



**FEDERAL EMPLOYEE HEALTH
BENEFITS (FEHB)
4-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 one business day if authorization is deemed urgent and within three 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	Generics - These are preferred generic medications and are in the low to mid-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	Preferred Brands - These are preferred brand or high-cost generic medications and are in the mid to higher 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	Non-Preferred Brands - These are non-preferred brand or non-preferred generic medications and are in the 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	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.
9	Zero Cost Share Preventative Drugs - These are drugs covered under the Patient Protection and Affordable Care Act (PPACA) at no cost-share (\$0), to you.

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

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	10
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	18
CARDIOVASCULAR, HYPERTENSION & LIPIDS	36
DERMATOLOGICALS/TOPICAL THERAPY	43
DIAGNOSTICS & MISCELLANEOUS AGENTS	49
EAR, NOSE & THROAT MEDICATIONS	51
ENDOCRINE/DIABETES	52
GASTROENTEROLOGY	60
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	65
IMMUNOLOGY	71
MUSCULOSKELETAL & RHEUMATOLOGY	72
OBSTETRICS & GYNECOLOGY	74
OPHTHALMOLOGY	82
RESPIRATORY, ALLERGY, COUGH & COLD	85
UROLOGICALS	89
VITAMINS, HEMATINICS & ELECTROLYTES	90
Index	94

List of Abbreviations

1: Generics

2: Preferred Brands

3: Non-Preferred Brands

4: Specialty Medications

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

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

CGM: Continuous Glucose Monitor

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

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

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

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

SP: Specialty Drug

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
BREXAFEMME	3	PA
<i>clotrimazole mucous membrane</i>	1	QL (5 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>ketoconazole oral</i>	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; QL (1 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)
<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)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
VIVJOA	3	PA; QL (18 per 84 days)
<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>	4	PA; SP; QL (1 per 1 day)
<i>amantadine hcl</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
APRETUDE	4	SP; ACA; QL (3 per 30 days)
APTIVUS	4	SP
<i>atazanavir</i>	2	SP
BARACLUDE ORAL SOLUTION	4	SP; QL (20 per 1 day)
BIKTARVY	4	SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	PA; SP; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	PA; SP; QL (6 per 28 days)
CIMDUO	4	SP
COMPLERA	4	SP
<i>darunavir</i>	4	SP
DELSTRIGO	4	SP
DESCOVY	4	SP; ACA
DOVATO	4	SP; QL (1 per 1 day)
EDURANT	4	SP
<i>efavirenz oral tablet</i>	2	SP
<i>efavirenz-emtricitabin-tenofof</i>	4	SP
<i>efavirenz-lamivu-tenofof 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>	4	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	SP; ACA
EMTRIVA ORAL SOLUTION	4	SP
<i>entecavir</i>	4	SP; QL (1 per 1 day)
EPCLUSA	4	PA; SP; QL (1 per 1 day)
<i>etravirine</i>	4	SP
EVOTAZ	4	SP
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	2	SP
FUZEON SUBCUTANEOUS RECON SOLN	4	SP
GENVOYA	4	SP
HARVONI	4	PA; SP

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

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

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

Drug Name	Drug Tier	Requirements / Limits
SOVALDI	4	PA; SP
STRIBILD	4	SP
SUNLENCA ORAL	4	PA; SP; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	4	PA; SP; QL (3 per 126 days)
SYMTUZA	4	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
<i>tenofovir disoproxil fumarate</i>	2	SP; QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	4	SP
TIVICAY PD	4	SP; QL (6 per 1 day)
TRIUMEQ	4	SP
TRIUMEQ PD	4	SP
TYBOST	4	SP
<i>valacyclovir</i>	1	
<i>valganciclovir oral recon soln</i>	4	PA for age 18 and older; SP
<i>valganciclovir oral tablet</i>	4	SP
VEMLIDY	4	PA; SP; QL (1 per 1 day)
VIRACEPT ORAL TABLET	4	SP
VIREAD ORAL POWDER	4	SP; QL (8 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	SP; QL (1 per 1 day)
VOSEVI	4	PA; SP
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
ZEPATIER	4	PA; SP
<i>zidovudine</i>	1	SP
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<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	

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>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	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 ml per fill
DIFICID ORAL TABLET	3	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<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	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; SP; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	3	PA
CAYSTON	4	SP; LA

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>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	
<i>cycloserine</i>	2	
<i>dapsone oral</i>	1	
EMVERM	3	PA; 2 tablets per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
<i>linezolid</i>	1	
<i>mefloquine</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</i>	1	
<i>pentamidine inhalation</i>	2	
<i>praziquantel</i>	2	
PRETOMANID	3	PA; QL (1 per 1 day)
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	4	PA; SP; QL (3 per 1 day)
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIVEXTRO ORAL	4	SP
<i>tinidazole</i>	1	
TOBI PODHALER	4	ST; SP
<i>tobramycin in 0.225 % nacl</i>	4	SP
<i>tobramycin inhalation</i>	4	SP
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
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	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral</i>	1	
<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		
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		

