)
XELODA ORAL TABLET 500 MG	5	PA; SP; QL (10 per 1 day)
XERMELO	5	PA; SP; LA
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)
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; SP; QL (4 per 1 day)
ZEJULA ORAL TABLET	5	PA; SP; LA; QL (1 per 1 day)
ZELBORAF	5	PA; SP; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA; SP; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	5	PA; SP; QL (1 per 28 days)
ZOLINZA	5	PA; SP; QL (4 per 1 day)
ZORTRESS	5	SP
ZYDELIG	5	PA; SP; QL (2 per 1 day)
ZYKADIA	5	PA; SP; QL (3 per 1 day)
ZYTIGA ORAL TABLET 250 MG	5	PA; SP; QL (4 per 1 day)
ZYTIGA ORAL TABLET 500 MG	CED	PA; SP

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

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Drug Name	Drug Tier	Requirements / Limits
ACTIVE-PAC	CED	PA
APTIOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (2 per 1 day)
BANZEL	4	PA
BRIVIACT ORAL SOLUTION	4	PA; QL (20 per 1 day)
BRIVIACT ORAL TABLET	4	PA; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral suspension 200 mg/10 ml</i>	CED	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	CED	PA
CARBATROL	4	PA
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIACOMIT ORAL CAPSULE 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; SP; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; SP; QL (6 per 1 day)
<i>diazepam rectal</i>	2	
DILANTIN	4	PA; QL (3 per 1 day)
DILANTIN EXTENDED	4	PA
DILANTIN INFATABS	4	PA
DILANTIN-125	4	PA
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
ELEPSIA XR	CED	PA
EPIDIOLEX	5	PA; SP; LA
<i>epitol</i>	1	
EPRONTIA	CED	PA
EQUETRO	4	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	PA
FELBATOL ORAL TABLET	4	PA
FINTEPLA	5	PA; SP; LA; QL (12 per 1 day)
FYCOMPA ORAL SUSPENSION	4	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	4	PA; QL (1 per 1 day)
<i>gabapentin oral capsule</i>	1	
<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>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	CED	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
KLONOPIN	4	
<i>lacosamide oral</i>	2	PA
LAMICTAL ODT	CED	PA
LAMICTAL ODT STARTER (BLUE)	CED	PA
LAMICTAL ODT STARTER (GREEN)	CED	PA
LAMICTAL ODT STARTER (ORANGE)	CED	PA
LAMICTAL ORAL TABLET	4	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	PA
LAMICTAL STARTER (BLUE) KIT	CED	PA
LAMICTAL STARTER (GREEN) KIT	CED	PA
LAMICTAL STARTER (ORANGE) KIT	CED	PA
LAMICTAL XR	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (BLUE)	CED	PA
LAMICTAL XR STARTER (GREEN)	CED	PA
LAMICTAL XR STARTER (ORANGE)	CED	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	CED	PA
<i>lamotrigine oral tablet extended release 24hr</i>	CED	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	CED	PA
<i>lamotrigine oral tablets, dose pack</i>	CED	PA
<i>levetiracetam oral</i>	1	
LIBERVANT	4	PA; QL (10 per 30 days)
LYRICA	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	ST; QL (1 per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	ST; QL (2 per 1 day)
<i>methsuximide</i>	2	
MOTPOLY XR	CED	PA
MYSOLINE	4	PA
NAYZILAM	4	PA; QL (10 per 30 days)
NEURONTIN	4	PA
ONFI	3	PA
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr</i>	2	PA
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	PA; QL (2 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (4 per 1 day)
<i>phenobarbital</i>	1	
PHENYTEK	4	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 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>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	ST; QL (1 per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	ST; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	CED	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	CED	PA; QL (2 per 1 day)
<i>roweepra oral tablet 500 mg</i>	CED	
<i>rufinamide</i>	2	PA
SABRIL	5	PA; SP; LA
SPRITAM	CED	PA
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	CED	PA
<i>subvenite starter (green) kit</i>	CED	PA
<i>subvenite starter (orange) kit</i>	CED	PA
SYMPAZAN	CED	PA
TEGRETOL ORAL SUSPENSION	4	PA
TEGRETOL ORAL TABLET	4	PA
TEGRETOL XR	4	PA
<i>tiagabine</i>	2	PA
TOPAMAX	4	PA
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	CED	PA; QL (1 per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	CED	PA; QL (1 per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral tablet</i>	1	
TRILEPTAL	4	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
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	CED	PA; QL (2 per 1 day)
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	4	PA; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; SP; LA
<i>vigadrone oral powder in packet</i>	5	PA; SP
<i>vigadrone oral tablet</i>	2	PA
VIGAFYDE	5	PA; SP
<i>vigpoder</i>	5	PA; SP
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	4	PA
XCOPRI MAINTENANCE PACK	4	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 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 unit per day; 1 box in 365 days
ZARONTIN	4	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA
ZONISADE	CED	PA
<i>zonisamide</i>	1	
ZTALMY	5	PA; SP; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; SP; LA; QL (3 per 1 day)
<i>apomorphine</i>	5	PA; SP; QL (3 per 1 day)
AZILECT	4	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DHIVY	CED	PA; QL (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
DUOPA	5	SP
<i>entacapone</i>	1	
GOCOVRI	CED	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; SP; QL (10 per 1 day)
LODOSYN	4	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	CED	PA
NEUPRO	4	ST
NOURIANZ	5	PA; SP; LA; QL (1 per 1 day)
ONGENTYS	4	PA; QL (1 per 1 day)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	CED	PA; SP
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	CED	PA
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY	CED	PA
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
TASMAR ORAL TABLET 100 MG	4	PA; QL (6 per 1 day)
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	4	ST
ZELAPAR	CED	PA
MIGRAINE & CLUSTER HEADACHE THERAPY		
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>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
ELYXYB	CED	PA; QL (16 per 1 day)
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>	2	
FROVA	4	QL (12 per 30 days)
<i>frovatriptan</i>	2	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	4	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	4	QL (18 per 30 days)
IMITREX STATDOSE PEN	4	QL (6 per 30 days)
IMITREX STATDOSE REFILL	4	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	4	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	4	QL (12 per 30 days)
<i>migergot</i>	CED	PA
MIGRANAL	4	PA; QL (8 per 28 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	3	PA; QL (8 per 30 days)
ONZETRA XSAIL	CED	PA
QULIPTA	3	PA; QL (1 per 1 day)
RELPAX	4	QL (12 per 30 days)
REYVOW	4	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
<i>sumatriptan-naproxen</i>	CED	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
TOSYMRA	CED	PA
TREXIMET	CED	PA
TRUDHESA	CED	PA; QL (8 per 30 days)
UBRELVY	4	PA; QL (10 per 30 days)
ZAVZPRET	5	PA; QL (1 per 30 days)
ZEMBRACE SYMTOUCH	CED	PA
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	4	ST; QL (12 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating</i>	CED	PA; QL (12 per 30 days)
ZOMIG NASAL	4	ST; QL (12 per 30 days)
ZOMIG ORAL	4	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	CED	PA
AMPYRA	5	SP; LA; QL (2 per 1 day)
ARICEPT	4	
AUSTEDO	3	PA; SP; LA; QL (4 per 1 day)
AUSTEDO XR	3	PA; SP; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; SP; QL (28 per 365 days)
<i>dalfampridine</i>	5	SP; QL (2 per 1 day)
DAYBUE	5	PA; SP; QL (120 per 1 day)
<i>dichlorphenamide</i>	5	PA; SP; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI	5	PA; SP; LA; QL (6.7 per 1 day)
EXELON PATCH	4	
FIRDAPSE	5	PA; SP; LA; QL (10 per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	CED	PA
<i>galantamine oral tablet</i>	2	
HORIZANT	CED	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
INGREZZA	3	PA; SP; LA; QL (1 per 1 day)
INGREZZA INITIATION PK(TARDIV)	3	PA; SP; QL (28 per 365 days)
INGREZZA SPRINKLE	3	PA; LA; QL (1 per 1 day)
KEVEYIS	5	PA; SP; QL (4 per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral solution</i>	CED	PA
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
NAMENDA TITRATION PAK	4	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	4	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	CED	PA
NUEDEXTA	5	PA; SP; QL (2 per 1 day)
NULIBRY	5	PA; SP
<i>ormalvi</i>	CED	PA; SP; QL (4 per 1 day)
RADICAVA ORS STARTER KIT SUSP	5	PA; SP
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	5	PA; SP; 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)
WAINUA	5	PA; SP; QL (1 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	5	PA; SP; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	5	PA; SP; LA; 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 365 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; SP; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	CED	PA
BACLOFEN ORAL SOLUTION	CED	PA
<i>baclofen oral suspension</i>	CED	PA; QL (16 per 1 day)
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>baclofen oral tablet 15 mg</i>	CED	PA
<i>baclofen oral tablet 5 mg</i>	2	QL (3 per 1 day)
<i>carisoprodol oral tablet 250 mg</i>	CED	PA; QL (3 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	CED	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	CED	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	CED	
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral capsule 100 mg</i>	2	QL (4 per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	2	QL (3 per 1 day)
FEXMID	CED	
FLEQSUVY	CED	PA; QL (16 per 1 day)
LORZONE	CED	PA
LYVISPAH	CED	PA
<i>meprobamate</i>	1	
MESTINON ORAL	4	
MESTINON TIMESPAN	4	
<i>metaxalone oral tablet 400 mg</i>	CED	PA
<i>metaxalone oral tablet 800 mg</i>	2	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	CED	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC	CED	PA
NORGESIC FORTE	CED	PA
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	CED	PA
<i>orphengesic forte</i>	CED	PA
OZOBAX	CED	PA
OZOBAX DS	CED	PA
<i>pyridostigmine bromide oral syrup</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SOMA ORAL TABLET 250 MG	CED	PA; QL (3 per 1 day)
SOMA ORAL TABLET 350 MG	4	QL (4 per 1 day)
<i>tanlor</i>	CED	PA
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
ZANAFLEX	4	
ZILBRYSQ	5	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	CED	PA; QL (10 per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	1	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; SP; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	5	PA; SP; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	5	PA; SP; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	5	PA; SP; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	5	PA; SP; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	5	PA; SP; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	5	PA; SP; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	CED	PA; QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	CED	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	CED	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral capsule</i>	CED	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine</i>	1	
BUTRANS	4	PA; QL (4 per 28 days)
<i>codeine sulfate oral tablet 15 mg</i>	1	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	PA; QL (6 per 1 day)
<i>codeine-butalbital-asa-caff</i>	1	PA; QL (6 per 1 day)
DILAUDID ORAL LIQUID	4	PA; QL (22 per 1 day)
DILAUDID ORAL TABLET 2 MG	4	PA; QL (11 per 1 day)
DILAUDID ORAL TABLET 4 MG	4	PA; QL (5 per 1 day)
DILAUDID ORAL TABLET 8 MG	4	PA; QL (2 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
ESGIC ORAL TABLET	4	QL (6 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	1	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>	1	PA; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	CED	PA; QL (10 per 30 days)
FIORICET	CED	PA; QL (6 per 1 day)
FIORICET WITH CODEINE	CED	PA; QL (6 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	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>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	2	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	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>	1	PA; QL (12 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	1	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	PA; QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	1	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone rectal</i>	1	PA; QL (4 per 1 day)
HYSINGLA ER	4	PA; QL (1 per 1 day)
<i>levorphanol tartrate</i>	CED	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	1	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>methadose oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>morphine concentrate oral solution</i>	1	PA; QL (4 per 1 day)
<i>morphine oral capsule, er multiphase 24 hr</i>	CED	PA; QL (1 per 1 day)
<i>morphine oral capsule,extend.release pellets</i>	CED	PA; QL (1 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	1	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	1	PA; 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>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	2	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	2	PA; QL (3 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; QL (2 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; QL (3 per 1 day)
NALOCET	CED	PA
<i>oxycodone oral capsule</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY 15 MG, 30 MG	CED	PA
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	CED	PA; QL (12 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	CED	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	CED	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i>	CED	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	CED	PA
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg</i>	CED	PA; QL (12 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>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	CED	PA; QL (8 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
PERCOCET ORAL TABLET 10-325 MG	4	PA; QL (6 per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG	4	PA; QL (12 per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG	4	PA; QL (8 per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	CED	PA; QL (6 per 1 day)
PRIMLEV ORAL TABLET 5-300 MG	CED	PA; QL (12 per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG	CED	PA; QL (8 per 1 day)
PROLATE ORAL SOLUTION	CED	PA
<i>prolate oral tablet 10-300 mg</i>	CED	PA; QL (6 per 1 day)
<i>prolate oral tablet 5-300 mg</i>	CED	PA; QL (12 per 1 day)
<i>prolate oral tablet 7.5-300 mg</i>	CED	PA; QL (8 per 1 day)
ROXICODONE ORAL TABLET 15 MG	4	PA; QL (4 per 1 day)
ROXICODONE ORAL TABLET 30 MG	4	PA; QL (2 per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	CED	PA
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	CED	PA; QL (12 per 1 day)
SEGLENTIS	CED	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	PA; SP; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
TREZIX	CED	PA; QL (10 per 1 day)
XTAMPZA ER	4	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
ANAPROX DS	4	
ARTHROTEC 50	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
ARTHROTEC 75	4	PA; QL (4 per 1 day)
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA; QL (5 per 30 days)
CAMBIA	CED	PA; QL (9 per 30 days)
CAPSFENAC PAK	CED	PA
CAPSINAC	CED	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	4	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	4	QL (1 per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
CONZIP	CED	PA; QL (1 per 1 day)
COXANTO	CED	PA
DAYPRO	4	QL (2 per 1 day)
DICLOFENAC EPOLAMINE	4	PA; QL (2 per 1 day)
<i>diclofenac potassium oral capsule</i>	CED	PA; QL (4 per 1 day)
<i>diclofenac potassium oral powder in packet</i>	CED	PA; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	CED	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	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>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	CED	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	CED	PA; QL (224 per 30 days)
DICLOFENAC SUBMICRONIZED	CED	PA; QL (3 per 1 day)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
DICLOFEX DC	CED	PA
DICLOPR	CED	PA
DICLOSAICIN	CED	PA
DICLOTRAL	CED	PA
<i>diflunisal</i>	2	QL (3 per 1 day)
DIMENTHO	CED	PA
DISALCID	4	
DITHOL	CED	PA
DOLOBID	CED	
DUEXIS	CED	PA; QL (3 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	4	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	QL (2 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
FENOPROFEN ORAL CAPSULE 200 MG	CED	PA; QL (6 per 1 day)
<i>fenopropfen oral capsule 400 mg</i>	CED	PA; QL (4 per 1 day)
<i>fenopropfen oral tablet</i>	CED	PA; QL (4 per 1 day)
FLECTOR	4	PA; QL (2 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</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>ibuprofen-famotidine</i>	CED	PA; QL (3 per 1 day)
ICLOFENAC CP	CED	PA
INDOCIN ORAL	4	PA; QL (40 per 1 day)
INDOCIN RECTAL	4	PA; QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>indomethacin oral suspension</i>	2	PA; QL (40 per 1 day)
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	CED	PA
<i>indomethacin rectal suppository 50 mg</i>	2	PA; QL (4 per 1 day)
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	CED	PA; QL (4 per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	CED	PA
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	CED	PA; QL (1 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
<i>kiprofen</i>	CED	PA; QL (4 per 1 day)
KLOXXADO	3	2 sprays per fill
LICART	CED	PA; QL (1 per 1 day)
LIFEMS NALOXONE	4	
LODINE ORAL TABLET	4	QL (2 per 1 day)
<i>lofena</i>	CED	PA
<i>lofexidine</i>	CED	PA
LUCEMYRA	CED	PA
<i>meclofenamate</i>	CED	PA; QL (4 per 1 day)
<i>mefenamic acid</i>	2	29 capsules per fill
MELOXICAM ORAL SUSPENSION	4	
<i>meloxicam oral tablet</i>	1	
<i>meloxicam submicronized</i>	CED	PA; QL (1 per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
NALFON ORAL CAPSULE 400 MG	CED	PA; QL (4 per 1 day)
NALFON ORAL TABLET	CED	PA; QL (4 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</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>naltrexone</i>	1	
NAPRELAN CR	CED	PA; QL (2 per 1 day)
NAPROSYN ORAL SUSPENSION	CED	PA; QL (40 per 1 day)
NAPROSYN ORAL TABLET 500 MG	4	QL (3 per 1 day)
<i>naproxen oral suspension</i>	CED	PA; QL (40 per 1 day)
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	CED	PA; QL (2 per 1 day)
<i>naproxen-esomeprazole</i>	CED	PA; QL (2 per 1 day)
NARCAN	4	2 sprays per fill
NUCYNTA	4	PA; QL (4 per 1 day)
NUCYNTA ER	4	PA; QL (2 per 1 day)
OPVEE	4	2 units per fill
OXAPROZIN ORAL CAPSULE	CED	PA
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	CED	PA; QL (224 per 30 days)
<i>pentazocine-naloxone</i>	2	PA; QL (4 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)
PROFINAC	CED	PA
QDOLO	CED	PA
RELAFEN DS	CED	PA; QL (2 per 1 day)
REXTOVY	4	2 sprays per fill
<i>salsalate</i>	1	
SPRIX	CED	PA; SP; QL (5 per 30 days)
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	QL (12 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	QL (6 per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	QL (3 per 1 day)
<i>sulindac</i>	1	QL (2 per 1 day)
TOLECTIN 600	CED	PA
<i>tolmetin oral capsule</i>	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	CED	PA; QL (1 per 1 day)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	CED	PA; QL (1 per 1 day)
TRAMADOL ORAL SOLUTION	CED	PA
TRAMADOL ORAL TABLET 100 MG	CED	PA; QL (1 per 1 day)
TRAMADOL ORAL TABLET 25 MG	CED	PA
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	1	PA; QL (8 per 1 day)
VAROPHEN (DICLOFENAC)	CED	PA
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	CED	PA; QL (2 per 1 day)
VIVITROL	5	SP
VIVLODEX	CED	PA; QL (1 per 1 day)
ZICLOPRO	CED	PA
ZIMHI	4	1 ml per fill
ZIPSOR	CED	PA; QL (4 per 1 day)
ZORVOLEX	4	PA; QL (3 per 1 day)
ZUBSOLV	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	CED	PA for age 17 and younger; QL (2.4 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	CED	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	3	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE STARTER KIT	CED	PA
ABILIFY ORAL TABLET	4	PA for age 17 and younger; QL (1 per 1 day)
ADASUVE	CED	PA
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	3	PA for age 19 and older; QL (2 per 1 day)
ADDYI	4	PA; QL (1 per 1 day)
ADZENYS XR-ODT	4	PA; QL (1 per 1 day)
<i>alprazolam intenzol</i>	2	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet, disintegrating</i>	2	
AMBIEN	4	QL (1 per 1 day)
AMBIEN CR	4	QL (1 per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
<i>amphetamine sulfate oral tablet 10 mg</i>	2	PA; QL (6 per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	2	PA; QL (3 per 1 day)
ANAFRANIL	4	
ALENZIN	CED	PA
APTENSIO XR	4	PA; QL (1 per 1 day)
<i>aripiprazole oral solution</i>	CED	PA for age 17 and younger; QL (30 per 1 day)
<i>aripiprazole oral tablet 10 mg, 30 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>aripiprazole oral tablet 15 mg, 2 mg, 20 mg, 5 mg</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>aripiprazole oral tablet, disintegrating</i>	CED	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	3	PA for age 17 and younger; QL (2.4 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
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	3	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	PA for age 17 and younger; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
ATIVAN ORAL	4	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
AUVELITY	4	PA; QL (2 per 1 day)
AZSTARYS	4	PA; QL (1 per 1 day)
BELSOMRA	4	ST; QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupirone</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	4	PA; PA for age 18 and older
CAPLYTA ORAL CAPSULE 42 MG	4	ST; QL (1 per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG	4	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	4	QL (1 per 1 day)
<i>chlordiazepoxide hcl</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine oral concentrate 100 mg/ml</i>	CED	PA for age 17 and younger; QL (8 per 1 day)
<i>chlorpromazine oral concentrate 30 mg/ml</i>	CED	PA for age 17 and younger; QL (27 per 1 day)
<i>chlorpromazine oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
CITALOPRAM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg</i>	CED	PA; QL (9 per 1 day)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	CED	PA; QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 150 mg</i>	CED	PA; QL (6 per 1 day)
<i>clozapine oral tablet, disintegrating 200 mg</i>	CED	PA; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	4	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	4	PA for age 17 and younger; QL (3 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	4	PA for age 19 and older; QL (2 per 1 day)
COTEMPLA XR-ODT	4	PA; QL (2 per 1 day)
CYMBALTA	4	QL (2 per 1 day)
DAYTRANA	4	PA; QL (1 per 1 day)
DAYVIGO	4	ST; QL (1 per 1 day)
<i>desipramine</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
DESOXYN	CED	PA for age 19 and older; QL (5 per 1 day)
DESVENLAFAXINE	CED	PA; QL (1 per 1 day)
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	PA for age 19 and older; QL (4 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	CED	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	CED	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA; QL (1 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	PA for age 19 and older; 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>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	CED	PA
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
DRIZALMA SPRINKLE	CED	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	CED	PA; QL (3 per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	4	PA; QL (8 per 1 day)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	4	PA; QL (1 per 1 day)
EDLUAR	CED	PA
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	4	QL (3 per 1 day)
EMSAM	4	PA; QL (1 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (1 per 1 day)
EVEKEO ORAL TABLET 10 MG	4	PA; QL (6 per 1 day)
EVEKEO ORAL TABLET 5 MG	4	PA; QL (3 per 1 day)
FANAPT ORAL TABLET	4	PA; PA for age 18 and older; QL (2 per 1 day)
FANAPT ORAL TABLETS, DOSE PACK	4	PA; PA for age 18 and older; QL (8 per 365 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; QL (28 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	PA; QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	CED	PA; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluoxetine oral tablet 60 mg</i>	2	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>fluphenazine decanoate</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for age 17 and younger; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral capsule, extended release 24hr</i>	CED	PA; QL (2 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)
FOCALIN	4	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	4	PA for age 19 and older; QL (1 per 1 day)
FORFIVO XL	4	
GEODON ORAL	4	PA for age 17 and younger; QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	4	QL (1 per 1 day)
HALDOL DECANOATE	4	PA for age 17 and younger
<i>haloperidol decanoate</i>	2	PA for age 17 and younger
<i>haloperidol lactate injection</i>	1	PA for age 17 and younger
<i>haloperidol lactate intramuscular</i>	1	PA for age 17 and younger
<i>haloperidol lactate oral</i>	1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	5	PA; SP; QL (1 per 1 day)
HETLIOZ LQ	5	PA; SP
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	CED	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
INTUNIV ER	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	PA for age 17 and younger; QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	PA for age 17 and younger; QL (5 per 135 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	4	PA; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	PA; QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	PA for age 17 and younger; QL (2.63 per 63 days)
JORNAY PM	4	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	3	PA; QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	4	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	4	QL (1 per 1 day)
<i>lisdexamfetamine</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	2	
LITHOBID	4	
<i>lorazepam intensol</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>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
LOREEV XR	CED	PA; QL (1 per 1 day)
<i>loxapine succinate oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	2	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	5	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK	5	PA; SP; QL (28 per 365 days)
LUNESTA	4	QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
LYBALVI	CED	PA; QL (1 per 1 day)
MARPLAN	4	
METADATE CD	4	PA for age 19 and older; QL (1 per 1 day)
<i>methamphetamine</i>	CED	PA for age 19 and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	4	PA for age 19 and older; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	4	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	CED	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for age 19 and older; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for age 19 and older; QL (60 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 tablet</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA for age 19 and older; QL (2 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 63 MG	CED	PA for age 19 and older
<i>methylphenidate hcl oral tablet, chewable</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (1 per 1 day)
<i>mirtazapine oral tablet, disintegrating</i>	2	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>molindone</i>	2	
MYDAYIS	4	PA; QL (1 per 1 day)
NARDIL	4	
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID	5	PA; SP; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	4	QL (2 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine oral tablet 15 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine oral tablet, disintegrating</i>	CED	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	CED	PA for age 17 and younger

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
ONYDA XR	CED	PA; QL (4 per 1 day)
<i>oxazepam</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
PAMELOR	4	
PARNATE	4	QL (6 per 1 day)
<i>paroxetine hcl oral suspension</i>	CED	PA; QL (30 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	CED	PA; QL (2 per 1 day)
<i>paroxetine mesylate(menop.sym)</i>	CED	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	CED	PA; QL (2 per 1 day)
PAXIL ORAL SUSPENSION	CED	PA; QL (30 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	4	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	4	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	4	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for age 17 and younger
PERSERIS	3	PA for age 17 and younger; QL (1 per 28 days)
<i>phenelzine</i>	1	
<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)
PRISTIQ	4	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>procentra</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>protriptyline</i>	2	
PROVIGIL	4	QL (1 per 1 day)
PROZAC ORAL CAPSULE	4	QL (2 per 1 day)
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	CED	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
QUETIAPINE ORAL TABLET 150 MG	CED	PA for age 17 and younger; QL (5 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	4	PA; QL (1 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	4	PA; QL (2 per 1 day)
QUILLIVANT XR	4	PA; QL (12 per 1 day)
QUVIVIQ	4	ST
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	4	QL (1 per 1 day)
REMERON SOLTAB	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	CED	PA; QL (1 per 1 day)
REXULTI ORAL TABLET	4	PA; QL (1 per 1 day)
RISPERDAL CONSTA	4	PA for age 17 and younger; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL ORAL SOLUTION	4	PA for age 17 and younger; QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA for age 17 and younger; QL (2 per 1 day)
<i>risperidone microspheres</i>	2	PA for age 17 and younger; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>risperidone oral tablet, disintegrating</i>	CED	PA; QL (2 per 1 day)
RITALIN	4	PA for age 19 and older; QL (3 per 1 day)
RITALIN LA	4	PA for age 19 and older; QL (1 per 1 day)
ROZEREM	4	QL (1 per 1 day)
RYKINDO	3	PA for age 17 and younger; QL (2 per 28 days)
SAPHRIS	4	PA; QL (2 per 1 day)
SECUADO	CED	PA
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	PA for age 17 and younger; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SERTRALINE ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>sertraline oral concentrate</i>	2	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SILENOR	CED	PA
SODIUM OXYBATE	5	PA; SP; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; SP; QL (4 per 28 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	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
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	QL (1 per 1 day)
SUNOSI	4	PA; QL (1 per 1 day)
SYMBYAX ORAL CAPSULE 6-25 MG	CED	PA for age 17 and younger
<i>tasimelteon</i>	5	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>trimipramine</i>	2	
TRINTELLIX	4	PA; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	3	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	3	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	3	PA for age 17 and younger; QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	3	PA for age 17 and younger; QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	3	PA for age 17 and younger; QL (0.7 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	3	PA for age 17 and younger; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	3	PA for age 17 and younger; QL (0.21 per 28 days)
VALIUM	4	
VENLAFAXINE BESYLATE	CED	PA; QL (2 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet extended release 24hr</i>	CED	PA; QL (1 per 1 day)
VERSACLOZ	CED	PA; QL (18 per 1 day)
VIIIBRYD ORAL TABLET	4	PA; QL (1 per 1 day)
<i>vilazodone</i>	2	PA; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE	4	PA; PA for age 18 and older; QL (1 per 1 day)
VYLEESI	4	PA; QL (2.4 per 30 days)
VYVANSE	3	PA for age 19 and older; QL (1 per 1 day)
WAKIX	5	PA; SP; LA; QL (2 per 1 day)
WELLBUTRIN SR	4	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	QL (1 per 1 day)
XANAX	4	
XANAX XR	4	
XELSTRYM	4	PA for age 19 and older; QL (1 per 1 day)
XYREM	CED	PA; SP; LA; QL (18 per 1 day)
XYWAV	5	PA; SP; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; 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
ZENZEDI ORAL TABLET 15 MG, 20 MG	CED	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	4	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 30 MG	CED	PA for age 19 and older; QL (2 per 1 day)
<i>ziprasidone hcl</i>	2	PA for age 17 and younger; QL (2 per 1 day)
ZOLOFT ORAL TABLET 100 MG	4	QL (2 per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	4	QL (1.5 per 1 day)
ZOLPIDEM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
<i>zolpidem sublingual</i>	CED	PA
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 ORAL	4	PA for age 17 and younger; QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	3	PA for age 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	PA for age 17 and younger; QL (1 per 28 days)
ZYPREXA ZYDIS	CED	PA for age 17 and younger; QL (1 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
BETAPACE	4	
BETAPACE AF	4	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	2	QL (2 per 1 day)
<i>flecainide</i>	1	
<i>mexiletine</i>	2	
MULTAQ	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
NORPACE	4	
NORPACE CR	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	CED	PA
TIKOSYN	4	QL (2 per 1 day)
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	
ACCURETIC	4	
<i>acebutolol</i>	1	
ALDACTONE	4	
<i>aliskiren</i>	2	ST; QL (1 per 1 day)
ALTACE	4	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiazid</i>	CED	PA
ATACAND	4	ST; QL (1 per 1 day)
ATACAND HCT	4	ST
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	
AVAPRO	4	
AZOR	4	
<i>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>benazepril-hydrochlorothiazide</i>	1	
BENICAR	4	
BENICAR HCT	4	
<i>betaxolol oral</i>	1	
BIDIL	4	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	4	
<i>candesartan</i>	2	ST; QL (1 per 1 day)
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	CED	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA	4	
CARDURA XL	CED	PA
CAROSPIR	CED	PA
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	CED	PA; QL (1 per 1 day)
CATAPRES-TTS-1	4	
CATAPRES-TTS-2	4	
CATAPRES-TTS-3	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
CONJUPRI	CED	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
CONSENSI	CED	PA
COREG	4	
COREG CR	CED	PA; QL (1 per 1 day)
COZAAR	4	
DEMSER	4	PA
DIBENZYLINE	4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	CED	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL	4	
<i>doxazosin</i>	1	
DYRENIUM	4	
EDARBI	4	ST
EDARBYCLOR	4	ST
EDECRIN	4	PA
<i>enalapril maleate oral solution</i>	CED	PA
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED	CED	PA
<i>eplerenone</i>	1	
<i>eprosartan</i>	2	
<i>ethacrynic acid</i>	2	PA
EXFORGE	4	
EXFORGE HCT	CED	PA
<i>felodipine</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>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
FUROSCIX	4	PA; 2 kits per fill
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	4	
<i>indapamide</i>	1	
INDERAL LA	4	
INDERAL XL	CED	PA
INNOPRAN XL	CED	PA
INSPRA	4	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	2	
<i>isradipine</i>	2	
KAPSPARGO SPRINKLE	CED	PA
KATERZIA	CED	PA
KERENDIA	4	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
LASIX	4	
LEVAMLODIPINE	CED	PA
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	4	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
LOTREL	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
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 420 mg</i>	CED	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
MICARDIS	4	
MICARDIS HCT	CED	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
NEXICLON XR	CED	PA
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine</i>	2	
NORLIQVA	CED	PA
NORVASC	4	
NYMALIZE	CED	PA
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	CED	PA
<i>olmesartan-hydrochlorothiazide</i>	1	
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>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>prazosin</i>	1	
PRESTALIA	CED	PA
PROCARDIA XL	4	
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
QBRELIS	CED	PA
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
SOANZ ORAL TABLET 40 MG, 60 MG	CED	PA
<i>spironolactone oral suspension</i>	CED	PA
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	
TEKTURNA	4	ST; QL (1 per 1 day)
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	CED	PA
<i>telmisartan-hydrochlorothiazid</i>	CED	PA
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	
<i>terazosin</i>	1	
THALITONE	CED	PA
<i>tiadylt er</i>	1	
TIAZAC	4	
<i>timolol maleate oral</i>	2	
TOPROL XL	4	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
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)
VALSARTAN ORAL SOLUTION	CED	PA
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	
<i>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	4	
VASOTEC	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	CED	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	CED	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM	CED	
ZESTORETIC	4	
ZESTRIL	4	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	CED	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	CED	PA
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; SP; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; SP; QL (2 per 1 day)
AMICAR	4	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA	5	SP
<i>aspirin-dipyridamole</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
ASPIRIN-OMEPRazole ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	CED	PA
BRILINTA	3	
CABLIVI INJECTION KIT	5	PA; SP; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	5	PA; SP; LA; QL (2 per 1 day)
EFFIENT	4	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	5	SP
<i>fondaparinux</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	4	
<i>jantoven</i>	1	
LOVENOX	5	SP
MULPLETA	5	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	4	
PRADAXA ORAL CAPSULE	4	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	4	PA; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
PRADAXA ORAL PELLETS IN PACKET 150 MG	4	PA; QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 20 MG	4	PA; QL (1 per 1 day)
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; SP; 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)
SAVAYSA	4	PA
TAVALISSE	5	PA; SP; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (20 per 1 day)
XARELTO ORAL TABLET	3	
YOSPRALA	4	PA
ZONTIVITY	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	CED	PA
<i>amlodipine-atorvastatin</i>	2	
ATORVALIQ	CED	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	4	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	
COLESTID ORAL GRANULES	4	
COLESTID ORAL TABLET	4	
<i>colestipol</i>	1	
CRESTOR	4	
EZALLOR SPRINKLE	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe</i>	1	
EZETIMIBE-ROSUVASTATIN	CED	PA
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	CED	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	CED	PA
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	CED	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	CED	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	CED	PA
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	CED	PA
FIBRICOR	CED	PA
FLOLIPID	4	
<i>fluvastatin oral capsule</i>	2	ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	CED	PA; ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	5	PA; SP; LA
LESCOL XL	CED	PA
LIPITOR	4	
LIPOFEN	CED	PA
LIVALO	4	ST
LOPID	4	
<i>lovastatin</i>	1	ACA
LOVAZA	4	QL (4 per 1 day)
NEXLETOL	4	PA; QL (1 per 1 day)
NEXLIZET	4	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>pitavastatin calcium</i>	2	ST; ACA
PRALUENT PEN	4	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
REPATHA SYRINGE	3	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET	CED	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR	4	
TRILIPIX	4	
VASCEPA	4	PA; QL (4 per 1 day)
VYTORIN 10-10	4	PA
VYTORIN 10-20	4	PA
VYTORIN 10-40	4	PA
VYTORIN 10-80	4	PA
WELCHOL	4	
ZETIA	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	4	
ZYPITAMAG	4	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE	CED	PA
CAMZYOS	5	PA; SP; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	4	QL (15 per 1 day)
CORLANOR ORAL TABLET	4	QL (2 per 1 day)
ENTRESTO	3	
ENTRESTO SPRINKLE	CED	PA; QL (8 per 1 day)
FILSPARI	5	PA; SP; QL (1 per 1 day)
<i>ivabradine</i>	2	QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
LODOCO	4	PA; QL (1 per 1 day)
<i>ranolazine</i>	2	
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		
GONITRO	CED	PA
ISORDIL	CED	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	CED	PA
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR	4	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	2	
NITROLINGUAL	4	
NITROMIST	CED	PA
NITROSTAT	4	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
ANALPRAM-HC TOPICAL	4	
BIMZELX	5	PA; SP; QL (2 per 42 days)
BIMZELX AUTOINJECTOR	5	PA; QL (2 per 42 days)
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
CALCIPOTRIENE TOPICAL FOAM	CED	PA
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone topical ointment</i>	CED	ST
<i>calcipotriene-betamethasone topical suspension</i>	2	ST
<i>calcitriol topical</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
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; SP; QL (2 per 28 days)
ENSTILAR	CED	PA
EPIFOAM	CED	PA
ILUMYA	5	PA; SP; QL (1 per 63 days)
PRAMOSONE TOPICAL CREAM 1-1 %	CED	PA
PRAMOSONE TOPICAL LOTION	4	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SILIQ	5	PA; SP; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 63 days)
SORILUX	CED	PA
SOTYKTU	5	PA; SP; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	5	PA; SP; QL (2 per 28 days)
STELARA INTRAVENOUS	5	PA; SP; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; SP; QL (1 per 42 days)
TACLONEX TOPICAL SUSPENSION	4	ST
TALTZ AUTOINJECTOR	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; SP; QL (1 per 28 days)
TREMFYA PEN	5	PA; SP; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; SP; QL (1 per 42 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
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	5	PA; SP; QL (2 per 28 days)
VECTICAL	4	
VTAMA	4	PA; QL (1 per 30 days)
WYNZORA	CED	PA
ZORYVE TOPICAL CREAM	4	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	4	PA; SP; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	4	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
KERALYT RX	CED	PA
KERALYT SCALP	CED	PA
<i>keralyt topical shampoo</i>	CED	PA
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; SP; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
CARAC	CED	PA; QL (30 per 365 days)
CIBINQO	5	PA; SP; QL (1 per 1 day)
CONDYLOX TOPICAL GEL	4	
CORTANE-B	CED	PA
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
<i>doxepin topical</i>	CED	PA
DRYSOL DAB-O-MATIC	1	
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)
EFUDEX TOPICAL CREAM	4	QL (40 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
ELIDEL	4	ST
EUCRISA	4	ST; QL (1 per 30 days)
FLUOROPLEX	CED	PA; QL (30 per 365 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	CED	PA; QL (30 per 365 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	5	PA; SP; QL (3 per 30 days)
<i>methoxsalen</i>	5	SP
OPZELURA	5	PA; SP; QL (60 per 30 days)
PANRETIN	5	PA; SP
<i>pimecrolimus</i>	2	ST
<i>podofilox topical gel</i>	2	
<i>podofilox topical solution</i>	1	
<i>pradoxin</i>	CED	PA
QBREXZA	4	PA; QL (30 per 30 days)
QUTENZA	CED	PA; SP
REGRANEX	4	QL (15 per 720 days)
SOFDRA	CED	PA; QL (1 per 30 days)
<i>tacrolimus topical</i>	1	
TOLAK	4	
VALCHLOR	5	PA; SP; QL (60 per 30 days)
VEREGEN	CED	PA
ZONALON	CED	PA
THERAPY FOR ACNE		
ABSORICA LD	CED	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	CED	PA
ACANYA TOPICAL GEL WITH PUMP	CED	ST
<i>acutane</i>	1	
ACZONE TOPICAL GEL	4	ST
ACZONE TOPICAL GEL WITH PUMP	CED	PA
<i>adapalene topical cream</i>	2	PA for age 29 and older
<i>adapalene topical gel 0.3 %</i>	2	PA for age 29 and older

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>adapalene topical gel with pump</i>	CED	PA for age 29 and older
ADAPALENE TOPICAL LOTION	CED	PA for age 29 and older; QL (1 per 30 days)
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	CED	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	2	ST
AKLIEF	4	ST; QL (45 per 30 days)
ALTRENO	CED	PA
<i>amnesteam</i>	1	
AMZEEQ	4	PA; QL (30 per 30 days)
ARAZLO	CED	PA
ATRALIN	CED	PA for age 29 and older
<i>avar</i>	1	
<i>azelaic acid</i>	2	
AZELEX	4	ST
BENZAMYCIN	4	ST
BENZEPRO (MICROSPHERES)	4	
<i>benzepro topical towelette</i>	CED	PA
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
CABTREO	CED	PA
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	4	
<i>clindacin</i>	CED	PA
CLINDACIN ETZ TOPICAL KIT	CED	PA
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	CED	PA
CLINDAGEL	CED	
<i>clindamycin phosphate topical foam</i>	CED	PA
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical gel, once daily</i>	CED	
<i>clindamycin phosphate topical lotion</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>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	CED	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i>	CED	PA
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	CED	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	CED	
<i>clindamycin-tretinoin</i>	CED	PA
<i>dapsone topical gel</i>	2	ST
<i>dapsone topical gel with pump</i>	CED	PA
DIFFERIN TOPICAL CREAM	4	PA for age 29 and older
DIFFERIN TOPICAL GEL WITH PUMP	CED	PA for age 29 and older
DIFFERIN TOPICAL LOTION	CED	PA for age 29 and older; QL (1 per 30 days)
EPIDUO FORTE	4	ST
EPSOLAY	CED	PA
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	ST
EVOCLIN	CED	PA
FABIOR	4	ST
FINACEA TOPICAL FOAM	CED	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	CED	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	CED	PA
<i>ivermectin topical cream</i>	2	PA
METROCREAM	4	
METROGEL TOPICAL GEL 1 %	4	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	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>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>metronidazole topical lotion</i>	CED	PA
MIRVASO	4	PA; QL (30 per 30 days)
<i>neuac</i>	2	
NEUAC KIT	CED	PA
NORITATE	CED	PA
ONEXTON TOPICAL GEL WITH PUMP	CED	PA
RETIN-A MICRO	CED	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	4	PA for age 29 and older
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	4	ST
RETIN-A TOPICAL CREAM	4	PA for age 29 and older
RETIN-A TOPICAL GEL	CED	PA for age 29 and older
RHOFADE	4	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
ROSADAN TOPICAL KIT, CLEANSER AND GEL	CED	PA
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	4	PA
ROSULA	4	
SOOLANTRA	4	PA
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream 0.05 %</i>	CED	PA
<i>tazarotene topical cream 0.1 %</i>	2	
TAZAROTENE TOPICAL FOAM	4	ST
<i>tazarotene topical gel</i>	CED	PA
TAZORAC TOPICAL CREAM 0.05 %	CED	PA
TAZORAC TOPICAL CREAM 0.1 %	4	ST
TAZORAC TOPICAL GEL	CED	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
<i>tretinoin microspheres topical gel</i>	CED	PA
<i>tretinoin microspheres topical gel with pump</i>	2	PA for age 29 and older
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	1	PA for age 29 and older
<i>tretinoin topical cream 0.1 %</i>	2	PA for age 29 and older
<i>tretinoin topical gel</i>	CED	PA for age 29 and older
TWYNEO	CED	PA
VELTIN	CED	PA
WINLEVI	4	ST; QL (60 per 30 days)
<i>zenatane</i>	1	
ZIANA	CED	PA
ZILXI	4	PA; QL (30 per 30 days)

TOPICAL ANESTHETICS

ANODYNE LPT	CED	PA
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
DOLOTRANZ	CED	PA
<i>lidocaine hcl laryngotracheal</i>	CED	PA
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	CED	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocaine-prilocaine topical kit</i>	CED	PA
LIDOCAINE-TETRACAINE	4	PA
<i>lidocan iii</i>	3	QL (3 per 1 day)
<i>lidocan iv</i>	2	QL (3 per 1 day)
<i>lidocan v</i>	2	QL (3 per 1 day)
LIDODERM	4	QL (3 per 1 day)
<i>lidopin topical cream 3 %</i>	1	
LIDO-PRILO CAINE PACK	CED	PA
PLIAGLIS	CED	PA
ZTLIDO	CED	PA

TOPICAL ANTIBACTERIALS

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
ALTABAX	4	PA; 30 grams per fill
CENTANY	4	
CENTANY AT	CED	PA
<i>gentamicin topical</i>	1	
KLARON	4	
<i>mafenide acetate</i>	CED	PA
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	CED	PA
NEO-SYNALAR	CED	PA
NEO-SYNALAR KIT	CED	PA
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	CED	PA
XEPI	4	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	CED	PA
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical gel</i>	2	
<i>ciclopirox topical shampoo</i>	2	
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	2	
<i>ciclopirox-ure-camph-menth-euc</i>	CED	PA
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	2	
<i>econazole</i>	2	
ECOZA	CED	PA
ERTACZO	CED	PA
EXELDERM	CED	PA
EXODERM	4	
EXTINA	CED	PA
JUBLIA	CED	PA
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical foam</i>	CED	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
<i>ketoconazole topical shampoo</i>	1	
<i>ketodan</i>	CED	PA
<i>ketodan kit</i>	CED	PA
<i>klayesta</i>	1	
LOPROX (AS OLAMINE)	4	
LOPROX KIT	CED	PA
LULICONAZOLE	CED	PA
LUZU	CED	PA
MICONAZOLE NITRATE-ZINC OX-PET	CED	PA
<i>naftifine topical cream</i>	2	PA
<i>naftifine topical gel 2 %</i>	CED	PA
NAFTIN TOPICAL GEL 2 %	CED	PA
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	CED	PA
OXISTAT TOPICAL LOTION	CED	PA
SULCONAZOLE	CED	PA
<i>tavaborole</i>	CED	PA
VUSION	4	PA
XOLEGEL	CED	PA
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	CED	PA
<i>acyclovir topical ointment</i>	1	
DENAVIR	4	PA; 5 grams per fill
<i>penciclovir</i>	2	PA; 5 grams per fill
XERESE	CED	PA
ZOVIRAX TOPICAL CREAM	4	PA
ZOVIRAX TOPICAL OINTMENT	4	
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	CED	PA
<i>alclometasone</i>	2	
<i>amcinonide topical cream</i>	2	ST

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>amcinonide topical ointment</i>	2	ST
<i>apexicon e</i>	CED	PA
<i>beser</i>	2	ST
BESER KIT	CED	PA
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	CED	
<i>betamethasone, augmented topical lotion</i>	CED	
<i>betamethasone, augmented topical ointment</i>	2	
BRYHALI	CED	PA
CAPEX	4	ST
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical foam</i>	2	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical lotion</i>	CED	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	2	
<i>clobetasol-emollient topical cream</i>	2	
<i>clobetasol-emollient topical foam</i>	2	ST
CLOBEX TOPICAL SHAMPOO	4	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	
<i>clocortolone pivalate</i>	CED	PA
<i>clodan</i>	2	
CLODAN KIT	CED	PA
CORDRAN TAPE LARGE ROLL	4	ST
CORDRAN TOPICAL CREAM 0.025 %	CED	PA
CORDRAN TOPICAL CREAM 0.05 %	4	ST
CORDRAN TOPICAL LOTION	4	ST

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
CORDRAN TOPICAL OINTMENT	4	ST
DERMA-SMOOTH/FS BODY OIL	4	
DERMA-SMOOTH/FS SCALP OIL	4	
DERMAWERX SDS	CED	PA
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	CED	PA
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream 0.05 %</i>	CED	ST
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical gel</i>	CED	ST
<i>desoximetasone topical ointment 0.05 %</i>	CED	ST
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>desoximetasone topical spray, non-aerosol</i>	CED	
<i>diflorasone</i>	2	ST
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	
DUOBRII	CED	PA
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i>	CED	ST
<i>fluocinonide topical gel</i>	CED	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluocinonide-e</i>	CED	
FLUOVIX	CED	PA
FLUOVIX PLUS	CED	PA
<i>flurandrenolide</i>	2	ST
<i>fluticasone propionate topical cream</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>fluticasone propionate topical lotion</i>	2	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	CED	PA
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical foam</i>	CED	PA
<i>halobetasol propionate topical ointment</i>	CED	
HALOG	CED	PA
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical lotion</i>	CED	PA
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	CED	PA
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	CED	
IMPOYZ	4	ST
KENALOG TOPICAL	4	ST
LOCOID LIPOCREAM	4	
LOCOID TOPICAL LOTION	CED	PA
<i>mometasone topical</i>	1	
NOXIPAK	CED	PA
NUCORT	CED	PA
OLUX	4	
PANDEL	CED	PA
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	2	
QUINIXIL	CED	PA
<i>scalacort</i>	2	PA
SCALACORT DK	CED	PA
SERNIVO	CED	PA
SURE RESULT TAC PAK	CED	PA
SYNALAR	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
SYNALAR CREAM KIT	CED	PA
SYNALAR OINTMENT KIT	CED	PA
SYNALAR TS	CED	PA
TEXACORT	4	ST
TOPICORT TOPICAL CREAM 0.05 %	CED	
TOPICORT TOPICAL CREAM 0.25 %	4	
TOPICORT TOPICAL GEL	CED	ST
TOPICORT TOPICAL OINTMENT 0.05 %	CED	ST
TOPICORT TOPICAL OINTMENT 0.25 %	4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL	CED	
<i>tovet emollient</i>	2	
TOVET KIT	CED	PA
<i>triamcinolone acetonide topical aerosol</i>	2	ST
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	CED	PA
<i>triderm topical cream</i>	1	
ULTRAVATE TOPICAL LOTION	CED	PA
VANOS	CED	ST
VERDESO	CED	PA
WHYTEDERM TDKAK	CED	PA
WHYTEDERM TRILASIL PAK	CED	PA
XILAPAK	CED	PA
TOPICAL ENZYMES		
SANTYL	4	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	QL (60 per 30 days)
ELIMITE	4	QL (120 per 30 days)
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	QL (60 per 30 days)
<i>malathion</i>	1	QL (120 per 30 days)
NATROBA	4	QL (120 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
OVIDE	4	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
ULESFIA	4	

DIAGNOSTICS & MISCELLANEOUS AGENTS

ANOREXIANTS

IMCIVREE	5	PA; SP; QL (9 per 30 days)
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MISCELLANEOUS AGENTS

<i>acamprosate</i>	2	
AGRYLIN	4	
<i>anagrelide</i>	1	
BUPHENYL	5	PA; SP
<i>caffeine citrate oral</i>	1	
CARBAGLU	5	PA; SP; LA
<i>carglumic acid</i>	5	PA; SP
CARNITOR (SUGAR-FREE)	4	
CARNITOR ORAL	4	
<i>cevimeline</i>	2	
CHEMET	4	PA for age 18 and older
CUVRIOR	5	PA; SP; QL (10 per 1 day)
<i>deferasirox</i>	5	PA; SP
<i>deferiprone</i>	5	PA; SP
<i>disulfiram</i>	2	
<i>droxidopa</i>	5	PA; SP
DUVYZAT	5	PA; SP; QL (3 per 35 days)
ENDARI	5	PA; SP; QL (6 per 1 day)
EVOXAC	4	
EXJADE	5	PA; SP; LA
FABHALTA	5	PA; SP; QL (2 per 1 day)
FERRIPROX	5	PA; SP
FERRIPROX (2 TIMES A DAY)	CED	PA; SP
<i>glutamine (sickle cell)</i>	5	PA; SP; QL (6 per 1 day)
INCRELEX	5	PA; SP; LA
JADENU	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
JADENU SPRINKLE	5	PA; SP
JOENJA	5	PA; SP; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	5	PA; SP; QL (1 per 1 day)
LITHOSTAT	4	
<i>midodrine</i>	1	
<i>nitisinone</i>	5	PA; SP; LA
NITYR	5	PA; SP; LA
NORTHERA	5	PA; SP
OLPRUVA	5	PA; SP
ORFADIN	5	PA; SP; LA
PHEBURANE	5	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	5	PA; SP; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	5	PA; 2 tablets per day; 7 tablets in 365 days; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (14 per 365 days)
RAVICTI	5	PA; SP; QL (17.5 per 1 day)
REVCOVI	5	PA; SP; LA
REZDIFFRA	5	PA; SP; QL (1 per 1 day)
RILUTEK	4	
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	5	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	5	PA; SP; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	5	PA; SP; LA; QL (1 per 1 day)
SYPRINE	5	PA; SP; QL (8 per 1 day)
TAVNEOS	5	PA; SP; QL (6 per 1 day)
THIOLA	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
THIOLA EC	5	PA; SP
TIGLUTIK	CED	PA; SP; QL (20 per 1 day)
<i>tiopronin</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; SP; QL (4 per 1 day)
VOYDEYA	5	PA; SP; LA; QL (180 per 30 days)
XURIDEN	5	SP
ZOKINVY	5	PA; SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
CHANTIX CONTINUING MONTH BOX	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX ORAL TABLET 1 MG	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX STARTING MONTH BOX	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
NICODERM CQ	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL GUM 2 MG	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICORETTE BUCCAL LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL MINI LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	9	183 day supply in rolling 365 days; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	4	183 DAY SUPPLY IN A ROLLING 365 DAYS; 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>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline tartrate</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	4	15 units per fill
<i>ipratropium bromide nasal</i>	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
PERIDEX	4	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
PREVIDENT DENTAL GEL	4	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf</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>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
CETRAXAL	CED	PA
<i>ciprofloxacin hcl otic (ear)</i>	2	
DERMOTIC OIL	4	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE	4	PA
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	CED	PA
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; SP
ACTHAR SELFJECT	5	PA; SP
AGAMREE	4	PA; QL (200 per 26 days)
ALKINDI SPRINKLE	CED	PA
CORTEF	4	
<i>cortisone</i>	1	
CORTROPHIN GEL	5	PA; SP
<i>deflazacort</i>	5	PA; SP
<i>dexabliss</i>	CED	PA
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</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>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	CED	PA
EMFLAZA	5	PA; SP; LA
<i>fludrocortisone</i>	1	
HEMADY	CED	PA
<i>hydrocortisone oral</i>	1	
MEDROL (PAK)	4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp</i>	CED	PA
<i>millipred oral tablet</i>	CED	PA
ORAPRED ODT	CED	PA
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	2	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	CED	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	CED	PA
<i>prednisone</i>	1	
<i>prednisone intensol</i>	2	
RAYOS	CED	PA
TAPERDEX	CED	PA
TARPEYO	5	PA; SP; QL (4 per 1 day)
ZCORT	CED	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		

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
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 MECHANICAL VENT	3	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	
<i>diazoxide</i>	2	
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	3	
GVOKE HYOPEN 2-PACK	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
PROGLYCEM	4	
ZEGALOGUE AUTOINJECTOR	4	ST
ZEGALOGUE SYRINGE	4	ST

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
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 273 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 273 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	1	OTC
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	OTC
DEXCOM G6 RECEIVER	4	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	4	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	4	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	4	PA; CGM; QL (1 per 720 days)
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 PLUS SENSOR	3	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	3	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 (G6/LIBRE 2 PLUS)	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 5 INTRO(G6/LIBRE2PLUS)	3	QL (1 per 720 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)

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
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	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		
ADMELOG SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
ADMELOG U-100 INSULIN LISPRO	4	PA; QL (100 per 30 days)
AFREZZA	4	PA; QL (100 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
APIDRA U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP PUMPCART	4	PA; QL (100 per 30 days)
FIASP U-100 INSULIN	4	PA; QL (100 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	1	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN	1	QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	1	QL (100 per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
HUMALOG U-100 INSULIN	1	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	3	QL (100 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
HUMULIN R U-500 (CONC) INSULIN	3	QL (100 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	3	QL (100 per 30 days)
INSULIN ASP PRT-INSULIN ASPART	3	PA; QL (100 per 30 days)
INSULIN ASPART U-100	3	PA; QL (100 per 30 days)
INSULIN DEGLUDEC	4	PA; QL (100 per 30 days)
INSULIN GLARGINE U-300 CONC	4	PA; QL (100 per 30 days)
INSULIN GLARGINE-YFGN	4	PA; QL (100 per 30 days)
INSULIN LISPRO	3	PA; QL (100 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO	3	PA; QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	QL (100 per 30 days)
LANTUS U-100 INSULIN	3	QL (100 per 30 days)
LEVEMIR U-100 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
LYUMJEV U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	4	ST; QL (100 per 30 days)
NOVOLIN N FLEXPEN	4	ST; QL (100 per 30 days)
NOVOLIN R FLEXPEN	4	ST; QL (100 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	4	PA; QL (100 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG U-100 INSULIN ASPART	4	PA; QL (100 per 30 days)
RELION NOVOLIN 70/30	4	ST; QL (100 per 30 days)
RELION NOVOLIN N	4	ST; QL (100 per 30 days)
RELION NOVOLIN R	4	ST; QL (100 per 30 days)
REZVOGLAR KWIKPEN	CED	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	4	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN	4	PA; QL (100 per 30 days)
SOLIQUA 100/33	4	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	3	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	3	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	3	QL (100 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
TRESIBA FLEXTOUCH U-200	3	QL (100 per 30 days)
TRESIBA U-100 INSULIN	3	QL (100 per 30 days)
XULTOPHY 100/3.6	4	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDROGEL	4	PA
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	5	PA; SP; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN	5	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>danazol</i>	2	
DDAVP ORAL	4	
DEPO-TESTOSTERONE	4	PA
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
GALAFOLD	5	PA; SP; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; LA; QL (4 per 1 day)
JATENZO	CED	PA
<i>javygtor</i>	5	PA; SP
JYNARQUE ORAL TABLET 15 MG	5	PA; SP; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	5	PA; SP; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; SP; LA; QL (56 per 28 days)
KORLYM	5	PA; SP; QL (4 per 1 day)
KUVAN	5	PA; SP
KYZATREX	4	PA; QL (2 per 1 day)
METHITEST	CED	PA
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	5	PA; SP; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>miglustat</i>	5	PA; SP; LA; QL (3 per 1 day)
MYALEPT	5	PA; SP; LA
NATESTO	4	PA
NOCDURNA (MEN)	4	PA; QL (1 per 1 day)
NOCDURNA (WOMEN)	4	PA; QL (1 per 1 day)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	PA; SP
OPFOLDA	5	PA; SP; QL (8 per 28 days)
ORILISSA	4	PA
OVIDREL	5	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; SP; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; SP; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	5	PA; SP
RAYALDEE	4	PA; QL (2 per 1 day)
RECORLEV	5	PA; SP; QL (8 per 1 day)
ROCALTROL ORAL SOLUTION	4	
SAMSCA ORAL TABLET 15 MG	5	PA; SP; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	5	PA; SP; QL (60 per 365 days)
<i>sapropterin</i>	5	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	PA; QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	4	PA; QL (4 per 1 day)
SOMAVERT	5	PA; SP
STRENSIQ	5	PA; SP; LA
SYNAREL	5	PA; SP; QL (8 per 28 days)
TESTIM	4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
TLANDO	CED	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)
UNDECATREX	CED	PA; QL (2 per 1 day)
VOGELXO	4	PA
VOXZOGO	5	PA; SP; QL (1 per 1 day)
XYOSTED	CED	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	4	
ACTOS	4	
ALOGLIPTIN	4	ST
ALOGLIPTIN-METFORMIN	4	ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST
BRENZAVVY	4	ST; QL (1 per 1 day)
BYDUREON BCISE	4	PA
BYETTA	4	PA
CYCLOSET	4	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	CED	PA; QL (1 per 1 day)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	CED	PA; QL (2 per 1 day)
DAPAGLIFLOZIN PROPANEDIOL	CED	PA; QL (1 per 1 day)
DUETACT	CED	PA
FARXIGA	3	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	CED	PA; QL (1 per 1 day)
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	CED	PA
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</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
GLUCOTROL XL	4	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	CED	PA; QL (2 per 1 day)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	CED	PA
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	3	
INPEFA	4	PA; QL (1 per 1 day)
INVOKAMET	4	ST; QL (2 per 1 day)
INVOKAMET XR	4	ST; QL (2 per 1 day)
INVOKANA	4	ST; QL (1 per 1 day)
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KAZANO	4	ST
LIRAGLUTIDE	4	PA; QL (9 per 28 days)
<i>metformin oral solution</i>	CED	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	CED	PA
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24hr</i>	CED	PA
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	CED	PA; QL (2 per 1 day)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	CED	PA
<i>miglitol</i>	2	
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
NESINA	4	ST
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST

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
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 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-glimepiride</i>	CED	PA
<i>pioglitazone-metformin</i>	1	
PRECOSE	4	
QTERN	4	ST
<i>repaglinide</i>	2	
RIOMET	CED	PA
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)
<i>saxagliptin</i>	2	ST
<i>saxagliptin-metformin</i>	2	ST
SEGLUROMET	4	ST
SITAGLIPTIN	CED	PA
SITAGLIPTIN-METFORMIN	CED	PA; QL (2 per 1 day)
STEGLATRO	4	ST
STEGLUJAN	4	ST
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	4	PA; QL (9 per 28 days)
VICTOZA 3-PAK	4	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)

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
ZITUVIMET	CED	PA; QL (2 per 1 day)
ZITUVIMET XR	CED	PA
ZITUVIO	4	ST
THYROID HORMONES		
ARMOUR THYROID	4	
CYTOMEL	4	
ERMEZA	CED	PA
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE ORAL CAPSULE	4	
<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>	1	
<i>np thyroid</i>	1	
SYNTHROID	4	
THYQUIDITY	CED	PA
<i>thyroid (pork)</i>	2	
TIROSINT	4	
TIROSINT-SOL	CED	PA
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
CUVPOSA	4	PA
DARTISLA	CED	PA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	CED	PA; QL (40 per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GLYCATE	CED	PA
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	CED	PA
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral drops</i>	CED	PA
<i>hyosyne oral elixir</i>	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LIBRAX (WITH CLIDINIUM)	4	
LOMOTIL	4	
<i>methscopolamine</i>	1	
MOTOFEN	CED	PA
MYTESI	4	PA
NULEV	4	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
ROBINUL FORTE	4	
ROBINUL ORAL	4	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA	4	ST; QL (12 per 1 day)
FOSRENOL ORAL POWDER IN PACKET	CED	PA; QL (3 per 1 day)
FOSRENOL ORAL TABLET, CHEWABLE	4	ST; QL (3 per 1 day)
<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	4	PA; 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
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	CED	PA; QL (17 per 1 day)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	CED	PA; QL (5 per 1 day)
RENVELA ORAL TABLET	4	QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	CED	PA; QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	CED	PA; QL (5 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	CED	PA; QL (32 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	CED	PA; QL (16 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	2	
VELPHORO	4	ST; QL (6 per 1 day)
VELTASSA	4	PA; QL (1 per 1 day)
XPHOZAH	4	PA; QL (2 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	4	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
AMITIZA	4	QL (2 per 1 day)
ANALPRAM-HC RECTAL	4	
ANTIVERT ORAL TABLET 50 MG	4	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	4	
ANUSOL-HC TOPICAL	4	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule, dose pack</i>	2	QL (15 per 28 days)
APRISO	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide</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>betaine</i>	5	SP
BONJESTA	CED	PA
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>budesonide oral tablet, delayed and ext. release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; SP; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; SP; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	5	PA; SP; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	5	PA; SP; LA; QL (4 per 1 day)
CANASA	4	QL (1 per 1 day)
CHENODAL	5	PA; SP; LA; QL (7 per 1 day)
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 POWDER FOR RECONST	5	PA; SP; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; SP; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
COLAZAL	4	
COMPAZINE	4	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	4	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	1	
CYSTADANE	5	SP
DELZICOL	4	
DICLEGIS	4	ST; QL (4 per 1 day)
DIPENTUM	4	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol</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>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	4	QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	4	QL (15 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	QL (5 per 28 days)
ENTYVIO PEN	5	PA; SP; QL (1.36 per 28 days)
<i>enulose</i>	1	
EOHILIA	5	PA; SP; QL (600 per 30 days)
GASTROCROM	4	
GATTEX 30-VIAL	5	PA; SP
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	CED	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
GIMOTI	CED	PA
GOLYTELY	4	
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
IBSRELA	4	PA; QL (2 per 1 day)
IQIRVO	5	PA; SP; QL (1 per 1 day)
KRISTALOSE	CED	PA
<i>lactulose oral packet</i>	CED	PA
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</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>laxative peg 3350</i>	9	ACA; OTC
LIALDA	4	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	3	QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; SP; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; SP; QL (3 per 1 day)
LOTRONEX	4	PA; QL (2 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
MARINOL	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	CED	PA
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>mesalamine with cleansing wipe</i>	CED	PA
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<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)
MOVIPREP	CED	PA
<i>natura-lax</i>	9	ACA; OTC
<i>nitroglycerin rectal</i>	2	
OICALIVA	5	PA; SP; LA; QL (1 per 1 day)
OMVOH PEN	5	PA; SP; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	5	PA; SP; QL (2 per 28 days)
<i>ondansetron hcl oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	CED	PA
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<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>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	CED	PA; ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
PERTZYE	4	ST
<i>phosphate laxative</i>	9	ACA; OTC
PLENVU	4	
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	4	
REGLAN ORAL	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)

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
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (0.4 per 1 day)
RELTONE	CED	PA
ROWASA RECTAL ENEMA KIT	CED	PA
SANCUSO	4	QL (4 per 28 days)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SFROWASA	4	
SKYRIZI INTRAVENOUS	5	PA; SP; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	2	ACA
SUCRAID	5	PA; SP; QL (8 per 1 day)
SUFLAVE	4	
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	4	
SUTAB	CED	PA
SYMPROIC	3	QL (1 per 1 day)
SYNDROS	4	PA
TRANSDERM-SCOP	4	QL (10 per 30 days)
<i>trimethobenzamide oral</i>	1	
TRULANCE	4	PA; QL (1 per 1 day)
UCERIS ORAL	4	PA
UCERIS RECTAL	4	
URSO FORTE	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	CED	PA
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	4	QL (4 per 28 days)
VELSIPITY	5	PA; SP; QL (1 per 1 day)
VIBERZI	4	PA; QL (2 per 1 day)
VIOKACE	4	ST
VOWST	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
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
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	
ZYMFENTRA	5	PA; SP; QL (2 per 28 days)
ULCER THERAPY		
ACIPHEX	4	QL (2 per 1 day)
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>bismuth subcit k-metronidz-tcn</i>	CED	PA; QL (240 per 365 days)
CARAFATE	4	
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	4	
DEXILANT	4	ST; QL (1 per 1 day)
<i>dexlansoprazole</i>	2	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for age 9 and older; QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEF	CED	PA
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	2	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM	4	QL (2 per 1 day)
NEXIUM PACKET	4	PA for age 9 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK	CED	PA
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	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>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	CED	PA
<i>omeprazole-sodium bicarbonate oral packet</i>	CED	PA
<i>pantoprazole oral granules dr for susp in packet</i>	CED	PA; QL (1 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	4	
PREVACID	4	QL (2 per 1 day)
PREVACID SOLUTAB	4	PA for age 8 and older; QL (1 per 1 day)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	CED	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	CED	PA; QL (1 per 1 day)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC)	4	QL (2 per 1 day)
PYLERA	CED	PA; QL (240 per 365 days)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	CED	PA; QL (1 per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	
TALICIA	4	QL (336 per 365 days)
VOQUEZNA	4	ST; QL (1 per 1 day)
VOQUEZNA DUAL PAK	4	QL (2 per 365 days)
VOQUEZNA TRIPLE PAK	4	QL (2 per 365 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	CED	PA
ZEGERID ORAL PACKET	CED	PA

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	5	SP
<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
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	5	PA; SP
ARCALYST	5	PA; SP; 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; SP
FULPHILA	5	PA; SP
FYLNETRA	5	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	PA; SP; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	5	PA; SP; 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; SP; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; 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)
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	SP
PROCRT	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	SP; QL (2.4 per 1 day)
RETACRIT	5	PA; SP
ROLVEDON	5	PA; SP
STIMUFEND	5	PA; SP
UDENYCA	5	PA; SP
UDENYCA AUTOINJECTOR	5	PA; SP
UDENYCA ONBODY	5	PA; SP
XOLREMDI	5	PA; SP; QL (4 per 1 day)
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; SP
GROWTH HORMONES		
EGRIFTA SV	5	PA; SP
GENOTROPIN	5	PA; SP
GENOTROPIN MINIQUICK	5	PA; SP
HUMATROPE INJECTION CARTRIDGE	5	PA; SP
NGENLA	5	PA; SP
NORDITROPIN FLEXPPO	5	PA; SP
NUTROPIN AQ NUSPIN	5	PA; SP
OMNITROPE	5	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; SP
SKYTROFA	5	PA; SP
SOGROYA	5	PA; SP; QL (3 per 28 days)
ZOMACTON	5	PA; SP
INTERFERONS		
ACTIMMUNE	5	PA; SP
ALFERON N	5	SP
BESREMI	5	PA; SP; QL (2 per 28 days)
PEGASYS	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
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	5	SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	SP
AVONEX INTRAMUSCULAR SYRINGE KIT	5	SP
BAFIERTAM	5	PA; SP; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	5	SP
COPAXONE SUBCUTANEOUS SYRINGE	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)
<i>fingolimod</i>	5	SP
GILENYA ORAL CAPSULE 0.25 MG	CED	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP
<i>glatiramer</i>	5	SP
<i>glatopa</i>	5	SP
KESIMPTA PEN	5	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets 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)
PLEGRIDY INTRAMUSCULAR	5	SP; QL (1 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
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	SP; QL (1 per 365 days)
PONVORY	5	PA; SP; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	5	PA; SP; 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)
TASCENSO ODT	CED	PA; SP; QL (1 per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	SP; QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	5	SP; QL (2 per 1 day)
<i>teriflunomide</i>	5	SP
VUMERITY	5	PA; SP; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA TRIV 2024-2025	9	ACA
AFLURIA TRIV 2024-2025 (PF)	9	ACA
AREXVY (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
CAPVAXIVE	9	ACA
COMIRNATY 2024-25 (12Y UP)(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
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DENGVAXIA (PF)	9	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD TRIV 2024-25(65Y UP)(PF)	9	ACA
FLUARIX TRIV 2024-2025 (PF)	9	ACA
FLUBLOK TRIV 2024-2025 (PF)	9	ACA
FLUCELVAX TRIV 2024-2025	9	ACA
FLUCELVAX TRIV 2024-2025 (PF)	9	ACA
FLULAVAL TRIV 2024-2025 (PF)	9	ACA
FLUMIST TRIVALENT 2024-2025	9	ACA
FLUZONE HIGH-DOSE TRIV 24-25	9	ACA
FLUZONE TRIV 2024-2025	9	ACA
FLUZONE TRIV 2024-2025 (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)	9	ACA
IPOL	9	ACA
JYNNEOS (PF)	9	ACA
KINRIX (PF)	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF)	9	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 24-25(6M-11Y)PF	9	ACA
MRESVIA (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
NOVAVAX COVID 2024-25(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; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	5	PA; SP; QL (90 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 3)	5	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	5	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	5	PA; SP; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	5	PA; SP; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	5	PA; SP; 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 2024-25(5Y-11Y)PF	9	ACA
PFIZER COVID 2024-25(6MO-4Y)PF	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	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 2024-2025(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

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
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump</i>	2	PA; QL (15 per 365 days)
<i>imiquimod topical cream in packet 3.75 %</i>	2	PA; QL (56 per 365 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	PA; QL (15 per 365 days)
ZYCLARA TOPICAL CREAM IN PACKET	4	PA; QL (56 per 365 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	CED	PA
<i>colchicine oral capsule</i>	CED	PA
<i>colchicine oral tablet</i>	1	
COLCRYS	4	
<i>febuxostat</i>	1	ST
GLOPERBA	CED	PA
MITIGARE	CED	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	4	ST
ZYLOPRIM ORAL TABLET 100 MG	4	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate oral solution</i>	CED	PA
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
AELVIA	4	PA
BINOSTO	CED	PA
EVISTA	4	
FORTEO	5	PA; SP; QL (1 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	
FOSAMAX PLUS D	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>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	CED	PA
<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		
ABRILADA(CF)	CED	PA; SP; QL (2 per 28 days)
ABRILADA(CF) PEN	CED	PA; SP; QL (2 per 28 days)
ACTEMRA ACTPEN	5	PA; SP; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; SP; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS	CED	PA; SP; QL (3 per 365 days)
ADALIMUMAB-AACF(CF) PEN PS-UV	CED	PA; SP; QL (2 per 365 days)
ADALIMUMAB-AATY	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADBM	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	CED	PA; SP; QL (6 per 365 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	CED	PA; SP; QL (4 per 365 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-RYVK	CED	PA; SP; QL (2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	CED	PA; SP; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ARAVA	4	
BENLYSTA SUBCUTANEOUS	5	PA; SP; QL (4 per 28 days)
CUPRIMINE	5	PA; SP; QL (16 per 1 day)
CYLTEZO(CF)	5	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN	5	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; SP; QL (4 per 365 days)
DEPEN TITRATABS	5	PA; SP; QL (16 per 1 day)
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)
HADLIMA	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA PUSHTOUCH	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA(CF)	CED	PA; SP; QL (0.8 per 28 days)
HADLIMA(CF) PUSHTOUCH	CED	PA; SP; QL (0.8 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	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) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (3 per 365 days)
HYRIMOZ	CED	PA; SP; QL (1.6 per 28 days)
HYRIMOZ PEN	CED	PA; SP; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	5	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; SP; QL (1.6 per 28 days)
IDACIO(CF)	CED	PA; SP; QL (1 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	CED	PA; SP; QL (3 per 365 days)
IDACIO(CF) PEN PSORIASIS START	CED	PA; SP; QL (2 per 365 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 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>	1	
OLUMIANT	5	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; SP; 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 (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL (55 per 365 days)
OTREXUP (PF)	4	ST; SP
<i>penicillamine</i>	5	PA; SP; QL (16 per 1 day)
RASUVO (PF)	4	ST; SP
RIDAURA	4	SP
RINVOQ LQ	5	PA; SP; QL (12 per 1 day)
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	4	ST
SIMLANDI(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	5	PA; SP; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; SP; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET	5	PA; SP; QL (2 per 1 day)
XELJANZ XR	5	PA; SP; QL (1 per 1 day)
YUFLYMA(CF)	CED	PA; SP; QL (2 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	CED	PA; SP; QL (3 per 365 days)
YUFLYMA(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)
YUSIMRY(CF) PEN	CED	PA; SP; QL (1.6 per 28 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC
DUREX TROPICAL CONDOM	CED	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
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
WIDE-SEAL DIAPHRAGM	9	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	4	
ANGELIQ	4	
BIJUVA	4	QL (1 per 1 day)
<i>camila</i>	1	ACA
CLIMARA	4	
CLIMARA PRO	4	
COMBIPATCH	4	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	4	PA
<i>deblitane</i>	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	PA
DIVIGEL	4	
<i>dotti</i>	1	
DUAVEE	4	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ELESTRIN	4	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
ESTRACE	4	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	2	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</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
ESTRATEST F.S.	4	
ESTRATEST H.S.	4	
ESTRING	4	
ESTROGEL	4	
<i>estrogens-methyltestosterone</i>	2	
EVAMIST	4	
FEMRING	4	
<i>fyavolv</i>	2	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
IMVEXXY MAINTENANCE PACK	4	
IMVEXXY STARTER PACK	4	
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
MENEST	4	
MENOSTAR	4	
<i>mimvey</i>	2	
MINIVELLE	4	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	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>progesterone</i>	1	
<i>progesterone micronized</i>	1	
PROMETRIUM	4	
PROVERA	4	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
VAGIFEM	4	
VIVELLE-DOT	4	
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	4	QL (1 per 365 days)
CLEOCIN VAGINAL	4	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	4	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX	4	
<i>mifepristone oral tablet 200 mg</i>	2	
MYFEMBREE	4	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVARING	4	PA
NUVESSA	4	
ORIAHNN	4	PA; QL (2 per 1 day)
OSPHENA	4	PA
PHEXXI	CED	PA
<i>terconazole</i>	1	
<i>tranexamic acid 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
TWIRLA	CED	PA
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	CED	PA; OTC
VCF CONTRACEPTIVE GEL	CED	PA; ACA; OTC
VEOZAH	4	PA; QL (1 per 1 day)
XACIATO	4	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
AFTERA	CED	PA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
BALCOLTRA	4	PA
<i>balziva (28)</i>	1	ACA
BEYAZ	4	PA
<i>blisovi 24 fe</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	4	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>finzala</i>	2	ACA
<i>gemmily</i>	CED	PA; ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>joyeaux</i>	2	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1/50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron</i>	2	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	4	PA
LOESTRIN 1/20 (21)	4	PA
LOESTRIN FE 1.5/30 (28-DAY)	4	PA
LOESTRIN FE 1/20 (28-DAY)	4	PA
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	PA; ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
NATAZIA	4	
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
NEXTSTELLIS	4	
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	CED	PA; ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
PLAN B ONE-STEP	CED	PA; OTC
<i>portia 28</i>	1	ACA
QUARTETTE	4	PA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
SAFYRAL	4	PA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
SLYND	4	
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	CED	PA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
TAYTULLA	CED	PA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
TYBLUME	CED	PA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
YASMIN (28)	4	PA
YAZ (28)	4	PA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	CED	PA
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	4	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine ophthalmic (eye)</i>	2	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	4	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
BETIMOL	4	ST
BETOPTIC S	4	ST
<i>carteolol</i>	2	
ISTALOL	CED	PA
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol</i>	2	ST
<i>timolol maleate (pf)</i>	CED	PA
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	PA
TIMOPTIC OCUDOSE (PF)	CED	PA
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
ATROPINE SULFATE (PF)	CED	PA
CYCLOGYL	4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
MYDRIACYL	4	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY	CED	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	CED	PA; QL (1 per 30 days)
ALCAINE	4	
<i>allergy eye (ketotifen)</i>	1	OTC
ALOCRIIL	4	ST
ALOMIDE	4	ST
<i>altacaine</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	2	ST
BEPREVE	4	ST
CEQUA	4	ST
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	5	PA; SP; QL (20 per 28 days)
CYSTARAN	5	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
MIEBO (PF)	4	PA; QL (15 per 30 days)
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	5	PA; SP; QL (56 per 720 days)
<i>propracaine</i>	1	
RESTASIS	4	QL (2 per 1 day)
RESTASIS MULTIDOSE	4	ST; QL (5.5 per 28 days)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
TYRVAYA	4	ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS
VERKAZIA	CED	PA
VEVYE	CED	PA
XDEMVY	5	PA; SP; QL (10 per 365 days)
XIIDRA	3	QL (2 per 1 day)
ZERVIAE	4	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	
ACULAR LS	4	
ACUVAIL (PF)	CED	PA
<i>bromfenac</i>	2	
BROMSITE	4	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	4	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
AZOPT	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
COMBIGAN	4	
COSOPT	4	
COSOPT (PF)	4	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
IYUZEH (PF)	CED	PA
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	ST
<i>tafluprost (pf)</i>	2	ST
TRAVATAN Z	4	ST
<i>travoprost</i>	2	ST
VYZULTA	4	ST; QL (5 per 30 days)
XALATAN	4	
XELPROS	CED	PA
ZIOPTAN (PF)	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	4	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	CED	PA
TOBRADEX ST	CED	PA
<i>tobramycin-dexamethasone</i>	1	
ZYLET	4	

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Drug Name	Drug Tier	Requirements / Limits
STEROIDS		
ALREX	4	
CLOBETASOL OPHTHALMIC (EYE)	CED	PA
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	CED	PA
FLAREX	4	
<i>fluorometholone</i>	1	
FML FORTE	CED	PA
FML LIQUIFILM	4	
INVELTYS	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	CED	PA
LOTEMAX SM	CED	PA
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	CED	PA
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	
MAXIDEX	4	
PRED FORTE	4	
PRED MILD	CED	PA
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	ST
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	2	ST
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	4	
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	CED	PA
<i>carbinoxamine maleate oral liquid</i>	CED	PA; QL (40 per 1 day)
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR	CED	PA; QL (40 per 1 day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	4	
<i>clemastine oral syrup</i>	CED	PA; QL (60 per 1 day)
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet, disintegrating</i>	CED	PA
<i>dexchlorpheniramine maleate oral solution</i>	CED	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	CED	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
EPIPEN	4	
EPIPEN JR	4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	CED	PA
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
RYCLORA	CED	PA
RYVENT	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
BROMFED DM	4	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	CED	PA
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
HYCODAN (WITH HOMATROPINE)	4	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
TUXARIN ER	4	QL (24 per 30 days)
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
ACCOLATE	4	
<i>acetylcysteine</i>	1	
ADCIRCA	5	PA; SP; QL (2 per 1 day)
ADEMPAS	5	PA; SP; LA; QL (3 per 1 day)
ADVAIR DISKUS	4	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
ADVAIR HFA	3	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 232-14 MCG/ACTUATION	4	PA
AIRDUO RESPICLICK	4	PA
AIRSUPRA	CED	PA
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	2	PA
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	4	PA
<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>	2	
ARNUITY ELLIPTA	3	
ASMANEX HFA	4	ST
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)	4	ST
ATROVENT HFA	4	
<i>azelastine-fluticasone</i>	2	ST
BEVESPI AEROSPHERE	4	ST
<i>bosentan</i>	5	PA; SP; QL (2 per 1 day)
BREO ELLIPTA	3	
<i>breyna</i>	2	
BREZTRI AEROSPHERE	4	ST; QL (1 per 30 days)
BROVANA	4	
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
CINRYZE	5	PA; SP
COMBIVENT RESPIMAT	3	
<i>cromolyn inhalation</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DALIRESP	4	PA; QL (1 per 1 day)
DUAKLIR PRESSAIR	4	ST; QL (1 per 30 days)
DULERA	3	
DYMISTA	4	ST
ELIXOPHYLLIN	CED	PA
<i>epinephrine hcl</i>	2	
ESBRIET ORAL CAPSULE	5	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 267 MG	5	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	5	PA; SP; QL (3 per 1 day)
FASENRA	5	PA; SP; QL (1 per 42 days)
FASENRA PEN	5	PA; SP; QL (1 per 42 days)
FIRAZYR	5	PA; SP; QL (9 per 28 days)
<i>flunisolide</i>	2	ST
FLUTICASONE FUROATE-VILANTEROL	4	PA
FLUTICASONE PROPIONATE INHALATION	4	ST
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	4	PA
<i>formoterol fumarate</i>	2	
FORMOTEROL FUMARATE-NEBULIZER	CED	PA
HAEGARDA	5	PA; SP; LA
HYPER-SAL	4	
<i>icatibant</i>	5	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO	5	PA; SP; QL (2 per 1 day)
LETAIRIS	5	PA; SP; LA; QL (1 per 1 day)
<i>levalbuterol hcl</i>	2	
LEVALBUTEROL TARTRATE	3	ST

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Drug Name	Drug Tier	Requirements / Limits
LIQREV	5	PA; SP; QL (6 per 1 day)
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA	5	PA; SP; LA; QL (1 per 28 days)
OFEV	5	PA; SP; QL (2 per 1 day)
OHTUVAYRE	5	PA; SP; QL (5 per 1 day)
OMNARIS	4	ST
OPSUMIT	5	PA; SP; LA; QL (1 per 1 day)
OPSYNVI	5	PA; SP; 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; SP; LA; QL (1 per 1 day)
PERFOROMIST	4	
<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; SP; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (3 per 1 day)
PROAIR DIGIHALER	4	PA
PROAIR RESPICLICK	4	PA
PULMICORT	4	
PULMICORT FLEXHALER	3	
<i>pulmosal</i>	1	
PULMOZYME	5	PA; SP; QL (5 per 1 day)
QNASL	4	ST
QVAR REDIHALER	3	
REVATIO ORAL TABLET	5	PA; SP; QL (3 per 1 day)
<i>roflumilast</i>	2	PA; QL (1 per 1 day)
RUCONEST	5	PA; SP; QL (2 per 28 days)
RYALTRIS	CED	PA; QL (3 per 90 days)
<i>sajazir</i>	5	PA; SP; QL (9 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
SEREVENT DISKUS	3	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; SP; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; SP; QL (3 per 1 day)
SINGULAIR	4	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	3	
SPIRIVA WITH HANDIHALER	CED	PA
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
SYMBICORT	4	PA
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; SP; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; SP; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; SP; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	5	PA; SP; QL (1.91 per 28 days)
THEO-24	4	
<i>theophylline oral elixir</i>	CED	PA
<i>theophylline oral solution</i>	CED	PA
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	CED	PA
TRACLEER ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; SP; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide nasal</i>	1	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)
TUDORZA PRESSAIR	4	ST

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
TYVASO	5	PA; SP; QL (11.6 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 DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	5	PA; SP; QL (1 per 365 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	1	
WINREVAIR	5	PA; SP; QL (1 per 20 days)
<i>wixela inhub</i>	1	
XHANCE	4	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)
XOPENEX HFA	4	ST
YUPELRI	4	ST; QL (1 per 1 day)
<i>zafirlukast</i>	2	
ZETONNA	4	PA
<i>zileuton</i>	2	PA; QL (4 per 1 day)
ZYFLO	4	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
DETROL	4	
DETROL LA	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
<i>fesoterodine</i>	2	ST
<i>flavoxate</i>	1	
GEMTESA	4	ST; QL (1 per 1 day)
<i>mirabegron</i>	2	ST
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	CED	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>oxybutynin chloride oral syrup</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	CED	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	CED	PA
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
TOVIAZ	4	ST
<i>trospium oral capsule,extended release 24hr</i>	2	
<i>trospium oral tablet</i>	1	
VESICARE	4	
VESICARE LS	CED	PA
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
AVODART	4	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
ENTADFI	CED	PA; QL (1 per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	4	
PROSCAR	4	
RAPAFLO	4	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>tamsulosin</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
UROXATRAL	4	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	SP; LA
ELMIRON	4	
K-PHOS NO 2	4	
OXLUMO	5	PA; SP
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	5	PA; SP
RIVFLOZA	5	PA; SP; QL (1 per 28 days)
UROCIT-K 10	4	
UROCIT-K 15	4	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	4	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	4	
<i>klor-con</i>	CED	PA
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	
POKONZA	CED	PA; QL (1 per 1 day)
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	CED	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
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	CED	PA
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; SP; 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>	1	
<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>	1	
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<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>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	1	
<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>	1	
<i>multi-vitamin with fluoride</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>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>newgen</i>	1	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<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>	1	
<i>prenatal plus (calcium carb)</i>	1	
<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>	1	
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>soluvita</i>	9	ACA; OTC
<i>soluvita a,c,d with fluoride</i>	9	ACA; OTC
<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

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>super b-50 complex</i>	9	ACA; OTC
<i>super quint</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<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>	1	
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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

Index

2		
<i>24 hour nasal allergy</i>	135	
A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
ABILIFY	44	
ABILIFY ASIMTUFII.....	43	
ABILIFY MAINTENA.....	43	
ABILIFY MYCITE MAINTENANCE KIT	43	
ABILIFY MYCITE STARTER KIT	44	
<i>abiraterone</i>	14	
ABRILADA(CF).....	116	
ABRILADA(CF) PEN	116	
ABRYSVO (PF).....	112	
ABSORICA.....	73	
ABSORICA LD	73	
<i>acamprosate</i>	84	
ACANYA.....	73	
<i>acarbose</i>	96	
ACCOLATE.....	135	
ACCU-CHEK AVIVA PLUS TEST STRP.....	90	
ACCU-CHEK GUIDE GLUCOSE METER.....	91	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	91	
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	91	
ACCU-CHEK GUIDE TEST STRIPS.....	90	
ACCU-CHEK SMARTVIEW CONTRL SOL	91	
ACCU-CHEK SMARTVIEW TEST STRIP	90	
ACCUPRIL	59	
ACCURETIC	59	
<i>accutane</i>	73	
<i>acebutolol</i>	59	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	34	
<i>acetaminophen-codeine</i>	34	
<i>acetazolamide</i>	131	
<i>acetic acid</i>	88	
<i>acetylcysteine</i>	135	
ACIPHEX.....	107	
<i>acitretin</i>	70	
ACTEMRA	116	
ACTEMRA ACTPEN.....	116	
ACTHAR.....	88	
ACTHAR SELFJECT	88	
ACTHIB (PF).....	112	
ACTICLATE.....	12	
ACTIMMUNE	110	
ACTIVELLA.....	120	
ACTIVE-PAC	24	
ACTONEL	115	
ACTOPLUS MET	96	
ACTOS.....	96	
ACULAR.....	131	
ACULAR LS.....	131	
ACUVAIL (PF).....	131	
<i>acyclovir</i>	4, 79	
ACZONE.....	73	
ADACEL(TDAP ADOLESN/ADULT)(PF)	112	
ADALIMUMAB-AACF ...	116	
ADALIMUMAB-AACF(CF) PEN CROHNS	116	
ADALIMUMAB-AACF(CF) PEN PS-UV.....	116	
ADALIMUMAB-AATY ...	116	
ADALIMUMAB-ADAZ... ..	116	
ADALIMUMAB-ADBM..	116	
ADALIMUMAB-ADBM(CF) PEN CROHNS	116	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	116	
ADALIMUMAB-FKJP	116	
ADALIMUMAB-RYVK ...	116	
<i>adapalene</i>	73, 74	
ADAPALENE	74	
<i>adapalene-benzoyl peroxide</i> . ..	74	
ADASUVE.....	44	
ADBRY	72	
ADCIRCA	135	
ADDERALL	44	
ADDERALL XR.....	44	
ADDYI	44	
<i>adefovir</i>	4	
ADEMPAS.....	135	
ADLARITY.....	31	
ADMELOG SOLOSTAR U- 100 INSULIN.....	92	
ADMELOG U-100 INSULIN LISPRO	92	
<i>adult aspirin regimen</i>	38	
ADVAIR DISKUS	135	
ADVAIR HFA.....	136	
ADZENYS XR-ODT	44	
AEROCHAMBER MECHANICAL VENT... ..	90	
AEROCHAMBER MINI	90	
AEROCHAMBER PLUS FLOW-VU.....	90	
AEROCHAMBER PLUS Z STAT	90	
AEROVENT PLUS.....	90	
AFINITOR	14	
AFINITOR DISPERZ	14	
<i>afirmelle</i>	123	
AFLURIA TRIV 2024-2025	112	
AFLURIA TRIV 2024-2025 (PF).....	112	
AFREZZA	92	
<i>after pill</i>	123	
AFTERA.....	123	
AGAMREE	88	
AGRYLIN	84	
AIMOVIG AUTOINJECTOR	29	
AIRDUO DIGIHALER.....	136	
AIRDUO RESPICLICK.....	136	
AIRSUPRA	136	
AJOVY AUTOINJECTOR..	29	
AJOVY SYRINGE.....	29	
AKEEGA.....	14	
AKLIEF.....	74	
AKTEN (PF)	130	
AKYNZEO (NETUPITANT)	101	
ALA-SCALP	79	
<i>albendazole</i>	9	
<i>albuterol sulfate</i>	136	
ALCAINE.....	130	
<i>alclometasone</i>	79	
ALDACTONE.....	59	
ALECENSA	14	
<i>alendronate</i>	115	
ALFERON N.....	110	
<i>alfuzosin</i>	141	

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

ALINIA	9	AMJEVITA(CF)	117	APTIOM.....	24
<i>aliskiren</i>	59	AMJEVITA(CF)		APTIVUS	4
ALKERAN.....	14	AUTOINJECTOR..	116, 117	ARAKODA	9
ALKINDI SPRINKLE	88	<i>amlodipine</i>	59	<i>aranelle (28)</i>	123
<i>allergy eye (ketotifen)</i>	130	<i>amlodipine-atorvastatin</i>	67	ARANESP (IN	
<i>allopurinol</i>	115	<i>amlodipine-benazepril</i>	59	POLYSORBATE) ..	108, 109
<i>almotriptan malate</i>	29	<i>amlodipine-olmesartan</i>	59	ARAVA.....	117
ALOCRIIL.....	130	<i>amlodipine-valsartan</i>	59	ARAZLO	74
ALOGLIPTIN	96	<i>amlodipine-valsartan-hcthia</i>		ARCALYST	109
ALOGLIPTIN-METFORMIN		.....	59	AREXVY (PF)	112
.....	96	<i>ammonium lactate</i>	72	<i>arformoterol</i>	136
ALOGLIPTIN-		<i>amnesteem</i>	74	ARICEPT	31
PIOGLITAZONE.....	96	<i>amoxapine</i>	44	ARIKAYCE	9
ALOMIDE	130	<i>amoxicil-clarithromy-</i>		ARIMIDEX	14
<i>alose tron</i>	101	<i>lansopraz</i>	107	<i>aripiprazole</i>	44
ALPHAGAN P.....	133	<i>amoxicillin</i>	11	ARISTADA	45
<i>alprazolam</i>	44	<i>amoxicillin-pot clavulanate</i> ..	11	ARISTADA INITIO.....	44
<i>alprazolam intensol</i>	44	<i>amphetamine sulfate</i>	44	ARIXTRA	65
ALREX.....	133	<i>ampicillin</i>	11	<i>armodafinil</i>	45
ALTABAX.....	78	AMPYRA.....	31	ARMOUR THYROID.....	99
<i>altacaine</i>	130	AMRIX.....	32	ARNUITY ELLIPTA	136
ALTACE	59	AMZEEQ	74	AROMASIN.....	14
<i>altavera (28)</i>	123	ANAFRANIL.....	44	ARTHROTEC 50	38
ALTOPREV	67	<i>anagrelide</i>	84	ARTHROTEC 75	39
ALTRENO	74	ANALPRAM-HC.....	70, 101	<i>ascomp with codeine</i>	34
ALUNBRIG	14	ANAPROX DS.....	38	<i>asenapine maleate</i>	45
ALVAIZ	65	<i>anas paz</i>	99	<i>ashlyna</i>	123
ALVESCO	136	<i>anastrozole</i>	14	ASMANEX HFA	136
<i>alvimopan</i>	101	ANCOBON	3	ASMANEX TWISTHALER	
<i>alyacen 1/35 (28)</i>	123	ANDROGEL	94	.....	136
<i>alyacen 7/7/7 (28)</i>	123	ANGELIQ	120	<i>aspirin</i>	39
<i>alyq</i>	136	ANNOVERA.....	122	<i>aspirin childrens</i>	39
<i>amantadine hcl</i>	4	ANODYNE LPT	77	<i>aspirin-dipyridamole</i>	65
AMBIEN	44	ANORO ELLIPTA.....	136	ASPIRIN-OMEPRAZOLE ..	66
AMBIEN CR.....	44	ANTIVERT	101	ASPRUZYO SPRINKLE	69
<i>ambrisentan</i>	136	<i>anucort-hc</i>	101	ASTAGRAF XL.....	14
<i>amcinonide</i>	79, 80	ANUSOL-HC.....	101	ATACAND.....	59
<i>amethia</i>	123	<i>apexicon e</i>	80	ATACAND HCT.....	59
<i>amethyst (28)</i>	123	APIDRA SOLOSTAR U-100		<i>atazanavir</i>	4
AMICAR	65	INSULIN	92	ATELVIA.....	115
<i>amikacin</i>	9	APIDRA U-100 INSULIN..	92	<i>atenolol</i>	59
<i>amiloride</i>	59	APLENZIN	44	<i>atenolol-chlorthalidone</i>	59
<i>amiloride-hydrochlorothiazide</i>		APOKYN	28	ATIVAN.....	45
.....	59	<i>apomorphine</i>	28	<i>atomoxetine</i>	45
<i>aminocaproic acid</i>	65	<i>apraclonidine</i>	134	ATORVALIQ.....	67
<i>amiodarone</i>	58	<i>aprepitant</i>	101	<i>atorvastatin</i>	67
AMITIZA	101	APRETUDE	4	<i>atovaquone</i>	9
<i>amitriptyline</i>	44	<i>apri</i>	123	<i>atovaquone-proguanil</i>	9
<i>amitriptyline-chlordiazepoxide</i>		APRISO.....	101	ATRALIN.....	74
.....	44	APTENSIO XR.....	44	ATRIPLA	4

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

<i>atropine</i>	130
ATROPINE SULFATE (PF)	130
ATROVENT HFA	136
AUBAGIO	111
<i>aubra</i>	123
<i>aubra eq</i>	123
AUGMENTIN.....	11
AUGMENTIN ES-600.....	11
AUGMENTIN XR	11
AUGTYRO	14
<i>aurovela 1.5/30 (21)</i>	123
<i>aurovela 1/20 (21)</i>	123
<i>aurovela 24 fe</i>	123
<i>aurovela fe 1.5/30 (28)</i>	123
<i>aurovela fe 1-20 (28)</i>	123
AURYXIA	100
AUSTEDO	31
AUSTEDO XR.....	31
AUSTEDO XR TITRATION KT(WK1-4).....	31
AUVELITY.....	45
AUVI-Q.....	134
AVALIDE	59
AVAPRO	59
<i>avar</i>	74
<i>aviane</i>	123
<i>avidoxy</i>	12
AVIDOXY DK	12
AVODART	141
AVONEX	111
<i>ayuna</i>	123
AYVAKIT.....	14
AZASAN.....	14
AZASITE	128
<i>azathioprine</i>	14
<i>azelaic acid</i>	74
<i>azelastine</i>	87, 130
<i>azelastine-fluticasone</i>	136
AZELEX	74
AZILECT	28
<i>azithromycin</i>	8
AZOPT	131
AZOR.....	59
AZSTARYS	45
AZULFIDINE	101
AZULFIDINE EN-TABS ..	101
<i>azurette (28)</i>	123

B	
<i>b complex 1 (with folic acid)</i>	143
<i>b complex-vitamin c-folic acid</i>	143
<i>bacitracin</i>	128
<i>bacitracin-polymyxin b</i>	128
<i>baclofen</i>	32, 33
BACLOFEN.....	32
BACTRIM.....	12
BACTRIM DS.....	12
BAFIERTAM.....	111
<i>balanced b-100</i>	143
<i>bal-care dha</i>	143
BALCOLTRA	123
<i>balsalazide</i>	101
BALVERSA.....	14, 15
<i>balziva (28)</i>	123
BANZEL	24
BAQSIMI.....	90
BARACLUDGE.....	4
BASAGLAR KWIKPEN U- 100 INSULIN	92
BASAGLAR TEMPO PEN(U- 100)INSLN.....	92
BAXDELA.....	11
<i>bayer low dose aspirin</i>	39
<i>b-complex with vitamin c</i>	143
BD INTEGRA NEEDLE	91
BD MICROTAINER LANCET	91
BD SPECIALTY USE NEEDLES	91
BD ULTRA-FINE NANO PEN NEEDLE.....	91
BELBUCA	34
BELSOMRA	45
<i>benazepril</i>	59
<i>benazepril-hydrochlorothiazide</i>	60
BENICAR	60
BENICAR HCT	60
BENLYSTA	117
BENZAMYCIN	74
<i>benzepro</i>	74
BENZEPRO (MICROSPHERES).....	74
BENZNIDAZOLE	9
<i>benzonatate</i>	135
<i>benztropine</i>	28

<i>bepotastine besilate</i>	130
BEPREVE	130
<i>beser</i>	80
BESER KIT	80
BESIVANCE.....	128
BESREMI.....	110
BETADINE OPHTHALMIC PREP.....	128
<i>betaine</i>	102
<i>betamethasone dipropionate</i> ..	80
<i>betamethasone valerate</i>	80
<i>betamethasone, augmented</i> ...80	
BETAPACE	58
BETAPACE AF	58
BETASERON.....	111
<i>betaxolol</i>	60, 129
<i>bethanechol chloride</i>	142
BETHKIS	9
BETIMOL	129
BETOPTIC S.....	129
BEVESPI AEROSPHERE .	136
<i>bexarotene</i>	15
BEXSERO.....	112
BEYAZ.....	123
<i>bicalutamide</i>	15
BIDIL	60
BIJUVA.....	120
BIKTARVY	4
BILTRICIDE.....	9
<i>bimatoprost</i>	132
BIMZELX	70
BIMZELX AUTOINJECTOR	70
BINOSTO.....	115
<i>bismuth subcit k-metronidz-tcn</i>	107
<i>bisoprolol fumarate</i>	60
<i>bisoprolol-hydrochlorothiazide</i>	60
<i>blisovi 24 fe</i>	123
<i>blisovi fe 1.5/30 (28)</i>	124
<i>blisovi fe 1/20 (28)</i>	124
BONJESTA	102
BOOSTRIX TDAP.....	112
<i>bosentan</i>	136
BOSULIF	15
BRAFTOVI.....	15
BRENZAVVY	96
BREO ELLIPTA	136
BREXAFEMME	3

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

<i>breyna</i>	136	<i>calcipotriene</i>	70	<i>carisoprodol-aspirin-codeine</i>	
BREZTRI AEROSPHERE	136	CALCIPOTRIENE.....	70	.....	33
<i>brillyn</i>	124	<i>calcipotriene-betamethasone</i>	70	CARNITOR.....	84
BRILINTA	66	<i>calcitonin (salmon)</i>	94	CARNITOR (SUGAR-FREE)	
<i>brimonidine</i>	74, 134	<i>calcitriol</i>	70, 94	.....	84
<i>brimonidine-timolol</i>	132	<i>calcium acetate(phosphat bind)</i>		CAROSPIR.....	60
<i>brinzolamide</i>	132	.....	142	<i>carteolol</i>	129
BRIVIACT	24	CALQUENCE		<i>cartia xt</i>	60
BRIXADI	34	(ACALABRUTINIB MAL)		<i>carvedilol</i>	60
BROMFED DM	135	.....	15	<i>carvedilol phosphate</i>	60
<i>bromfenac</i>	131	CAMBIA	39	CASODEX	15
<i>bromocriptine</i>	28	<i>camila</i>	120	CATAPRES-TTS-1.....	60
<i>brompheniramine-pseudoeph-</i>		<i>camrese</i>	124	CATAPRES-TTS-2.....	60
<i>dm</i>	135	<i>camrese lo</i>	124	CATAPRES-TTS-3.....	60
BROMSITE.....	131	CAMZYOS	69	CAYA CONTOURED	119
BROVANA	136	CANASA.....	102	CAYSTON	9
BRUKINSA	15	<i>candesartan</i>	60	<i>caziant (28)</i>	124
BRYHALI.....	80	<i>candesartan-</i>		<i>cefaclor</i>	7, 8
<i>budesonide</i>	102, 136	<i>hydrochlorothiazid</i>	60	<i>cefadroxil</i>	8
<i>budesonide-formoterol</i>	136	<i>capecitabine</i>	15	<i>cefdinir</i>	8
<i>bumetanide</i>	60	CAPEX.....	80	<i>cefixime</i>	8
BUPHENYL.....	84	CAPLYTA.....	45	<i>cefpodoxime</i>	8
<i>buprenorphine</i>	34	CAPRELSA.....	15	<i>cefprozil</i>	8
<i>buprenorphine hcl</i>	35	CAPSFENAC PAK.....	39	<i>cefuroxime axetil</i>	8
<i>buprenorphine-naloxone</i>	39	CAPSINAC	39	CELEBREX	39
<i>bupropion hcl</i>	45	<i>captopril</i>	60	<i>celecoxib</i>	39
BUPROPION HCL	45	<i>captopril-hydrochlorothiazide</i>		CELEXA	45
<i>bupropion hcl (smoking deter)</i>		.....	60	CELLCEPT	15
.....	86	CAPVAXIVE.....	112	CELONTIN	24
<i>buspirone</i>	45	CARAC	72	CENTANY	78
<i>butalbital-acetaminop-caf-cod</i>		CARAFATE.....	107	CENTANY AT.....	78
.....	35	CARBAGLU.....	84	<i>cephalexin</i>	8
<i>butalbital-acetaminophen</i>	35	<i>carbamazepine</i>	24	CEQUA	130
<i>butalbital-acetaminophen-caff</i>		CARBAMAZEPINE	24	CERDELGA.....	94
.....	35	CARBATROL.....	24	<i>cetirizine</i>	134
<i>butalbital-aspirin-caffeine</i>	35	<i>carbidopa</i>	28	CETRAXAL.....	88
<i>butorphanol</i>	39	<i>carbidopa-levodopa</i>	28	<i>cevimeline</i>	84
BUTRANS	35	<i>carbidopa-levodopa-</i>		CHANTIX	86
BYDUREON BCISE	96	<i>entacapone</i>	28	CHANTIX CONTINUING	
BYETTA	96	<i>carbinoxamine maleate</i>	134	MONTH BOX.....	86
BYLVAY	102	CARBINOXAMINE		CHANTIX STARTING	
BYSTOLIC	60	MALEATE.....	134	MONTH BOX.....	86
C		CARDIZEM.....	60	<i>charlotte 24 fe</i>	124
CABENUVA.....	4	CARDIZEM CD.....	60	<i>chateal (28)</i>	124
<i>cabergoline</i>	94	CARDIZEM LA.....	60	<i>chateal eq (28)</i>	124
CABLIVI.....	66	CARDURA	60	CHEMET.....	84
CABOMETYX.....	15	CARDURA XL	60	CHENODAL	102
CABTREO	74	<i>carglumic acid</i>	84	<i>chlordiazepoxide hcl</i>	45
CADUET.....	67	<i>carisoprodol</i>	33	<i>chlordiazepoxide-clidinium</i> ..	99
<i>caffeine citrate</i>	84	<i>carisoprodol-aspirin</i>	33	<i>chlorhexidine gluconate</i>	87

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

<i>chloroquine phosphate</i>	9	CLIMARA.....	120	COMIRNATY 2024-25 (12Y	
<i>chlorpromazine</i>	46	CLIMARA PRO.....	120	UP)(PF).....	112
<i>chlorthalidone</i>	60	<i>clindacin</i>	74	COMPACT SPACE	
<i>chlorzoxazone</i>	33	<i>clindacin etz</i>	74	CHAMBER	90
CHOLBAM.....	102	CLINDACIN ETZ.....	74	COMPAZINE.....	102
<i>cholestyramine (with sugar)</i> ..	67	<i>clindacin p</i>	74	COMPLERA	4
<i>cholestyramine light</i>	67	CLINDACIN PAC	74	<i>complete natal dha</i>	143
CHORIONIC		CLINDAGEL	74	<i>compro</i>	102
GONADOTROPIN,		<i>clindamycin hcl</i>	9	CONCERTA.....	46
HUMAN.....	94	<i>clindamycin pediatric</i>	9	CONDYLOX.....	72
CIBINQO	72	<i>clindamycin phosphate</i> ..	74, 75,	CONJUPRI	60
<i>ciclodan</i>	78	122		CONSENSI.....	61
CICLODAN KIT.....	78	<i>clindamycin-benzoyl peroxide</i>		<i>constulose</i>	102
<i>ciclopirox</i>	78	.....	75	CONZIP.....	39
<i>ciclopirox-ure-camph-menth-</i>		<i>clindamycin-tretinoin</i>	75	COPAXONE	111
<i>euc</i>	78	CLINDESSE	122	COPIKTRA	15
<i>cilostazol</i>	66	<i>clobazam</i>	24	CORDRAN.....	80, 81
CILOXAN.....	128	<i>clobetasol</i>	80	CORDRAN TAPE LARGE	
CIMDUO.....	4	CLOBETASOL	133	ROLL.....	80
<i>cimetidine</i>	107	<i>clobetasol-emollient</i>	80	COREG.....	61
<i>cimetidine hcl</i>	107	CLOBEX.....	80	COREG CR	61
CIMZIA.....	102	<i>clocortolone pivalate</i>	80	CORLANOR.....	69
CIMZIA POWDER FOR		<i>clodan</i>	80	CORTANE-B	72
RECONST.....	102	CLODAN KIT.....	80	CORTEF.....	88
<i>cinacalcet</i>	94	<i>clomipramine</i>	46	CORTENEMA	102
CINRYZE.....	136	<i>clonazepam</i>	24	CORTIFOAM.....	102
CIPRO	11	<i>clonidine</i>	60	<i>cortisone</i>	88
CIPRO HC.....	88	<i>clonidine hcl</i>	46, 60	CORTISPORIN-TC	88
<i>ciprofloxacin</i>	11	CLONIDINE HCL	60	CORTROPHIN GEL.....	88
<i>ciprofloxacin hcl</i>	12, 88, 129	<i>clopidogrel</i>	66	COSENTYX.....	71
<i>ciprofloxacin-dexamethasone</i>		<i>clorazepate dipotassium</i>	46	COSENTYX (2 SYRINGES)	
.....	88	<i>clotrimazole</i>	3	.....	71
CIPROFLOXACIN-		<i>clotrimazole-betamethasone</i> ..	78	COSENTYX PEN	71
FLUOCINOLONE	88	<i>clozapine</i>	46	COSENTYX PEN (2 PENS)	71
<i>citalopram</i>	46	CLOZARIL	46	COSENTYX UNOREADY	
CITALOPRAM.....	46	<i>c-nate dha</i>	143	PEN.....	71
<i>citrate of magnesia</i>	102	COARTEM	9	COSOPT	132
<i>citroma</i>	102	<i>codeine sulfate</i>	35	COSOPT (PF).....	132
<i>claravis</i>	74	<i>codeine-butalbital-asa-caff</i> ..	35	COTELLIC.....	15
CLARINEX.....	134	<i>codeine-guaifenesin</i>	135	COTEMPLA XR-ODT	46
CLARINEX-D 12 HOUR..	135	COLAZAL	102	<i>covaryx</i>	120
<i>clarithromycin</i>	8	<i>colchicine</i>	115	<i>covaryx h.s.</i>	120
<i>classic prenatal</i>	143	COLCRYS.....	115	COXANTO.....	39
<i>clearlax</i>	102	<i>colesevelam</i>	67	COZAAR.....	61
<i>clemastine</i>	134	COLESTID.....	67	CREON.....	102
CLENPIQ.....	102	<i>colestipol</i>	67	CRESEMBA.....	3
CLEOCIN.....	122	COMBIGAN	132	CRESTOR	67
CLEOCIN HCL.....	9	COMBIPATCH.....	120	CRINONE	120
CLEOCIN PEDIATRIC.....	9	COMBIVENT RESPIMAT	136	<i>cromolyn</i>	102, 130, 136
CLEOCIN T	74	COMETRIQ.....	15	<i>crotan</i>	83

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

<i>cryselle (28)</i>	124	DARTISLA	99	DETROL	140
CUPRIMINE.....	117	<i>darunavir</i>	4	DETROL LA.....	140
<i>curae</i>	124	<i>dasatinib</i>	15	<i>dexabliss</i>	88
CUVPOSA	99	<i>dasetta 1/35 (28)</i>	124	<i>dexamethasone</i>	88, 89
CUVRIOR.....	84	<i>dasetta 7/7/7 (28)</i>	124	<i>dexamethasone intensol</i>	88
<i>cyanocobalamin (vitamin b-12)</i>	143	DAURISMO.....	15	<i>dexamethasone sodium</i> <i>phosphate</i>	133
<i>cyclobenzaprine</i>	33	DAYBUE	31	<i>dexchlorpheniramine maleate</i>	134
CYCLOGYL	130	DAYPRO.....	39	DEXCOM G6 RECEIVER ..	91
CYCLOMYDRIL.....	134	<i>daysee</i>	124	DEXCOM G6 SENSOR.....	91
<i>cyclopentolate</i>	130	DAYTRANA.....	46	DEXCOM G6 TRANSMITTER	91
<i>cyclophosphamide</i>	15	DAYVIGO	46	DEXCOM G7 RECEIVER ..	91
CYCLOPHOSPHAMIDE....	15	DDAVP	94	DEXCOM G7 SENSOR.....	91
<i>cycloserine</i>	9	<i>deblitane</i>	120	DEXEDRINE SPANSULE ..	47
CYCLOSET	96	<i>deferasirox</i>	84	DEXILANT	107
<i>cyclosporine</i>	15, 130	<i>deferiprone</i>	84	<i>dexlansoprazole</i>	107
<i>cyclosporine modified</i>	15	<i>deflazacort</i>	88	<i>dexmethylphenidate</i>	47
CYLTEZO(CF)	117	DELSTRIGO.....	4	<i>dextroamphetamine sulfate</i> ...47	
CYLTEZO(CF) PEN.....	117	DELZICOL	102	<i>dextroamphetamine-</i> <i>amphetamine</i>	47
CYLTEZO(CF) PEN CROHN'S-UC-HS.....	117	<i>demeclocycline</i>	12	DHIVY	28
CYLTEZO(CF) PEN PSORIASIS-UV	117	DEMSEER.....	61	DIACOMIT	24
CYMBALTA	46	DENAVIR	79	<i>dialyrite 800</i>	143
<i>cyproheptadine</i>	134	DENGAXIA (PF).....	113	<i>diazepam</i>	24, 47
<i>cyred</i>	124	<i>denta 5000 plus</i>	87	<i>diazepam intensol</i>	47
<i>cyred eq</i>	124	<i>denta 5000 plus sensitive</i>	87	<i>diazoxide</i>	90
CYSTADANE.....	102	<i>dentagel</i>	87	DIBENZYLINE	61
CYSTADROPS.....	130	DEPAKOTE.....	24	<i>dichlorphenamide</i>	31
CYSTAGON	142	DEPAKOTE ER.....	24	DICLEGIS	102
CYSTARAN	130	DEPAKOTE SPRINKLES ..	24	DICLOFENAC EPOLAMINE	39
CYTOMEL.....	99	DEPEN TITRATABS	117	<i>diclofenac potassium</i>	39
CYTOTEC	107	DEPO-PROVERA.....	120	<i>diclofenac sodium</i> ....39, 40, 72, 131	
D		<i>dermacinrx lidocan</i>	77	DICLOFENAC SUBMICRONIZED	40
<i>dabigatran etexilate</i>	66	DERMA-SMOOTH/FS BODY OIL	81	<i>diclofenac-misoprostol</i>	40
<i>dalfampridine</i>	31	DERMA-SMOOTH/FS SCALP OIL.....	81	DICLOFEX DC.....	40
DALIRESP	137	DERMAWERX SDS	81	DICLOPR	40
<i>danazol</i>	94	DERMOTIC OIL	88	DICLOSAICIN.....	40
DANTRIUM	33	DESCOVY	4	DICLOTRAL	40
<i>dantrolene</i>	33	<i>desipramine</i>	46	<i>dicloxacillin</i>	11
DAPAGLIFLOZ PROPANED-METFORMIN	96	<i>desloratadine</i>	134	<i>dicyclomine</i>	99
DAPAGLIFLOZIN PROPANEDIOL	96	<i>desmopressin</i>	94	DIFFERIN	75
<i>dapsone</i>	9, 75	DESMOPRESSIN	94	DIFICID	8
DAPTACEL (DTAP PEDIATRIC) (PF).....	113	<i>desog-e.estradiol/e.estradiol</i>	124	<i>diflorasone</i>	81
DARAPRIM.....	9	<i>desonide</i>	81	DIFLUCAN.....	3
<i>darifenacin</i>	140	<i>desoximetasone</i>	81	<i>diflunisal</i>	40
		DESXYN.....	47		
		DESVENLAFAXINE	47		
		<i>desvenlafaxine succinate</i>	47		

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

<i>difluprednate</i>	133	<i>doxycycline monohydrate</i>	12,	EDLUAR.....	48
<i>digoxin</i>	65	13		<i>ed-spaz</i>	99
<i>dihydroergotamine</i>	29	<i>doxylamine-pyridoxine (vit b6)</i>		EDURANT	5
DILANTIN.....	24	.....	102	<i>eemt</i>	120
DILANTIN EXTENDED	24	DRIZALMA SPRINKLE.....	48	<i>eemt hs</i>	120
DILANTIN INFATABS	24	<i>dronabinol</i>	102	<i>efavirenz</i>	5
DILANTIN-125	24	<i>drosiprenone-e.estradiol-lm.fa</i>		<i>efavirenz-emtricitabin-tenofov</i> 5	
DILAUDID	35	.....	124	<i>efavirenz-lamivu-tenofov disop</i>	
<i>diltiazem</i>	61	<i>drosiprenone-ethinyl estradiol</i>		.....	5
<i>dilt-xr</i>	61	.....	124	<i>effer-k</i>	142
DIMENTHO.....	40	DROXIA	16	EFFEXOR XR.....	48
<i>dimethyl fumarate</i>	111	<i>droxidopa</i>	84	EFFIENT	66
DIOVAN	61	DRYSOL DAB-O-MATIC ..	72	EFUDEX	72
DIOVAN HCT	61	DUAKLIR PRESSAIR	137	EGRIFTA SV	110
DIPENTUM	102	DUAVEE.....	120	ELEPSIA XR.....	25
<i>diphenoxylate-atropine</i>	99	DUETACT	96	ELESTRIN	120
DIPROLENE		DUEXIS	40	<i>eletriptan</i>	29
(AUGMENTED).....	81	<i>dulcolax (magnesium</i>		ELIDEL	73
<i>dipyridamole</i>	66	<i>hydroxide)</i>	103	ELIGARD.....	16
DISALCID	40	DULERA.....	137	ELIGARD (3 MONTH)	16
<i>disopyramide phosphate</i>	58	<i>duloxetine</i>	48	ELIGARD (4 MONTH)	16
<i>disulfiram</i>	84	DUOBRII	81	ELIGARD (6 MONTH)	16
DITHOL	40	DUOPA	29	ELIMITE	83
DIURIL	61	DUPIXENT PEN	72	<i>elinest</i>	124
<i>divalproex</i>	24, 25	DUPIXENT SYRINGE.....	72	ELIQUIS.....	66
DIVIGEL.....	120	DUREX AVANTI BARE		ELIQUIS DVT-PE TREAT	
<i>dodex</i>	143	REAL FEEL	119	30D START.....	66
<i>dofetilide</i>	58	DUREX TROPICAL		<i>elite-ob</i>	143
DOJOLVI.....	143	CONDOM	119	ELIXOPHYLLIN	137
<i>dolishale</i>	124	DUREZOL	133	ELLA	124
DOLOBID.....	40	<i>dutasteride</i>	141	ELMIRON.....	142
DOLOTRANZ	77	<i>dutasteride-tamsulosin</i>	141	<i>eluryng</i>	122
<i>donepezil</i>	31	DUVYZAT.....	84	ELYXYB.....	30
DOPTELET (15 TAB PACK)		DYANAVEL XR	48	EMEND.....	103
.....	66	DYMISTA.....	137	EMFLAZA	89
DORAL	47	DYRENIUM	61	EMGALITY PEN.....	30
DORYX.....	12	E		EMGALITY SYRINGE	30
DORYX MPC	12	<i>e.e.s. 400</i>	8	EMSAM	48
<i>dorzolamide</i>	132	E.E.S. GRANULES.....	8	<i>emtricitabine</i>	5
<i>dorzolamide-timolol</i>	132	EASIVENT HOLDING		<i>emtricitabine-tenofovir (tdf)</i> ...	5
<i>dorzolamide-timolol (pf)</i>	132	CHAMBER	90	EMTRIVA.....	5
<i>dotti</i>	120	EC-NAPROSYN.....	40	EMVERM.....	9
DOVATO	5	<i>econazole</i>	78	<i>emzahn</i>	120
<i>doxazosin</i>	61	<i>econtra ez</i>	124	<i>enalapril maleate</i>	61
<i>doxepin</i>	47, 72	<i>econtra one-step</i>	124	<i>enalapril-hydrochlorothiazide</i>	
<i>doxercalciferol</i>	94	<i>ecotrin low strength</i>	40	.....	61
<i>doxycycline hyclate</i>	12	ECOZA.....	78	ENBREL.....	117
DOXYCYCLINE HYCLATE		EDARBI.....	61	ENBREL MINI	117
.....	12	EDARBYCLOR.....	61	ENBREL SURECLICK	117
		EDECIN.....	61	ENDARI	84

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

<i>endocet</i>	35	ERYPED 200	8	EVRYSDI.....	31
ENGERIX-B (PF)	113	ERYPED 400	8	EXELDERM	78
ENGERIX-B PEDIATRIC		<i>ery-tab</i>	8	EXELON PATCH.....	31
(PF).....	113	ERY-TAB.....	8	<i>exemestane</i>	16
<i>enilloring</i>	122	<i>erythrocin (as stearate)</i>	8	EXFORGE.....	61
<i>enoxaparin</i>	66	<i>erythromycin</i>	8, 9, 129	EXFORGE HCT.....	61
<i>enpresse</i>	124	<i>erythromycin ethylsuccinate</i> ...8		EXJADE	84
<i>enskyce</i>	124	<i>erythromycin with ethanol</i>....75		EXODERM	78
ENSPRYNG.....	16	<i>erythromycin-benzoyl peroxide</i>		EXTINA	78
ENSTILAR.....	71	.....	75	<i>eye itch relief</i>	131
<i>entacapone</i>	29	ESBRIET.....	137	EYSUVIS	133
ENTADFI.....	141	<i>escitalopram oxalate</i>	48	EZALLOR SPRINKLE.....	67
<i>entecavir</i>	5	ESGIC	35	<i>ezetimibe</i>	68
ENTRESTO	69	<i>esomeprazole magnesium</i> ...107		EZETIMIBE-	
ENTRESTO SPRINKLE	69	<i>estarylla</i>	124	ROSUVASTATIN	68
ENTYVIO PEN.....	103	<i>estazolam</i>	48	<i>ezetimibe-simvastatin</i>	68
<i>enulose</i>	103	ESTRACE	120	F	
ENVARUSUS XR	16	<i>estradiol</i>	120	FABHALTA	84
EOHILIA.....	103	<i>estradiol-norethindrone acet</i>		FABIOR	75
EPANED	61	.....	120	FACTIVE	12
EPCLUSA	5	ESTRATEST F.S.	121	<i>falmina (28)</i>	124
EPIDIOLEX	25	ESTRATEST H.S.....	121	<i>famciclovir</i>	5
EPIDUO FORTE.....	75	ESTRING	121	<i>famotidine</i>	107
EPIFOAM	71	ESTROGEL.....	121	FANAPT.....	48
<i>epinastine</i>	130	<i>estrogens-methyltestosterone</i>		FARESTON	16
<i>epinephrine</i>	134	.....	121	FARXIGA	96
EPINEPHRINE	134	<i>eszopiclone</i>	48	FASENRA	137
<i>epinephrine hcl</i>	137	<i>ethacrynic acid</i>	61	FASENRA PEN	137
EPIPEN	134	<i>ethambutol</i>	9	FC2 FEMALE CONDOM .120	
EPIPEN JR	134	<i>ethosuximide</i>	25	<i>febuxostat</i>	115
<i>epitol</i>	25	<i>ethynodiol diac-eth estradiol</i>		<i>felbamate</i>	25
EPIVIR	5	.....	124	FELBATOL.....	25
<i>eplerenone</i>	61	<i>etodolac</i>	40	<i>felodipine</i>	61
EPOGEN	109	<i>etonogestrel-ethinyl estradiol</i>		FEMARA	16
EPRONTIA	25	.....	122	FEMCAP	120
<i>eprosartan</i>	61	<i>etoposide</i>	16	FEMRING	121
EPSOLAY	75	<i>etravirine</i>	5	<i>fenofibrate</i>	68
EQUETRO	25	EUCRISA.....	73	FENOFIBRATE	68
<i>ergocalciferol (vitamin d2)</i> .143		EULEXIN.....	16	<i>fenofibrate micronized</i>	68
<i>ergoloid</i>	48	EURAX	83	FENOFIBRATE	
ERGOMAR.....	30	<i>euthyrox</i>	99	MICRONIZED	68
<i>ergotamine-caffeine</i>	30	EVAMIST	121	<i>fenofibrate nanocrystallized</i> .68	
ERIVEDGE.....	16	EVEKEO	48	<i>fenofibric acid</i>	68
ERLEADA	16	<i>everolimus (antineoplastic)</i> ..16		<i>fenofibric acid (choline)</i>	68
<i>erlotinib</i>	16	<i>everolimus</i>		FENOGLIDE.....	68
ERMEZA	99	(immunosuppressive).....	16	<i>fenoprofen</i>	40
<i>errin</i>	120	EVISTA.....	115	FENOPROFEN	40
ERTACZO	78	EVOCLIN	75	FENSOLVI.....	16
<i>ery pads</i>	75	EVOTAZ.....	5	<i>fentanyl</i>	35
<i>erygel</i>	75	EVOXAC	84	<i>fentanyl citrate</i>	35

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

FERRIPROX.....	84	FLULAVAL TRIV 2024-2025 (PF).....	113	<i>foltabs 800</i>	143
FERRIPROX (2 TIMES A DAY).....	84	FLUMADINE	5	<i>fondaparinux</i>	66
<i>fesoterodine</i>	141	FLUMIST TRIVALENT 2024-2025.....	113	FORFIVO XL.....	49
FETZIMA.....	48	<i>flunisolide</i>	137	<i>formoterol fumarate</i>	137
FEXMID.....	33	<i>fluocinolone</i>	81	FORMOTEROL FUMARATE-NEBULIZER	137
FIASP FLEXTOUCH U-100 INSULIN.....	92	<i>fluocinolone acetonide oil</i> ...	88	FORTEO.....	115
FIASP PENFILL U-100 INSULIN.....	92	<i>fluocinolone and shower cap</i>	81	FOSAMAX.....	115
FIASP PUMPCART	92	<i>fluocinonide</i>	81	FOSAMAX PLUS D.....	115
FIASP U-100 INSULIN.....	92	<i>fluocinonide-e</i>	81	<i>fosamprenavir</i>	5
FIBRICOR	68	<i>fluoride (sodium)</i>	87, 143	<i>fosfomycin tromethamine</i>	13
FILSPARI.....	69	<i>fluorometholone</i>	133	<i>fosinopril</i>	62
FINACEA.....	75	FLUOROPLEX	73	<i>fosinopril-hydrochlorothiazide</i>	62
<i>finasteride</i>	141	<i>fluorouracil</i>	73	FOSRENOL	100
<i>finingolimod</i>	111	FLUOROURACIL	73	FOTIVDA.....	16
FINTEPLA	25	FLUOVIX	81	FRAGMIN.....	66
<i>finzala</i>	124	FLUOVIX PLUS.....	81	FREESTYLE LIBRE 14 DAY READER	91
FIORICET	35	<i>fluoxetine</i>	48	FREESTYLE LIBRE 14 DAY SENSOR.....	91
FIORICET WITH CODEINE	35	<i>fluphenazine decanoate</i>	49	FREESTYLE LIBRE 2 PLUS SENSOR.....	91
FIRAZYR.....	137	<i>fluphenazine hcl</i>	49	FREESTYLE LIBRE 2 READER.....	91
FIRDAPSE.....	31	<i>flurandrenolide</i>	81	FREESTYLE LIBRE 2 SENSOR.....	91
FIRMAGON KIT W DILUENT SYRINGE	16	<i>flurazepam</i>	49	FREESTYLE LIBRE 2 SENSOR.....	91
FIRVANQ.....	14	<i>flurbiprofen</i>	40	FREESTYLE LIBRE 2 SENSOR.....	91
<i>flac otic oil</i>	88	<i>flurbiprofen sodium</i>	131	FREESTYLE LIBRE 3 PLUS SENSOR.....	91
FLAGYL	9	FLUTICASONE FUROATE- VILANTEROL.....	137	FREESTYLE LIBRE 3 PLUS SENSOR.....	91
FLAREX	133	<i>fluticasone propionate</i> ... 81, 82, 137		FREESTYLE LIBRE 3 READER.....	91
<i>flavoxate</i>	141	FLUTICASONE PROPIONATE	137	FREESTYLE LIBRE 3 SENSOR.....	91
<i>flecainide</i>	58	<i>fluticasone propion-salmeterol</i>	137	FROVA.....	30
FLECTOR.....	40	FLUTICASONE PROPION- SALMETEROL.....	137	<i>frovatriptan</i>	30
FLEQSUVY	33	<i>fluvastatin</i>	68	FRUZAQLA.....	16
FLEXICHAMBER.....	90	<i>fluvoxamine</i>	49	<i>full spectrum b-vitamin c</i> ...	143
FLOLIPID	68	FLUZONE HIGH-DOSE TRIV 24-25	113	FULPHILA.....	109
FLOMAX.....	141	FLUZONE TRIV 2024-2025	113	FURADANTIN	13
FLUAD TRIV 2024-25(65Y UP)(PF)	113	FLUZONE TRIV 2024-2025 (PF).....	113	FUROSCIX	62
FLUARIX TRIV 2024-2025 (PF).....	113	FML FORTE	133	<i>furosemide</i>	62
FLUBLOK TRIV 2024-2025 (PF).....	113	FML LIQUIFILM	133	FUZEON	5
FLUCELVAX TRIV 2024- 2025.....	113	FOCALIN.....	49	<i>fyavolv</i>	121
FLUCELVAX TRIV 2024- 2025 (PF).....	113	FOCALIN XR.....	49	FYCOMPA.....	25
<i>fluconazole</i>	3	<i>folic acid</i>	143	FYLNETRA	109
<i>flucytosine</i>	3	<i>folitab</i>	143	G	
<i>fludrocortisone</i>	89	<i>folivane-ob</i>	143	<i>g tussin ac</i>	135
				<i>gabapentin</i>	25
				GALAFOLD.....	94

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

<i>galantamine</i>	31	<i>glutamine (sickle cell)</i>	84	<i>heparin, porcine (pf)</i>	66
<i>gallifrey</i>	121	<i>glyburide</i>	97	HEPARIN, PORCINE (PF)..	66
GALZIN	142	<i>glyburide micronized</i>	97	HEPLISAV-B (PF).....	113
GARDASIL 9 (PF).....	113	<i>glyburide-metformin</i>	97	<i>her style</i>	125
GASTROCROM	103	GLYCATE	100	HETLIOZ	49
<i>gatifloxacin</i>	129	<i>glycopyrrolate</i>	100	HETLIOZ LQ.....	49
GATTEX 30-VIAL	103	GLYXAMBI	97	HIBERIX (PF).....	113
<i>gavilax</i>	103	GOCOVRI.....	29	<i>homatropaire</i>	130
<i>gavilyte-c</i>	103	GOLYTELY.....	103	HORIZANT.....	31
<i>gavilyte-g</i>	103	GONITRO	70	HULIO(CF)	117
<i>gavilyte-n</i>	103	GRALISE	25	HULIO(CF) PEN.....	117
GAVRETO.....	16	<i>granisetron hcl</i>	103	HUMALOG JUNIOR	
<i>gefitinib</i>	16	GRANIX	109	KWIKPEN U-100	92
GELCLAIR	87	GRASTEK.....	113	HUMALOG KWIKPEN	
<i>gemfibrozil</i>	68	<i>griseofulvin microsize</i>	3	INSULIN	92
<i>gemmily</i>	124	<i>griseofulvin ultramicrosize</i>	3	HUMALOG MIX 50-50	
GEMTESA	141	<i>guanfacine</i>	49, 62	KWIKPEN.....	92
<i>generlac</i>	103	GVOKE	90	HUMALOG MIX 75-25	
<i>engraf</i>	16	GVOKE HYPOPEN 2-PACK		KWIKPEN.....	92
GENOTROPIN	110	.....	90	HUMALOG MIX 75-25(U-	
GENOTROPIN MINIQUICK		GVOKE PFS 2-PACK		100)INSULN	92
.....	110	SYRINGE.....	90	HUMALOG TEMPO PEN(U-	
<i>gentamicin</i>	78, 129	GYNAZOLE-1	122	100)INSULN	92
GENTEEL VACUUM		H		HUMALOG U-100 INSULIN	
LANCING DEVICE	91	HADLIMA	117	.....	92
<i>gentle laxative (bisacodyl)</i> .	103	HADLIMA PUSH TOUCH	117	HUMATIN	10
<i>gentle laxative (mag hydrox)</i>		HADLIMA(CF).....	117	HUMATROPE	110
.....	103	HADLIMA(CF)		HUMIRA (ONLY NDCS	
<i>gentlelax</i>	103	PUSH TOUCH.....	117	STARTING WITH 00074)	
GENVOYA	5	HAEGARDA.....	137	.....	117
GEODON	49	<i>hailey</i>	124	HUMIRA PEN (ONLY NDCS	
GILENYA	111	<i>hailey 24 fe</i>	124	STARTING WITH 00074)	
GILOTRIF.....	16	<i>hailey fe 1.5/30 (28)</i>	124	.....	117
GIMOTI	103	<i>hailey fe 1/20 (28)</i>	125	HUMIRA(CF) (ONLY NDCS	
<i>glatiramer</i>	111	<i>halcinonide</i>	82	STARTING WITH 00074)	
<i>glatopa</i>	111	HALCION.....	49	.....	117
GLEEVEC.....	16	HALDOL DECANOATE ...	49	HUMIRA(CF) PEN (ONLY	
GLEOSTINE.....	17	<i>halobetasol propionate</i>	82	NDCS STARTING WITH	
<i>glimepiride</i>	96	<i>haloette</i>	122	00074).....	117
GLIMEPIRIDE	96	HALOG	82	HUMIRA(CF) PEN	
<i>glipizide</i>	96	<i>haloperidol</i>	49	CROHNS-UC-HS (ONLY	
GLIPIZIDE.....	96	<i>haloperidol decanoate</i>	49	NDCS STARTING WITH	
<i>glipizide-metformin</i>	96	<i>haloperidol lactate</i>	49	00074).....	118
GLOPERBA.....	115	HARVONI.....	5	HUMIRA(CF) PEN	
GLUCAGON (HCL)		HAVRIX (PF)	113	PEDIATRIC UC (ONLY	
EMERGENCY KIT	90	<i>heather</i>	121	NDCS STARTING WITH	
<i>glucagon emergency kit</i>		HEMADY	89	00074).....	118
(<i>human</i>)	90	HEMANGEOL.....	62	HUMIRA(CF) PEN PSOR-	
GLUCOTROL XL	97	<i>hemmorex-hc</i>	103	UV-ADOL HS (ONLY	
GLUMETZA.....	97	<i>heparin (porcine)</i>	66		

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

NDCS STARTING WITH 00074).....	118	HYRIMOZ(CF).....	118	INDERAL XL	62
HUMULIN 70/30 U-100 INSULIN.....	92	HYRIMOZ(CF) PEDI CROHN STARTER	118	INDOCIN	41
HUMULIN 70/30 U-100 KWIKPEN	92	HYRIMOZ(CF) PEN	118	<i>indomethacin</i>	41
HUMULIN N NPH INSULIN KWIKPEN	92	HYSINGLA ER	36	INDOMETHACIN	41
HUMULIN N NPH U-100 INSULIN.....	92	HYZAAR	62	INFANRIX (DTAP) (PF)...	113
HUMULIN R REGULAR U- 100 INSULN	92	I		INGREZZA	32
HUMULIN R U-500 (CONC) INSULIN.....	93	<i>ibandronate</i>	116	INGREZZA INITIATION PK(TARDIV)	32
HUMULIN R U-500 (CONC) KWIKPEN	93	IBRANCE	17	INGREZZA SPRINKLE	32
HYCAMTIN	17	IBSRELA	103	INLYTA	17
HYCODAN (WITH HOMATROPINE)	135	<i>ibu</i>	40	INNOPRAN XL	62
<i>hydralazine</i>	62	<i>ibuprofen</i>	40	INPEFA	97
HYDREA	17	<i>ibuprofen-famotidine</i>	41	INQOVI.....	17
<i>hydrochlorothiazide</i>	62	<i>icatibant</i>	137	INREBIC	17
<i>hydrocodone bitartrate</i> ...35, 36		<i>iclevia</i>	125	INSPIRA.....	62
<i>hydrocodone-acetaminophen</i> 36		ICLOFENAC CP.....	41	INSULIN ASP PRT-INSULIN ASPART	93
<i>hydrocodone-</i> <i>chlorpheniramine</i>	135	ICLUSIG	17	INSULIN ASPART U-100...93	
<i>hydrocodone-homatropine</i> .	135	<i>icosapent ethyl</i>	68	INSULIN DEGLUDEC.....93	
<i>hydrocodone-ibuprofen</i>	36	IDACIO(CF)	118	INSULIN GLARGINE U-300 CONC	93
<i>hydrocortisone</i>	82, 89, 103	IDACIO(CF) PEN	118	INSULIN GLARGINE-YFGN	93
<i>hydrocortisone acetate</i>	103	IDACIO(CF) PEN CROHN- UC STARTR	118	INSULIN LISPRO	93
<i>hydrocortisone butyrate</i>	82	IDACIO(CF) PEN PSORIASIS START	118	INSULIN LISPRO PROTAMIN-LISPRO	93
<i>hydrocortisone valerate</i>	82	IDHIFA	17	INSULIN SYRINGE- NEEDLE U-100	90
<i>hydrocortisone-acetic acid</i> ...88		ILEVRO	131	INTELENCE	5
<i>hydrocortisone-pramoxine</i> .	103	ILUMYA	71	INTRAROSA	122
<i>hydromet</i>	135	<i>imatinib</i>	17	INTUNIV ER	50
<i>hydromorphone</i>	36	IMBRUVICA	17	INVEGA	50
<i>hydroxychloroquine</i>	10	IMCIVREE.....	84	INVEGA HAFYERA	50
<i>hydroxyurea</i>	17	<i>imipramine hcl</i>	49	INVEGA SUSTENNA	50
<i>hydroxyzine hcl</i>	134	<i>imipramine pamoate</i>	49	INVEGA TRINZA	50
<i>hydroxyzine pamoate</i>	135	<i>imiquimod</i>	115	INVELTYS.....	133
HYFTOR.....	73	IMITREX	30	INVOKAMET	97
<i>hyoscyamine sulfate</i>	100	IMITREX STATDOSE PEN30 IMITREX STATDOSE REFILL	30	INVOKAMET XR	97
<i>hyosyne</i>	100	IMPAVIDO	10	INVOKANA.....	97
HYPERSAL.....	137	IMPOYZ.....	82	IOPIDINE	134
HYRIMOZ	118	IMURAN.....	17	IPOL	113
HYRIMOZ PEN.....	118	IMVEXXY MAINTENANCE PACK	121	<i>ipratropium bromide</i> ....87, 137	
HYRIMOZ PEN CROHN'S- UC STARTER.....	118	IMVEXXY STARTER PACK	121	<i>ipratropium-albuterol</i>	137
HYRIMOZ PEN PSORIASIS STARTER	118	INBRIJA.....	29	IQIRVO	103
		<i>incassia</i>	121	<i>irbesartan</i>	62
		INCRELEX	84	<i>irbesartan-hydrochlorothiazide</i>	62
		INCRUSE ELLIPTA.....	137	IRESSA	17
		<i>indapamide</i>	62	ISENTRESS	5
		INDERAL LA	62	ISENTRESS HD	5

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

<i>isibloom</i>	125
<i>isoniazid</i>	10
ISORDIL.....	70
ISORDIL TITRADOSE.....	70
<i>isosorbide dinitrate</i>	70
<i>isosorbide mononitrate</i>	70
<i>isosorbide-hydralazine</i>	62
<i>isotretinoin</i>	75
<i>isradipine</i>	62
ISTALOL.....	129
ISTURISA.....	94
<i>itraconazole</i>	3
<i>ivabradine</i>	69
<i>ivermectin</i>	10, 75
IWILFIN.....	17
IYUZEH (PF).....	132
J	
JADENU.....	84
JADENU SPRINKLE.....	85
<i>jaimiess</i>	125
JAKAFI.....	17
<i>jantoven</i>	66
JANUMET.....	97
JANUMET XR.....	97
JANUVIA.....	97
JARDIANCE.....	97
<i>jasmiel (28)</i>	125
JATENZO.....	94
<i>javygtor</i>	94
JAYPIRCA.....	17
<i>jencycla</i>	121
JENTADUETO.....	97
JENTADUETO XR.....	97
<i>jinteli</i>	121
JOENJA.....	85
<i>jolessa</i>	125
JORNAY PM.....	50
<i>joyeaux</i>	125
JUBLIA.....	78
<i>juleber</i>	125
JULUCA.....	5
<i>junel 1.5/30 (21)</i>	125
<i>junel 1/20 (21)</i>	125
<i>junel fe 1.5/30 (28)</i>	125
<i>junel fe 1/20 (28)</i>	125
<i>junel fe 24</i>	125
JUXTAPID.....	68
JYLAMVO.....	17
JYNARQUE.....	94
JYNNEOS (PF).....	113

K	
<i>kaitlib fe</i>	125
KALETRA.....	5
<i>kalliga</i>	125
KALYDECO.....	137
KAPSPARGO SPRINKLE.....	62
KARBINAL ER.....	135
<i>kariva (28)</i>	125
KATERZIA.....	62
KAZANO.....	97
<i>kelnor 1/35 (28)</i>	125
<i>kelnor 1/50 (28)</i>	125
KENALOG.....	82
KEPPRA.....	25
KEPPRA XR.....	25
<i>keralyt</i>	72
KERALYT RX.....	72
KERALYT SCALP.....	72
KERENDIA.....	62
KESIMPTA PEN.....	111
<i>ketoconazole</i>	3, 78, 79
<i>ketodan</i>	79
<i>ketodan kit</i>	79
<i>ketoprofen</i>	41
<i>ketorolac</i>	41, 131
<i>ketotifen fumarate</i>	131
KEVEYIS.....	32
KEVZARA.....	118
KINERET.....	118
KINRIX (PF).....	113
<i>kiprofen</i>	41
KISQALI.....	17
KITABIS PAK.....	10
KLARON.....	78
<i>klayesta</i>	79
KLISYRI.....	17
KLONOPIN.....	25
<i>klor-con</i>	142
<i>klor-con 10</i>	142
<i>klor-con 8</i>	142
<i>klor-con m10</i>	142
<i>klor-con m15</i>	142
<i>klor-con m20</i>	142
<i>klor-con/ef</i>	142
KLOXXADO.....	41
<i>kobee</i>	143
KONVOMEPE.....	107
KORLYM.....	94
KOSELUGO.....	17
<i>kourzeq</i>	87

K-PHOS NO 2.....	142
KRAZATI.....	17
KRINTAFEL.....	10
KRISTALOSE.....	103
K-TAB.....	142
<i>kurvelo (28)</i>	125
KUVAN.....	94
KYZATREX.....	94
L	
<i>l norgest/e.estradiol-e.estradiol</i>	125
<i>labetalol</i>	62
<i>lacosamide</i>	25
<i>lactulose</i>	103
LAMICTAL.....	25
LAMICTAL ODT.....	25
LAMICTAL ODT STARTER (BLUE).....	25
LAMICTAL ODT STARTER (GREEN).....	25
LAMICTAL ODT STARTER (ORANGE).....	25
LAMICTAL STARTER (BLUE) KIT.....	25
LAMICTAL STARTER (GREEN) KIT.....	25
LAMICTAL STARTER (ORANGE) KIT.....	25
LAMICTAL XR.....	25
LAMICTAL XR STARTER (BLUE).....	26
LAMICTAL XR STARTER (GREEN).....	26
LAMICTAL XR STARTER (ORANGE).....	26
<i>lamivudine</i>	5
<i>lamivudine-zidovudine</i>	5
<i>lamotrigine</i>	26
LAMPIT.....	10
LANCETS.....	91
LANCING DEVICE.....	91
LANOXIN.....	65
<i>lansoprazole</i>	107
<i>lanthanum</i>	100
LANTUS SOLOSTAR U-100 INSULIN.....	93
LANTUS U-100 INSULIN.....	93
<i>lapatinib</i>	18
<i>larin 1.5/30 (21)</i>	125
<i>larin 1/20 (21)</i>	125

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

<i>larin 24 fe</i>	125	<i>levoxyl</i>	99	LODOSYN	29
<i>larin fe 1.5/30 (28)</i>	125	LEVSIN.....	100	LOESTRIN 1.5/30 (21).....	126
<i>larin fe 1/20 (28)</i>	125	LEVSIN/SL	100	LOESTRIN 1/20 (21).....	126
LASIX	62	LEXAPRO.....	50	LOESTRIN FE 1.5/30 (28- DAY)	126
<i>latanoprost</i>	132	LIALDA	104	LOESTRIN FE 1/20 (28-DAY)	126
LATUDA	50	LIBERVANT	26	<i>lofena</i>	41
<i>laxative (bisacodyl)</i>	103	LIBRAX (WITH CLIDINIUM)	100	<i>lofexidine</i>	41
<i>laxative peg 3350</i>	104	LICART.....	41	<i>lojaimiess</i>	126
<i>layolis fe</i>	125	<i>lidocaine</i>	77	LOKELMA.....	100
LAZCLUZE	18	<i>lidocaine hcl</i>	77	LOMOTIL	100
LEDIPASVIR-SOFOSBUVIR	5	<i>lidocaine hcl-hydrocortison ac</i>	104	LONSURF	18
<i>leena 28</i>	125	<i>lidocaine viscous</i>	77	LOPID	68
<i>leflunomide</i>	118	<i>lidocaine-prilocaine</i>	77	<i>lopinavir-ritonavir</i>	5
<i>lenalidomide</i>	18	LIDOCAINE-TETRACAINE	77	LOPRESSOR	62
LENVIMA	18	<i>lidocan iii</i>	77	LOPROX (AS OLAMINE) ..	79
LESCOL XL	68	<i>lidocan iv</i>	77	LOPROX KIT	79
<i>lessina</i>	125	<i>lidocan v</i>	77	<i>lorazepam</i>	51
LETAIRIS	137	LIDODERM.....	77	<i>lorazepam intensol</i>	50
<i>letrozole</i>	18	<i>lidopin</i>	77	LORBRENA.....	18
<i>leucovorin calcium</i>	14	LIDO-PRILO CAINE PACK	77	LOREEV XR.....	51
LEUKERAN	18	LIFEMS NALOXONE.....	41	<i>loryna (28)</i>	126
LEUKINE.....	109	LIKMEZ.....	10	LORZONE	33
<i>leuprolide</i>	18	<i>linezolid</i>	10	<i>losartan</i>	62
LEUPROLIDE (3 MONTH) 18		LINZESS	104	<i>losartan-hydrochlorothiazide</i>	62
<i>levabuterol hcl</i>	137	<i>liothyronine</i>	99	LOTEMAX.....	133
LEVALBUTEROL TARTRATE	137	LIPITOR.....	68	LOTEMAX SM.....	133
LEVAMLODIPINE	62	LIPOFEN.....	68	LOTENSIN.....	62
LEVBID	100	LIQREV	138	LOTENSIN HCT.....	62
LEVEMIR U-100 INSULIN 93		LIRAGLUTIDE	97	<i>loteprednol etabonate</i>	133
<i>levetiracetam</i>	26	<i>lisdexamphetamine</i>	50	LOTREL.....	62
<i>levobunolol</i>	129	<i>lisinopril</i>	62	LOTRONEX.....	104
<i>levocarnitine</i>	85	<i>lisinopril-hydrochlorothiazide</i>	62	<i>lovastatin</i>	68
<i>levocarnitine (with sugar)</i> ...	85	LITFULO	85	LOVAZA.....	68
<i>levocetirizine</i>	135	<i>lithium carbonate</i>	50	LOVENOX.....	66
<i>levofloxacin</i>	12, 129	<i>lithium citrate</i>	50	<i>low-ogestrel (28)</i>	126
<i>levonest (28)</i>	125	LITHOBID	50	<i>loxapine succinate</i>	51
<i>levonorgest-eth.estradiol-iron</i>	125	LITHOSTAT	85	<i>lo-zumandimine (28)</i>	126
<i>levonorgestrel</i>	125	LIVALO	68	<i>lubiprostone</i>	104
<i>levonorgestrel-ethinyl estrad</i>	125	LIVMARLI	104	LUCEMYRA.....	41
<i>levonorg-eth estrad triphasic</i>	125	LIVTENCITY	5	<i>ludent fluoride</i>	143
<i>levora-28</i>	126	LO LOESTRIN FE.....	126	LULICONAZOLE	79
<i>levorphanol tartrate</i>	36	LOCOID.....	82	LUMAKRAS.....	18
<i>levo-t</i>	99	LOCOID LIPOCREAM.....	82	LUMIGAN	132
<i>levothyroxine</i>	99	LODINE	41	LUMRYZ	51
LEVOTHYROXINE.....	99	LODOCO	70	LUMRYZ STARTER PACK	51
				LUNESTA.....	51

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

LUPKYNIS	18	MAVENCLAD (5 TABLET PACK).....	111	MESNEX.....	14
LUPRON DEPOT	18	MAVENCLAD (6 TABLET PACK).....	111	MESTINON	33
LUPRON DEPOT (3 MONTH).....	18	MAVENCLAD (7 TABLET PACK).....	111	MESTINON TIMESPAN ...	33
LUPRON DEPOT (4 MONTH).....	18	MAVENCLAD (8 TABLET PACK).....	111	METADATE CD.....	51
LUPRON DEPOT (6 MONTH).....	18	MAVENCLAD (9 TABLET PACK).....	111	<i>metaxalone</i>	33
LUPRON DEPOT-PED	18	MAVYRET	6	<i>metformin</i>	97
LUPRON DEPOT-PED (3 MONTH).....	18	MAXALT	30	METFORMIN	97
<i>lurasidone</i>	51	MAXALT-MLT	30	<i>methadone</i>	36
<i>lutera (28)</i>	126	MAXIDEX	133	<i>methadose</i>	36
LUZU	79	MAXITROL.....	132	<i>methamphetamine</i>	51
LYBALVI	51	<i>maxi-tuss ac</i>	135	<i>methazolamide</i>	131
<i>lyleq</i>	121	MAYZENT	111	<i>methenamine hippurate</i>	13
<i>lyllana</i>	121	MAYZENT STARTER(FOR IMG MAINT).....	111	<i>methenamine mandelate</i>	13
LYNPARZA.....	18	MAYZENT STARTER(FOR 2MG MAINT).....	111	<i>methimazole</i>	89
LYRICA	26	<i>meclizine</i>	104	METHITEST.....	94
LYRICA CR.....	26	MECLIZINE	104	<i>methocarbamol</i>	33
LYSODREN.....	18	<i>meclufenamate</i>	41	<i>methotrexate sodium</i>	19
LYTGOBI.....	18, 19	MEDROL	89	<i>methotrexate sodium (pf)</i>	19
LYUMJEV KWIKPEN U-100 INSULIN.....	93	MEDROL (PAK)	89	<i>methoxsalen</i>	73
LYUMJEV KWIKPEN U-200 INSULIN.....	93	<i>medroxyprogesterone</i>	121	<i>methscopolamine</i>	100
LYUMJEV TEMPO PEN(U- 100)INSULN.....	93	<i>mefenamic acid</i>	41	<i>methsuximide</i>	26
LYUMJEV U-100 INSULIN	93	<i>mefloquine</i>	10	<i>methyldopa</i>	63
LYVISPAH.....	33	<i>megestrol</i>	19	<i>methyldopa-</i> <i>hydrochlorothiazide</i>	63
<i>lyza</i>	121	MEKINIST.....	19	<i>methylergonovine</i>	128
M		MEKTOVI.....	19	METHYLIN	51
MACROBID	13	<i>meloxicam</i>	41	<i>methylphenidate</i>	51
<i>mafenide acetate</i>	78	MELOXICAM	41	<i>methylphenidate hcl</i>	51, 52
<i>magnesium citrate</i>	104	<i>meloxicam submicronized</i> ...	41	METHYLPHENIDATE HCL	52
MALARONE	10	<i>memantine</i>	32	<i>methylprednisolone</i>	89
MALARONE PEDIATRIC .	10	MEMANTINE.....	32	<i>methyltestosterone</i>	94
<i>malathion</i>	83	MENEST	121	<i>metoclopramide hcl</i>	104
<i>maraviroc</i>	6	MENOSTAR.....	121	<i>metolazone</i>	63
MARINOL	104	MENQUADFI (PF).....	113	<i>metoprolol succinate</i>	63
<i>marlissa (28)</i>	126	MENVEO A-C-Y-W-135-DIP (PF).....	113	<i>metoprolol ta-hydrochlorothiaz</i>	63
MARPLAN	51	<i>mepredine</i>	36	<i>metoprolol tartrate</i>	63
MATULANE	19	<i>meprobamate</i>	33	METROCREAM.....	75
<i>matzim la</i>	63	MEPRON	10	METROGEL	75
MAVENCLAD (10 TABLET PACK).....	111	<i>mercaptopurine</i>	19	<i>metronidazole</i> ...	10, 75, 76, 122
MAVENCLAD (4 TABLET PACK).....	111	<i>merzee</i>	126	<i>metyrosine</i>	63
		<i>mesalamine</i>	104	<i>mexiletine</i>	58
		<i>mesalamine with cleansing wipe</i>	104	<i>mibelas 24 fe</i>	126
				MICARDIS.....	63
				MICARDIS HCT.....	63
				MICONAZOLE NITRATE- ZINC OX-PET.....	79
				<i>miconazole-3</i>	122
				MICROCHAMBER	90

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

<i>microgestin 1.5/30 (21)</i>	126	MOUNJARO.....	97	NARCAN	42
<i>microgestin 1/20 (21)</i>	126	MOVANTIK	104	NARDIL	52
<i>microgestin fe 1.5/30 (28)</i> ..	126	MOVIPREP.....	104	<i>nasal allergy</i>	138
<i>microgestin fe 1/20 (28)</i>	126	MOXATAG.....	11	NATACYN.....	129
<i>midazolam</i>	52	<i>moxifloxacin</i>	12, 129	NATAZIA	126
<i>midodrine</i>	85	MRESVIA (PF).....	113	<i>nateglinide</i>	97
MIEBO (PF).....	131	MS CONTIN	37	NATESTO.....	95
MIFEPREX.....	122	MULPLETA.....	66	NATROBA.....	83
<i>mifepristone</i>	94, 122	MULTAQ.....	58	<i>natura-lax</i>	104
<i>migergot</i>	30	<i>multi-vitamin with fluoride</i> .	143	NAYZILAM.....	26
<i>miglitol</i>	97	<i>mupirocin</i>	78	<i>nebivolol</i>	63
<i>miglustat</i>	95	<i>mupirocin calcium</i>	78	NEBUPENT	10
MIGRANAL	30	<i>mvc-fluoride</i>	144	<i>nebusal</i>	138
<i>mili</i>	126	<i>my choice</i>	126	NEBUSAL.....	138
<i>milk of magnesia</i>	104	<i>my way</i>	126	<i>necon 0.5/35 (28)</i>	126
<i>milk of magnesia concentrated</i>	104	MYALEPT	95	<i>nefazodone</i>	52
<i>millipred</i>	89	MYCAPSSA	19	<i>neomycin</i>	10
<i>millipred dp</i>	89	<i>mycophenolate mofetil</i>	19	<i>neomycin-bacitracin-poly-hc</i>	132
<i>mimvey</i>	121	<i>mycophenolate sodium</i>	19	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	129
MINIVELLE	121	MYDAYIS	52	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	132
<i>minocycline</i>	13	MYDRIACYL.....	130	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	129
MINOCYCLINE.....	13	MYFEMBREE	122	<i>neomycin-polymyxin-hc 88,</i>	132
<i>minoxidil</i>	63	MYFORTIC	19	<i>neo-polycin</i>	129
<i>mirabegron</i>	141	MYHIBBIN.....	19	<i>neo-polycin hc</i>	132
MIRAPEX ER.....	29	MYLERAN	19	NEORAL.....	19
MIRCERA.....	109	<i>mynatal</i>	144	NEO-SYNALAR.....	78
<i>mirtazapine</i>	52	<i>mynatal plus</i>	144	NEO-SYNALAR KIT	78
MIRVASO	76	<i>mynatal-z</i>	144	NERLYNX	19
<i>misoprostol</i>	107	MYRBETRIQ	141	NESINA	97
MITIGARE	115	MYSOLINE	26	<i>neuac</i>	76
M-M-R II (PF).....	113	MYTESI.....	100	NEUAC KIT	76
<i>m-natal plus</i>	143	N		NEULASTA	109
<i>modafinil</i>	52	<i>nabumetone</i>	41	NEULASTA ONPRO	109
MODERNA COVID 24- 25(6M-11Y)PF	113	<i>nadolol</i>	63	NEUPOGEN.....	109
<i>moexipril</i>	63	<i>naftifine</i>	79	NEUPRO	29
<i>molindone</i>	52	NAFTIN	79	NEURONTIN.....	26
<i>mometasone</i>	82, 138	NALFON.....	41	NEVANAC.....	131
<i>mondoxyne nl</i>	13	NALOCET	37	<i>nevirapine</i>	6
MONODOX	13	<i>naloxone</i>	41	<i>new day</i>	126
<i>mono-lynyah</i>	126	<i>naltrexone</i>	42	<i>newgen</i>	144
<i>montelukast</i>	138	NAMENDA TITRATION PAK.....	32	NEXAVAR.....	19
MORGIDOX 1X 50.....	13	NAMENDA XR.....	32	NEXICLON XR	63
MORGIDOX 1X100.....	13	NAMZARIC.....	32	NEXIUM	107
<i>morphine</i>	36, 37	NAPRELAN CR	42	NEXIUM PACKET.....	107
<i>morphine concentrate</i>	36	NAPROSYN	42	NEXLETOL	68
MOTEGRITY	104	<i>naproxen</i>	42	NEXLIZET	68
MOTOFEN.....	100	<i>naproxen sodium</i>	42		
MOTPOLY XR.....	26	<i>naproxen-esomeprazole</i>	42		
		<i>naratriptan</i>	30		

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

NEXTSTELLIS.....	126	NORGESIC	33	NUVIGIL	52
NGENLA	110	NORGESIC FORTE	33	NUZYRA	13
<i>niacin</i>	68	<i>norgestimate-ethinyl estradiol</i>	126	<i>nyamyc</i>	79
NIACOR.....	68	.....	126	<i>nylia 1/35 (28)</i>	127
<i>nicardipine</i>	63	NORITATE	76	<i>nylia 7/7/7 (28)</i>	127
NICODERM CQ.....	86	NORLIQVA	63	NYMALIZE	63
<i>nicorette</i>	86	NORPACE	59	<i>nystatin</i>	3, 79
NICORETTE.....	86	NORPACE CR.....	59	<i>nystatin-triamcinolone</i>	79
<i>nicotine</i>	86	NORTHERA	85	<i>nystop</i>	79
<i>nicotine (polacrilex)</i>	86	<i>nortrel 0.5/35 (28)</i>	127	NYVEPRIA.....	109
NICOTROL NS.....	86	<i>nortrel 1/35 (21)</i>	127	O	
<i>nifedipine</i>	63	<i>nortrel 1/35 (28)</i>	127	OCALIVA	104
<i>nikki (28)</i>	126	<i>nortrel 7/7/7 (28)</i>	127	<i>ocella</i>	127
NILANDRON	19	<i>nortriptyline</i>	52	OCUFLOX	129
<i>nilutamide</i>	19	NORVASC.....	63	ODACTRA.....	113
<i>nimodipine</i>	63	NORVIR.....	6	ODEFSEY	6
NINLARO	19	NOURIANZ.....	29	ODOMZO.....	19
<i>nisoldipine</i>	63	NOVAREL.....	95	OFEV.....	138
<i>nitazoxanide</i>	10	NOVAVAX COVID 2024-		<i>ofloxacin</i>	12, 88, 129
<i>nitisinone</i>	85	25(PF)(EUA).....	113	OGSIVEO.....	19
<i>nitro-bid</i>	70	NOVOLIN 70-30 FLEXPEN		OHTUVAYRE	138
NITRO-DUR.....	70	U-100.....	93	OJEMDA.....	20
<i>nitrofurantoin</i>	13	NOVOLIN N FLEXPEN	93	OJJAARA.....	20
NITROFURANTOIN.....	13	NOVOLIN R FLEXPEN.....	93	<i>olanzapine</i>	52
<i>nitrofurantoin macrocrystal</i> .	13	NOVOLOG FLEXPEN U-100		<i>olanzapine-fluoxetine</i>	52
<i>nitrofurantoin monohyd/m-</i>		INSULIN.....	93	<i>olmesartan</i>	63
<i>cryst</i>	13	NOVOLOG MIX 70-30 U-100		<i>olmesartan-amlodipin-</i>	
<i>nitroglycerin</i>	70, 104	INSULN	93	<i>hcthiazid</i>	63
NITROLINGUAL.....	70	NOVOLOG MIX 70-		<i>olmesartan-</i>	
NITROMIST	70	30FLEXPEN U-100	93	<i>hydrochlorothiazide</i>	63
NITROSTAT.....	70	NOVOLOG PENFILL U-100		<i>olopatadine</i>	87, 131
NITYR.....	85	INSULIN	93	OLPRUVA	85
NIVESTYM	109	NOVOLOG U-100 INSULIN		OLUMIANT	118
<i>nizatidine</i>	107	ASPART.....	93	OLUX	82
NOCDURNA (MEN).....	95	NOXAFIL	3	OMECLAMOX-PAK.....	107
NOCDURNA (WOMEN)....	95	NOXIPAK.....	82	<i>omega-3 acid ethyl esters</i>	68
<i>nora-be</i>	121	<i>np thyroid</i>	99	<i>omeprazole</i>	107
NORDITROPIN FLEXPEN		NUBEQA	19	<i>omeprazole-sodium</i>	
.....	110	NUCALA	138	<i>bicarbonate</i>	108
<i>norelgestromin-ethin.estradiol</i>		NUCORT.....	82	OMNARIS.....	138
.....	122	NUCYNTA	42	OMNIPOD 5 (G6/LIBRE 2	
<i>noreth-ethinyl estradiol-iron</i>		NUCYNTA ER	42	PLUS).....	91
.....	126	NUEDEXTA	32	OMNIPOD 5 G6-G7 INTRO	
<i>norethindrone (contraceptive)</i>		NULEV	100	KT(GEN5).....	91
.....	121	NULIBRY	32	OMNIPOD 5 G6-G7 PODS	
<i>norethindrone acetate</i>	121	NUPLAZID.....	52	(GEN 5).....	91
<i>norethindrone ac-eth estradiol</i>		NURTEC ODT.....	30	OMNIPOD 5	
.....	121, 126	NUTROPIN AQ NUSPIN..	110	INTRO(G6/LIBRE2PLUS)	
<i>norethindrone-e.estradiol-iron</i>		NUVARING.....	122	.....	91
.....	126	NUVESSA.....	122		

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

OMNIPOD CLASSIC PODS	ORAPRED ODT	89	OXYCONTIN	38
(GEN 3).....	ORAVIG	3	<i>oxymorphone</i>	38
OMNIPOD DASH INTRO	ORENCIA	118	OXYTROL	141
KIT (GEN 4).....	ORENCIA CLICKJECT	118	OZEMPIC.....	98
OMNIPOD DASH PODS	ORENITRAM	63	OZOBAX	33
(GEN 4).....	ORENITRAM MONTH 1		OZOBAX DS	33
OMNIPOD GO PODS 10	TITRATION KT	63	P	
UNITS/DAY	ORENITRAM MONTH 2		<i>pacerone</i>	59
OMNITROPE.....	TITRATION KT	63	PALFORZIA (LEVEL 1)..	113
OMVOH.....	ORENITRAM MONTH 3		PALFORZIA (LEVEL 2)..	113
OMVOH PEN	TITRATION KT	63	PALFORZIA (LEVEL 3)..	114
<i>ondansetron</i>	ORFADIN	85	PALFORZIA (LEVEL 4)..	114
ONDANSETRON.....	ORGOVYX.....	20	PALFORZIA (LEVEL 5)..	114
<i>ondansetron hcl</i>	ORIAHNN.....	122	PALFORZIA (LEVEL 6)..	114
<i>one daily prenatal</i>	ORLISSA	95	PALFORZIA (LEVEL 7)..	114
<i>onelix magnesium citrate</i> ...	ORKAMBI	138	PALFORZIA (LEVEL 8)..	114
ONETOUCH ULTRA	ORLADEYO	138	PALFORZIA (LEVEL 9)..	114
CONTROL	<i>ormarvi</i>	32	PALFORZIA (LEVEL 10).	114
ONETOUCH ULTRA TEST	<i>orphenadrine citrate</i>	33	PALFORZIA INITIAL DOSE	
.....	<i>orphenadrine-asa-caffeine</i> ...	33	.....	114
ONETOUCH ULTRA2	<i>orphengesic forte</i>	33	PALFORZIA LEVEL 11	
METER	ORSERDU	20	MAINTENANCE.....	114
ONETOUCH VERIO FLEX	<i>oscimin</i>	100	<i>paliperidone</i>	53
METER	<i>oscimin sl</i>	100	PALYNZIQ.....	95
ONETOUCH VERIO MID	<i>oseltamivir</i>	6	PAMELOR	53
CONTROL	OSENI	97	PANCREAZE.....	105
ONETOUCH VERIO	OSMOLEX ER.....	29	PANDEL	82
REFLECT METER.....	OSPHENA.....	122	PANRETIN	73
ONETOUCH VERIO TEST	OTEZLA	118	<i>pantoprazole</i>	108
STRIPS.....	OTEZLA STARTER.....	119	<i>paricalcitol</i>	95
ONEXTON.....	OTOVEL	88	PARNATE.....	53
ONFI.....	OTREXUP (PF)	119	<i>paroex oral rinse</i>	87
ONGENTYS	OVIDE.....	84	<i>paromomycin</i>	10
ONUREG	OVIDREL	95	<i>paroxetine hcl</i>	53
ONYDA XR.....	<i>oxaprozin</i>	42	<i>paroxetine</i>	
ONZETRA XSAIL	OXAPROZIN.....	42	<i>mesylate(menop.sym)</i>	53
<i>opcicon one-step</i>	<i>oxazepam</i>	53	PASER.....	10
OPFOLDA	<i>oxcarbazepine</i>	26	PAXIL	53
OPILL.....	OXERVATE	131	PAXIL CR.....	53
OPSUMIT	<i>oxiconazole</i>	79	PAXLOVID.....	6
OPSYNVI.....	OXISTAT	79	<i>pazopanib</i>	20
OPTICHAMBER DIAMOND	OXLUMO	142	PEDIARIX (PF)	114
VHC	OXTELLAR XR	26	PEDVAX HIB (PF).....	114
<i>option-2</i>	<i>oxybutynin chloride</i>	141	<i>peg 3350-electrolytes</i>	105
OPVEE	OXYBUTYNIN CHLORIDE		<i>peg3350-sod sul-nacl-kcl-asb-c</i>	
OPZELURA.....	.....	141	.....	105
ORACEA	<i>oxycodone</i>	37	PEGASYS	110
<i>oral saline laxative</i>	OXYCODONE.....	37	<i>peg-electrolyte soln</i>	105
ORALAIR.....	<i>oxycodone-acetaminophen</i> ..	37,	PEMAZYRE.....	20
<i>oralone</i>	38		PEN NEEDLE, DIABETIC	.92

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

PENBRAYA (PF).....	114	PIRFENIDONE.....	138	<i>prednisolone sodium</i>	
<i>penciclovir</i>	79	<i>piroxicam</i>	42	<i>phosphate</i>	89, 133
<i>penicillamine</i>	119	<i>pitavastatin calcium</i>	69	<i>prednisone</i>	89
<i>penicillin v potassium</i>	11	PLAN B ONE-STEP.....	127	<i>prednisone intensol</i>	89
PENNSAID.....	42	PLAQUENIL.....	10	<i>pregabalin</i>	27
PENTACEL (PF).....	114	PLAVIX.....	66	PREGNYL.....	95
<i>pentamidine</i>	10	PLEGRIDY.....	111, 112	PREMARIN.....	121
PENTASA.....	105	PLENVU.....	105	PREMPHASE.....	121
<i>pentazocine-naloxone</i>	42	PLIAGLIS.....	77	PREMPRO.....	121
<i>pentoxifylline</i>	66	PNEUMOVAX-23.....	114	<i>prenatabs fa</i>	144
PEPCID.....	108	<i>pnv-dha</i>	144	<i>prenatabs rx</i>	144
PERCOCET.....	38	<i>pnv-omega</i>	144	<i>prenatal</i>	144
PERFOROMIST.....	138	<i>pnv-select</i>	144	<i>prenatal complete</i>	144
PERIDEX.....	87	POCKET CHAMBER.....	90	<i>prenatal multi-dha (algal oil)</i>	
<i>perindopril erbumine</i>	63	<i>podofilox</i>	73	.....	144
<i>periogard</i>	87	POKONZA.....	142	<i>prenatal multivitamins</i>	144
<i>permethrin</i>	84	<i>polycin</i>	129	<i>prenatal one daily</i>	144
<i>perphenazine</i>	53	<i>polyethylene glycol 3350</i>	105	<i>prenatal plus</i>	144
<i>perphenazine-amitriptyline</i> ..	53	<i>polymyxin b sulf-trimethoprim</i>		<i>prenatal plus (calcium carb)</i>	
PERSERIS.....	53	.....	129	.....	144
PERTZYE.....	105	POMALYST.....	20	<i>prenatal vit no.179-iron-folic</i>	
PFIZER COVID 2024-25(5Y-11Y)PF.....	114	PONVORY.....	112	.....	144
PFIZER COVID 2024-25(6MO-4Y)PF.....	114	PONVORY 14-DAY STARTER PACK.....	112	<i>prenatal vitamin</i>	144
PHEBURANE.....	85	<i>portia 28</i>	127	<i>prenatal vitamin with minerals</i>	
<i>phenazopyridine</i>	142	<i>posaconazole</i>	3	.....	144
<i>phenelzine</i>	53	<i>potassium chloride</i>	142, 143	<i>prenatal-u</i>	144
<i>phenobarbital</i>	26	POTASSIUM CHLORIDE.....	143	PRESTALIA.....	64
<i>phenoxybenzamine</i>	63	<i>potassium citrate</i>	142	PRETOMANID.....	10
<i>phenylephrine hcl</i>	134	<i>povidone-iodine</i>	129	PREVACID.....	108
PHENYTEK.....	26	<i>powderlax</i>	105	PREVACID SOLUTAB.....	108
<i>phenytoin</i>	26	<i>pr natal 400</i>	144	<i>prevalite</i>	69
<i>phenytoin sodium extended</i> ..	26	<i>pr natal 400 ec</i>	144	PREVIDENT.....	87
PHEXXI.....	122	<i>pr natal 430</i>	144	PREVIDENT 5000 ENAMEL PROTECT.....	87
<i>philith</i>	127	<i>pr natal 430 ec</i>	144	PREVIDENT 5000 ORTHO DEFENSE.....	87
<i>phosphate laxative</i>	105	PRADAXA.....	66, 67	PREVIDENT 5000 PLUS.....	87
PHOSPHOLINE IODIDE..	130	PRALUENT PEN.....	69	PREVIDENT 5000 SENSITIVE.....	87
<i>phytonadione (vitamin k1)</i>	66	<i>pramipexole</i>	29	PREVNAR 20 (PF).....	114
PIFELTRO.....	6	PRAMOSONE.....	71	PREVYMIS.....	6
<i>pilocarpine hcl</i>	85, 87, 130	<i>prasugrel</i>	67	PREZCOBIX.....	6
<i>pimecrolimus</i>	73	<i>pravastatin</i>	69	PREZISTA.....	6
<i>pimozide</i>	53	<i>praziquantel</i>	10	PRIFTIN.....	10
<i>pimtree (28)</i>	127	<i>prazosin</i>	64	PRIOSEC.....	108
<i>pindolol</i>	63	PRECOSE.....	98	<i>primaquine</i>	10
<i>pioglitazone</i>	98	PRED FORTE.....	133	<i>primidone</i>	27
<i>pioglitazone-glimepiride</i>	98	PRED MILD.....	133	PRIMIDONE.....	27
<i>pioglitazone-metformin</i>	98	<i>prednicarbate</i>	82	PRIMLEV.....	38
PIQRAY.....	20	<i>prednisolone</i>	89	PRIMSOL.....	13
<i>pirfenidone</i>	138	<i>prednisolone acetate</i>	133		

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

PRIORIX (PF).....	114	PULMOZYME.....	138	<i>ramelteon</i>	54
PRISTIQ.....	53	<i>purelax</i>	105	<i>ramipril</i>	64
PROAIR DIGIHALER	138	PURIXAN	20	<i>ranolazine</i>	70
PROAIR RESPICLICK	138	PYLERA	108	RAPAFLO.....	141
<i>probenecid</i>	115	<i>pyrazinamide</i>	10	<i>rasagiline</i>	29
<i>probenecid-colchicine</i>	115	PYRIDIUM	142	RASUVO (PF).....	119
PROCARDIA XL	64	<i>pyridostigmine bromide</i> ..	33, 34	RAVICTI.....	85
<i>procentra</i>	54	PYRIDOSTIGMINE		RAYALDEE.....	95
<i>prochlorperazine</i>	105	BROMIDE.....	34	RAYOS.....	89
<i>prochlorperazine maleate</i> ..	105	<i>pyrimethamine</i>	10	REBIF (WITH ALBUMIN)	
PROCRIT	109	PYRUKYND.....	85	.....	112
PROCTOFOAM HC.....	105	Q		REBIF REBIDOSE	112
<i>procto-med hc</i>	105	QBRELIS	64	REBIF TITRATION PACK	
<i>proctosol hc</i>	105	QBREXZA	73	.....	112
<i>proctozone-hc</i>	105	QDOLO	42	<i>reclipsen (28)</i>	127
PROCYSBI	142	QELBREE	54	RECOMBIVAX HB (PF)...	114
PROFINAC	42	QINLOCK.....	20	RECORLEV	95
<i>progesterone</i>	122	QNASL.....	138	RECTIV	105
<i>progesterone micronized</i>	122	QTERN.....	98	REGLAN.....	105
PROGLYCEM	90	QUADRACEL (PF)	114	REGRANEX	73
PROGRAF	20	QUALAQUIN	10	RELAFEN DS	42
<i>prolate</i>	38	QUARTETTE	127	RELENZA DISKHALER	6
PROLATE.....	38	QUAZEPAM.....	54	RELEUKO	110
PROLENSA	131	QUDEXY XR.....	27	RELEXXII.....	54
PROMACTA.....	67	QUESTRAN.....	69	RELION NOVOLIN 70/30 ..	93
<i>promethazine</i>	135	QUESTRAN LIGHT.....	69	RELION NOVOLIN N	93
<i>promethazine-codeine</i>	135	<i>quetiapine</i>	54	RELION NOVOLIN R.....	93
<i>promethazine-dm</i>	135	QUETIAPINE	54	RELISTOR	105, 106
<i>promethazine-phenylephrine</i>		QUILLICHEW ER.....	54	RELPAK.....	30
.....	135	QUILLIVANT XR.....	54	RELTONE.....	106
<i>promethegan</i>	135	<i>quinapril</i>	64	REMERON.....	54
PROMETRIUM	122	<i>quinapril-hydrochlorothiazide</i>			
<i>propafenone</i>	59	.....	64	<i>rena-vite</i>	144
<i>proparacaine</i>	131	<i>quinidine gluconate</i>	59	REVELA	101
<i>propranolol</i>	64	<i>quinidine sulfate</i>	59	<i>repaglinide</i>	98
<i>propranolol-</i>		<i>quinine sulfate</i>	10	REPATHA PUSHTRONEX	69
<i>hydrochlorothiazid</i>	64	QUINIXIL	82	REPATHA SURECLICK	69
<i>propylthiouracil</i>	89	<i>quit 2</i>	87	REPATHA SYRINGE	69
PROQUAD (PF)	114	<i>quit 4</i>	87	RESTASIS.....	131
PROSCAR.....	141	QULIPTA.....	30	RESTASIS MULTIDOSE..	131
PROTONIX.....	108	QUTENZA	73	RESTORIL	54
<i>protriptyline</i>	54	QUVIVIQ.....	54	RETACRIT.....	110
PROVERA	122	QVAR REDIHALER.....	138	RETEVMO.....	20
PROVIGIL	54	R		RETIN-A	76
PROZAC	54	<i>rabeprazole</i>	108	RETIN-A MICRO	76
<i>prudoxin</i>	73	RABEPRAZOLE	108	RETIN-A MICRO PUMP	76
PULMICORT.....	138	RADICAVA ORS STARTER		RETROVIR	6
PULMICORT FLEXHALER		KIT SUSP.....	32	REVATIO.....	138
.....	138	RAGWITEK.....	114	REVCIVI	85
<i>pulmosal</i>	138	<i>raloxifene</i>	116	REVLIMID.....	20

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

REXTOVY.....	42	<i>roweepra</i>	27	<i>se-natal-19</i>	144
REXULTI.....	54	ROXICODONE.....	38	SENSIPAR.....	95
REYATAZ.....	6	ROXYBOND.....	38	SEREVENT DISKUS.....	139
REYVOW.....	30	ROZEREM.....	55	SERNIVO.....	82
REZDIFFRA.....	85	ROZLYTREK.....	20	SEROQUEL.....	55
REZLIDHIA.....	20	RUBRACA.....	20	SEROQUEL XR.....	55
REZUROCK.....	20	RUCONEST.....	138	SEROSTIM.....	110
REZVOGLAR KWIKPEN..	93	<i>rufinamide</i>	27	<i>sertraline</i>	55
RHOFADE.....	76	RUKOBIA.....	6	SERTRALINE.....	55
RHOPRESSA.....	132	RYALTRIS.....	138	<i>setlakin</i>	127
<i>ribavirin</i>	6, 108	RYBELSUS.....	98	<i>sevelamer carbonate</i>	101
RIDAURA.....	119	RYCLORA.....	135	<i>sevelamer hcl</i>	101
<i>rifabutin</i>	10	RYDAPT.....	20	SEYSARA.....	13
<i>rifampin</i>	10	RYKINDO.....	55	<i>sf 87</i>	
RILUTEK.....	85	RYTARY.....	29	<i>sf 5000 plus</i>	88
<i>riluzole</i>	85	RYVENT.....	135	SFROWASA.....	106
<i>rimantadine</i>	6	S		<i>sharobel</i>	122
RINVOQ.....	119	SABRIL.....	27	SHINGRIX (PF).....	114
RINVOQ LQ.....	119	SAFYRAL.....	127	SIGNIFOR.....	21
RIOMET.....	98	<i>sajazir</i>	138	SIKLOS.....	21
<i>risedronate</i>	85, 116	SALAGEN (PILOCARPINE)		<i>sildenafil (pulm.hypertension)</i>	
RISPERDAL.....	55	.....	85, 87	.....	139
RISPERDAL CONSTA.....	54	<i>salsalate</i>	42	SILENOR.....	55
<i>risperidone</i>	55	SAMSCA.....	95	SILIQ.....	71
<i>risperidone microspheres</i>	55	SANCUSO.....	106	<i>silodosin</i>	141
RITALIN.....	55	SANDIMMUNE.....	21	SILVADENE.....	72
RITALIN LA.....	55	SANDOSTATIN LAR		<i>silver sulfadiazine</i>	72
RITEFLO AEROCHAMBER		DEPOT.....	21	SIMBRINZA.....	132
.....	90	SANTYL.....	83	SIMLANDI(CF)	
<i>ritonavir</i>	6	SAPHRIS.....	55	AUTOINJECTOR.....	119
<i>rivastigmine</i>	32	<i>sapropterin</i>	95	<i>simliya (28)</i>	127
<i>rivastigmine tartrate</i>	32	SAVAYSA.....	67	<i>simpesse</i>	127
<i>rivelsa</i>	127	SAVELLA.....	119	SIMPONI.....	119
RIVFLOZA.....	142	<i>saxagliptin</i>	98	<i>simvastatin</i>	69
<i>rizatriptan</i>	30	<i>saxagliptin-metformin</i>	98	SINEMET.....	29
ROBINUL.....	100	<i>scalacort</i>	82	SINGULAIR.....	139
ROBINUL FORTE.....	100	SCALACORT DK.....	82	<i>sirolimus</i>	21
ROCALTROL.....	95	SCSEMBLIX.....	21	SIRTURO.....	10
ROCKLATAN.....	132	<i>scopolamine base</i>	106	SITAGLIPTIN.....	98
<i>roflumilast</i>	138	SECUADO.....	55	SITAGLIPTIN-METFORMIN	
ROLVEDON.....	110	SEGLENTIS.....	38	.....	98
<i>ropinirole</i>	29	SEGLUROMET.....	98	SIVEXTRO.....	11
<i>rosadan</i>	76	<i>selegiline hcl</i>	29	SKYCLARYS.....	32
ROSDAN.....	76	<i>selenium sulfide</i>	71	SKYRIZI.....	71, 106
ROSULA.....	76	SELZENTRY.....	6	SKYTROFA.....	110
<i>rosuvastatin</i>	69	SEMGLEE(INSULIN		SLYND.....	127
ROSZET.....	69	GLARGINE-YFGN).....	93	<i>smoothlax</i>	106
ROTARIX.....	114	SEMGLEE(INSULIN		SOAAZ.....	64
ROTATEQ VACCINE.....	114	GLARG-YFGN)PEN.....	93	<i>sodium chloride</i>	85, 139
ROWASA.....	106	<i>se-natal 19 chewable</i>	144	<i>sodium fluoride 5000 plus</i>	88

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

<i>sodium fluoride-pot nitrate</i> ... 88	<i>st. joseph aspirin</i> 42	SUPREP BOWEL PREP KIT 106
SODIUM OXYBATE 55	STEGLATRO..... 98	SURE RESULT TAC PAK.. 82
<i>sodium phenylbutyrate</i> 85	STEGLUJAN 98	SUTAB 106
<i>sodium polystyrene sulfonate</i> 101	STELARA 71	SUTENT 21
<i>sodium, potassium, mag sulfates</i> 106	STIMUFEND 110	<i>syeda</i> 127
SOFDRA 73	STIOLTO RESPIMAT..... 139	<i>symax fastabs</i> 100
SOFOSBUVIR- VELPATASVIR..... 6	STIVARGA..... 21	<i>symax-sl</i> 100
SOGROYA..... 110	<i>stop smoking aid</i> 87	<i>symax-sr</i> 100
SOHONOS 85	STRATTERA..... 55, 56	SYMBICORT 139
<i>solifenacin</i> 141	STRENSIQ..... 95	SYMBYAX 56
SOLQUA 100/33 93	<i>stress formula with iron</i> 144	SYMDEKO 139
SOLOSEC 11	<i>stress formula with iron(sulf)</i> 144	SYMFI..... 6
SOLTAMOX..... 21	STRIBILD 6	SYMFI LO..... 7
<i>soluvita</i> 144	STRIVERDI RESPIMAT .. 139	SYMLINPEN 120 98
<i>soluvita a,c,d with fluoride</i> . 144	STROMECTOL 11	SYMLINPEN 60 98
SOMA 34	SUBLOCADE 38	SYMPAZAN 27
SOMAVERT 95	SUBOXONE 42, 43	SYMPROIC..... 106
SOOLANTRA..... 76	<i>subvenite</i> 27	SYMTUZA..... 7
<i>sorafenib</i> 21	<i>subvenite starter (blue) kit</i> 27	SYNAGIS..... 7
SORILUX..... 71	<i>subvenite starter (green) kit</i> . 27	SYNALAR 82
<i>sotalol</i> 59	<i>subvenite starter (orange) kit</i> 27	SYNALAR CREAM KIT ... 83
<i>sotalol af</i> 59	SUCRAID 106	SYNALAR OINTMENT KIT 83
SOTYKTU 71	<i>sucralfate</i> 108	SYNALAR TS..... 83
SOTYLIZE..... 59	SUFLAVE 106	SYNAREL..... 95
SOVALDI 6	SULAR..... 64	SYNDROS 106
SOVUNA 11	SULCONAZOLE..... 79	SYNJARDY 98
SPACE CHAMBER..... 90	<i>sulfacetamide sodium</i> 133	SYNJARDY XR..... 98
SPEVIGO 71	<i>sulfacetamide sodium (acne)</i> 78	SYNTHROID 99
SPIKEVAX 2024-2025(12Y UP)(PF) 114	<i>sulfacetamide sodium-sulfur</i> . 76	SYPRINE 85
<i>spinosad</i> 84	<i>sulfacetamide-prednisolone</i> 133	T
SPIRIVA RESPIMAT 139	<i>sulfacleanse 8-4</i> 76	TABLOID..... 21
SPIRIVA WITH HANDIHALER..... 139	<i>sulfadiazine</i> 12	TABRECTA 21
<i>spironolactone</i> 64	<i>sulfamethoxazole-trimethoprim</i> 12	TACLONEX..... 71
<i>spironolacton-</i> <i>hydrochlorothiaz</i> 64	SULFAMYLON..... 78	<i>tacrolimus</i> 21, 73
SPORANOX 3, 4	<i>sulfasalazine</i> 106	<i>tadalafil</i> 141
SPRAVATO..... 55	<i>sulfatrim</i> 12	<i>tadalafil (pulm. hypertension)</i> 139
<i>sprintec (28)</i> 127	<i>sulindac</i> 43	TADLIQ 139
SPRITAM..... 27	<i>sumatriptan</i> 30	TAFINLAR 21
SPRIX..... 42	<i>sumatriptan succinate</i> 30	<i>tafluprost (pf)</i> 132
SPRYCEL 21	<i>sumatriptan-naproxen</i> 30	TAGRISO 21
<i>sps (with sorbitol)</i> 101	<i>sunitinib malate</i> 21	TAKE ACTION 127
<i>sronyx</i> 127	SUNLENCA..... 6	TAKHZYRO 139
<i>ssd</i> 72	SUNOSI..... 56	TALICIA 108
<i>st joseph aspirin</i> 42	<i>super b maxi complex</i> 144	TALTZ AUTOINJECTOR .. 71
	<i>super b-50 complex</i> 145	TALTZ AUTOINJECTOR (2 PACK)..... 71
	<i>super quints</i> 145	
	SUPPRELIN LA 21	

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

TALTZ AUTOINJECTOR (3 PACK).....	71	<i>terconazole</i>	122	<i>tobramycin in 0.225 % nacl</i> ..	11
TALTZ SYRINGE.....	71	<i>teriflunomide</i>	112	TOBRAMYCIN WITH	
TALZENNA.....	21	<i>teriparatide</i>	116	NEBULIZER.....	11
TAMIFLU	7	TERIPARATIDE	116	<i>tobramycin-dexamethasone</i>	132
<i>tamoxifen</i>	21	TESTIM.....	95	TOBREX	129
<i>tamsulosin</i>	141	<i>testosterone</i>	95	TOLAK.....	73
<i>tanlor</i>	34	<i>testosterone cypionate</i>	95	<i>tolcapone</i>	29
TAPERDEX	89	<i>testosterone enanthate</i>	95	TOLECTIN 600.....	43
TARCEVA	21	<i>tetrabenazine</i>	32	<i>tolmetin</i>	43
TARGADOX	13	<i>tetracaine hcl</i>	131	TOLSURA.....	4
TARGRETIN	21	TETRACAINE HCL (PF)..	131	<i>tolterodine</i>	141
<i>tarina 24 fe</i>	127	<i>tetracycline</i>	13	<i>tolvaptan</i>	96
<i>tarina fe 1/20 (28)</i>	127	TEXACORT.....	83	TOPAMAX	27
<i>taron-c dha</i>	145	TEZSPIRE.....	139	TOPICORT.....	83
TARPEYO	89	THALITONE	64	<i>topiramate</i>	27
TASCENSO ODT	112	THALOMID.....	21	TOPROL XL	64
TASIGNA	21	THEO-24.....	139	<i>toremifene</i>	22
<i>tasimelteon</i>	56	<i>theophylline</i>	139	<i>torpenz</i>	22
TASMAR	29	THIOLA	85	<i>torseמידe</i>	64
<i>tavaborole</i>	79	THIOLA EC	86	TOSYMRA.....	31
TAVALISSE	67	<i>thioridazine</i>	56	TOUJEO MAX U-300	
TAVNEOS	85	<i>thiothixene</i>	56	SOLOSTAR	93
TAYTULLA.....	127	THYQUIDITY	99	TOUJEO SOLOSTAR U-300	
<i>tazarotene</i>	76	<i>thyroid (pork)</i>	99	INSULIN	93
TAZAROTENE	76	<i>tiadylt er</i>	64	<i>tovet emollient</i>	83
TAZORAC	76	<i>tiagabine</i>	27	TOVET KIT	83
TAZVERIK.....	21	TIAZAC	64	TOVIAZ	141
TDVAX.....	114	TIBSOVO.....	22	TRACLEER	139
TECFIDERA.....	112	TIGLUTIK	86	TRADJENTA	98
TEGRETOL	27	TIKOSYN	59	<i>tramadol</i>	43
TEGRETOL XR.....	27	<i>tilia fe</i>	127	TRAMADOL	43
TEKTURNA	64	<i>timolol</i>	129	<i>tramadol-acetaminophen</i>	43
<i>telmisartan</i>	64	<i>timolol maleate</i>	64, 129, 130	<i>trandolapril</i>	64
<i>telmisartan-amlodipine</i>	64	<i>timolol maleate (pf)</i>	129	<i>trandolapril-verapamil</i>	64
<i>telmisartan-hydrochlorothiazid</i>		TIMOPTIC OCUDOSE (PF)		<i>tranexamic acid</i>	122
.....	64	.....	130	TRANSDERM-SCOP	106
<i>temazepam</i>	56	<i>tinidazole</i>	11	<i>tranylcypramine</i>	56
TEMBEXA.....	7	<i>tiopronin</i>	86	TRAVATAN Z.....	132
<i>temozolomide</i>	21	<i>tiotropium bromide</i>	139	<i>travoprost</i>	132
<i>tencon</i>	38	TIROSINT	99	<i>trazodone</i>	56
TENIVAC (PF)	114	TIROSINT-SOL.....	99	TRECTOR	11
<i>tenofovir disoproxil fumarate</i> .	7	TIVICAY.....	7	TRELEGY ELLIPTA.....	139
TENORETIC 100.....	64	TIVICAY PD	7	TRELSTAR.....	22
TENORETIC 50.....	64	<i>tizanidine</i>	34	TREMFYA	71, 72
TENORMIN.....	64	TLANDO.....	96	TREMFYA PEN	71
TEPMETKO.....	21	TOBI.....	11	TRESIBA FLEXTOUCH U-	
<i>terazosin</i>	64	TOBI PODHALER	11	100	93
<i>terbinafine hcl</i>	4	TOBRADEX	132	TRESIBA FLEXTOUCH U-	
<i>terbutaline</i>	139	TOBRADEX ST.....	132	200	94
		<i>tobramycin</i>	11, 129	TRESIBA U-100 INSULIN .	94

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

<i>tretinoin</i>	77	TRUDHESA.....	31	V	
<i>tretinoin (antineoplastic)</i>	22	TRULANCE.....	106	VAGIFEM.....	122
<i>tretinoin microspheres</i>	77	TRULICITY.....	98	<i>valacyclovir</i>	7
TREXALL.....	22	TRUMENBA.....	114	VALCHLOR.....	73
TREXIMET.....	31	TRUQAP.....	22	VALCYTE.....	7
TREZIX.....	38	TRUSTEX-RIA NON-LUB CONDOMS.....	120	<i>valganciclovir</i>	7
<i>triamcinolone acetonide</i> 83, 88, 139		TRUVADA.....	7	VALIUM.....	57
<i>triamterene</i>	64	TUDORZA PRESSAIR.....	139	<i>valproic acid</i>	28
<i>triamterene-hydrochlorothiazid</i>	64	TUKYSA.....	22	<i>valproic acid (as sodium salt)</i>	28
<i>triazolam</i>	56	<i>tulana</i>	122	<i>valsartan</i>	65
TRIBENZOR.....	64	TURALIO.....	22	VALSARTAN.....	65
<i>tricon</i>	145	<i>turqoz (28)</i>	128	<i>valsartan-hydrochlorothiazide</i>	65
TRICOR.....	69	TUXARIN ER.....	135	VALTOCO.....	28
<i>triderm</i>	83	TWINRIX (PF).....	114	VALTrex.....	7
<i>trientine</i>	86	TWIRLA.....	123	<i>vanadom</i>	34
TRIENTINE.....	86	TWYNEO.....	77	VANCOcin.....	14
<i>tri-estarylla</i>	127	TYBLUME.....	128	<i>vancomycin</i>	14
<i>trifluoperazine</i>	56	TYBOST.....	7	<i>vandazole</i>	123
<i>trifluridine</i>	129	<i>tydemy</i>	128	VANFLYTA.....	22
<i>trihexyphenidyl</i>	29	TYENNE.....	119	VANOS.....	83
TRIJARDY XR.....	98	TYENNE AUTOINJECTOR	119	VAQTA (PF).....	114
TRIKAFTA.....	139	TYKERB.....	22	<i>varenicline tartrate</i>	87
<i>tri-legest fe</i>	127	TYMLOS.....	116	VARIVAX (PF).....	114
TRILEPTAL.....	27	TYRVAYA.....	131	VAROPHEN (DICLOFENAC)	43
<i>tri-linyah</i>	127	TYVASO.....	140	VARUBI.....	106
TRILIPIX.....	69	TYVASO DPI.....	140	VASCEPA.....	69
<i>tri-lo-estarylla</i>	127	TYVASO REFILL KIT.....	140	VASERETIC.....	65
<i>tri-lo-marzia</i>	127	TYVASO STARTER KIT.....	140	VASOTEC.....	65
<i>tri-lo-mili</i>	128	U		VAXELIS (PF).....	115
<i>tri-lo-sprintec</i>	128	UBRELVY.....	31	VAXNEUVANCE (PF).....	115
<i>trimethobenzamide</i>	106	UCERIS.....	106	VCF CONTRACEPTIVE FILM.....	123
<i>trimethoprim</i>	13	UDENYCA.....	110	VCF CONTRACEPTIVE GEL	123
<i>tri-mili</i>	128	UDENYCA AUTOINJECTOR	110	VECTICAL.....	72
<i>trimipramine</i>	56	UDENYCA ONBODY.....	110	<i>velivet triphasic regimen (28)</i>	128
<i>trinatal rx 1</i>	145	ULESFIA.....	84	VELPHORO.....	101
<i>trinate</i>	145	ULORIC.....	115	VELSIPITY.....	106
TRINTELLIX.....	56	ULTRAVATE.....	83	VELTASSA.....	101
TRIPTODUR.....	22	UNDECATREX.....	96	VELTIN.....	77
<i>tri-sprintec (28)</i>	128	<i>unithroid</i>	99	VEMLIDY.....	7
TRIUMEQ.....	7	UPTRAVI.....	65	VENCLEXTA.....	22
TRIUMEQ PD.....	7	UROCIT-K 10.....	142	VENCLEXTA STARTING PACK.....	22
<i>tri-vitamin with fluoride</i>	145	UROCIT-K 15.....	142	<i>venlafaxine</i>	57
<i>trivora (28)</i>	128	UROXATRAL.....	142		
<i>tri-vylibra</i>	128	URSO FORTE.....	106		
<i>tri-vylibra lo</i>	128	<i>ursodiol</i>	106		
TROKENDI XR.....	28	UZEDY.....	56, 57		
<i>tropicamide</i>	130				
<i>trospium</i>	141				

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

VENLAFAXINE BESYLATE	VOGELXO.....	96	WINREVAIR	140
.....	<i>volnea (28)</i>	128	<i>wixela inhub</i>	140
VENTAVIS.....	VONJO.....	22	<i>women's gentle laxative(bisac)</i>	
VENTOLIN HFA.....	VOQUEZNA.....	108	.....	107
VEOZAH	VOQUEZNA DUAL PAK.	108	<i>wymzya fe</i>	128
<i>verapamil</i>	VOQUEZNA TRIPLE PAK		WYNZORA.....	72
VERDESO .....	.....	108	X	
VEREGEN	VORANIGO.....	22	XACIATO	123
VERELAN PM	<i>voriconazole</i>	4	XADAGO.....	29
VERKAZIA	VORTEX HOLDING		XALATAN.....	132
VERQUVO	CHAMBER.....	90	XALKORI.....	23
VERSACLOZ	VOSEVI.....	7	XANAX.....	57
VERZENIO.....	VOTRIENT	22	XANAX XR	57
VESICARE	VOWST.....	106	XARELTO	67
VESICARE LS.....	VOXZOGO	96	XARELTO DVT-PE TREAT	
<i>vestura (28)</i>	VOYDEYA	86	30D START.....	67
VEVYE	VRAYLAR.....	57	XATMEP.....	23
VFEND.....	VTAMA	72	XCOPRI	28
V-GO 20.....	VUITY.....	130	XCOPRI MAINTENANCE	
V-GO 30.....	VUMERITY.....	112	PACK	28
V-GO 40.....	VUSION.....	79	XCOPRI TITRATION PACK	
VIBERZI.....	<i>vyfemla (28)</i>	128	.....	28
VICTOZA 2-PAK.....	VYLEESI.....	57	XDEMVY.....	131
VICTOZA 3-PAK.....	<i>vylibra</i>	128	XELJANZ.....	119
<i>vienna</i>	VYNDAMAX	70	XELJANZ XR.....	119
<i>vigabatrin</i>	VYNDAQEL.....	70	XELODA.....	23
<i>vigadrone</i>	VYTORIN 10-10.....	69	XELPROS	132
VIGAFYDE	VYTORIN 10-20.....	69	XELSTRYM.....	57
VIGAMOX.....	VYTORIN 10-40.....	69	XENAZINE.....	32
<i>vigpoder</i>	VYTORIN 10-80.....	69	XENLETA.....	11
VIIBRYD	VYVANSE.....	57	XEPI	78
VIJOICE.....	VYZULTA	132	XERESE	79
<i>vilazodone</i>	W		XERMELO.....	23
VIMOVO	WAINUA	32	XHANCE	140
VIMPAT.....	WAKIX	57	XIFAXAN	11
VIOKACE.....	<i>warfarin</i>	67	XIGDUO XR.....	98
<i>viorele (28)</i>	WELCHOL	69	XIIDRA	131
VIRACEPT	WELIREG.....	22	XILAPAK.....	83
VIRAZOLE.....	WELLBUTRIN SR.....	57	XIMINO	13
VIREAD.....	WELLBUTRIN XL.....	57	XOFLUZA	7
VISTOGARD.....	<i>wera (28)</i>	128	XOLAIR	140
<i>vitamin b complex-folic acid</i>	<i>wescap-c dha</i>	145	XOLEGEL.....	79
.....	<i>wesnatal dha complete</i>	145	XOLREMDI.....	110
<i>vitamins a,c,d and fluoride</i> .	<i>westab plus</i>	145	XOPENEX HFA	140
VITRAKVI.....	WHYTEDERM TDKAK.....	83	XOSPATA.....	23
VIVELLE-DOT	WHYTEDERM TRILASIL		XPHOZAH.....	101
VIVITROL.....	PAK.....	83	XPOVIO	23
VIVJOA	WIDE-SEAL DIAPHRAGM		XTAMPZA ER.....	38
VIVLODEX .....	.....	120	XTANDI.....	23
VIZIMPRO.....	WINLEVI.....	77	<i>xulane</i>	123

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

XULTOPHY 100/3.6	94	ZEMPLAR	96	ZOLINZA	23
XURIDEN	86	<i>zenatane</i>	77	<i>zolmitriptan</i>	31
XYOSTED	96	ZENPEP	107	ZOLMITRIPTAN	31
XYREM	57	<i>zenzedi</i>	57	ZOLOFT	58
XYWAV	57	ZENZEDI	58	<i>zolpidem</i>	58
Y		ZEPATIER	7	ZOLPIDEM	58
YASMIN (28)	128	ZEPOSIA	32	ZOMACTON	110
YAZ (28)	128	ZEPOSIA STARTER KIT (28-		ZOMIG	31
YONSA	23	DAY)	32	ZONALON	73
YOSPRALA	67	ZEPOSIA STARTER PACK		ZONEGRAN	28
YUFLYMA(CF)	119	(7-DAY)	32	ZONISADE	28
YUFLYMA(CF) AI		ZERVIAE	131	<i>zonisamide</i>	28
CROHN'S-UC-HS	119	ZESTORETIC	65	ZONTIVITY	67
YUFLYMA(CF)		ZESTRIL	65	ZORTRESS	23
AUTOINJECTOR	119	ZETIA	69	ZORVOLEX	43
YUPELRI	140	ZETONNA	140	ZORYVE	72
YUSIMRY(CF) PEN	119	ZIAGEN	7	<i>zovia 1-35 (28)</i>	128
<i>yuvafem</i>	122	ZIANA	77	ZOVIRAX	79
Z		ZICLOPRO	43	ZTALMY	28
<i>zafemy</i>	123	<i>zidovudine</i>	7	ZTLIDO	77
<i>zafirlukast</i>	140	ZIEXTENZO	110	ZUBSOLV	43
<i>zaleplon</i>	57	ZILBRYSQ	34	<i>zumandimine (28)</i>	128
ZANAFLEX	34	<i>zileuton</i>	140	ZURZUVAE	58
<i>zarah</i>	128	ZILXI	77	ZYCLARA	115
ZARONTIN	28	ZIMHI	43	ZYDELIG	23
ZARXIO	110	ZIOPTAN (PF)	132	ZYFLO	140
<i>zatean-pn dha</i>	145	<i>ziprasidone hcl</i>	58	ZYKADIA	23
<i>zatean-pn plus</i>	145	ZIPSOR	43	ZYLET	132
ZAVZPRET	31	ZIRGAN	129	ZYLOPRIM	115
ZCORT	89	ZITHROMAX	9	ZYMFENTRA	107
ZEGALOGUE		ZITHROMAX TRI-PAK	9	ZYPITAMAG	69
AUTOINJECTOR	90	ZITHROMAX Z-PAK	9	ZYPREXA	58
ZEGALOGUE SYRINGE ...	90	ZITUVIMET	99	ZYPREXA RELPREVV	58
ZEGERID	108	ZITUVIMET XR	99	ZYPREXA ZYDIS	58
ZEJULA	23	ZITUVIO	99	ZYTIGA	23
ZELAPAR	29	ZOCOR	69	ZYVOX	11
ZELBORAF	23	ZOKINVY	86		
ZEMBRACE SYMTOUCH.31		ZOLADEX	23		

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

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-882-8633. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-882-8633. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-882-8633。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-882-8633。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-882-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-882-8633. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-882-8633 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-882-8633. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-882-8633 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-882-8633. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-882-8633. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-882-8633 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-882-8633. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-882-8633. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-882-8633. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-882-8633. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-882-8633 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