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>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	QL (4 per 1 day)
<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	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	2	
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	4	SP
VISTOGARD	4	SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; SP; QL (4 per 1 day)
AKEEGA	4	PA; SP; QL (2 per 1 day)
ALECENSA	4	PA; SP; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; SP; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; SP; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
AUGTYRO ORAL CAPSULE 160 MG	4	PA; SP; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; QL (8 per 1 day)
AYVAKIT	4	PA; SP; LA; QL (1 per 1 day)
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	4	PA; SP; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; SP; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; SP; LA; QL (1 per 1 day)
<i>bexarotene</i>	4	PA; SP
<i>bicalutamide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BOSULIF ORAL CAPSULE 100 MG	4	PA; SP; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	4	PA; SP; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	4	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; SP; QL (1 per 1 day)
BRAFTOVI	4	PA; SP; LA; QL (6 per 1 day)
BRUKINSA	4	PA; SP; LA; QL (4 per 1 day)
CABOMETYX	4	PA; SP; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; SP; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	4	PA; SP; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	4	PA; SP; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; LA; QL (1 per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; QL (84 per 28 days)
COPIKTRA	4	PA; SP; LA; QL (2 per 1 day)
COTELLIC	4	PA; SP; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	4	SP
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	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>	4	PA; SP; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	4	PA; SP; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	4	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; SP; QL (2 per 1 day)
DROXIA	2	
ELIGARD	4	PA; SP; QL (1 per 28 days)
ELIGARD (3 MONTH)	4	PA; SP; QL (1 per 63 days)
ELIGARD (4 MONTH)	4	PA; SP; QL (1 per 112 days)
ELIGARD (6 MONTH)	4	PA; SP; QL (1 per 126 days)
ENSPRYNG	4	PA; SP; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
ERIVEDGE	4	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	4	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	4	PA; SP
EULEXIN	4	PA; SP
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; SP; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; SP
<i>exemestane</i>	1	ACA
FENSOLVI	4	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; SP; QL (1 per 30 days)
FOTIVDA	4	PA; SP; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; SP; QL (21 per 28 days)
GAVRETO	4	PA; SP; LA; QL (4 per 1 day)
<i>gefitinib</i>	4	PA; SP; QL (1 per 1 day)
<i>gengraf</i>	1	SP
GILOTRIF	4	PA; SP; QL (1 per 1 day)
GLEOSTINE	4	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG	4	PA; SP
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; SP; QL (1 per 1 day)
ICLUSIG	4	PA; SP; QL (1 per 1 day)
IDHIFA	4	PA; SP; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; SP; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	4	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
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG	4	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; SP; QL (4 per 1 day)
INQOVI	4	PA; SP; QL (5 per 28 days)
INREBIC	4	PA; SP; LA; QL (4 per 1 day)
IWILFIN	4	PA; SP; LA; QL (8 per 1 day)
JAKAFI	4	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	4	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; SP; QL (1 per 1 day)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; SP; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; SP; QL (63 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; SP; QL (4 per 1 day)
KRAZATI	4	PA; SP; QL (6 per 1 day)
<i>lapatinib</i>	4	PA; SP; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	4	PA; SP; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	4	PA; SP; LA; QL (2 per 1 day)
<i>lenalidomide</i>	4	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	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)	4	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)	4	PA; SP; QL (60 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	4	PA; SP
LEUPROLIDE (3 MONTH)	4	PA; SP; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	4	PA; SP; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; SP; QL (8 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
LORBRENA ORAL TABLET 100 MG	4	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	4	PA; SP; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 240 MG	4	PA; SP; QL (2 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; SP; QL (3 per 1 day)
LUPKYNIS	4	PA; SP; QL (6 per 1 day)
LUPRON DEPOT	4	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	4	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	4	PA; SP; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; SP; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; SP; QL (1 per 126 days)
LYNPARZA	4	PA; SP; QL (4 per 1 day)
LYSODREN	4	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; 4 packs per 28 days; SP; LA
MATULANE	4	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; SP; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (1 per 1 day)
MEKTOVI	4	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	4	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

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
MYHIBBIN	4	PA for Age greater than 8 year(s); SP; QL (350 per 30 days)
MYLERAN	4	PA; SP
NERLYNX	4	PA; SP; LA; QL (6 per 1 day)
<i>nilutamide</i>	4	PA; SP; QL (1 per 1 day)
NINLARO	4	PA; SP; QL (3 per 30 days)
NUBEQA	4	PA; SP; LA; QL (4 per 1 day)
ODOMZO	4	PA; SP; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 MG	4	PA; SP; QL (6 per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; SP; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; SP; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; SP; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; SP; QL (24 per 28 days)
OJJAARA	4	PA; SP; QL (1 per 1 day)
ONUREG	4	PA; SP; QL (14 per 28 days)
ORGOVYX	4	PA; SP; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	4	PA; SP; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; SP; QL (3 per 1 day)
<i>pazopanib</i>	4	PA; SP; QL (4 per 1 day)
PEMAZYRE	4	PA; SP; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; SP; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	4	PA; SP; QL (56 per 28 days)
POMALYST	4	PA; SP; LA; QL (1 per 1 day)
QINLOCK	4	PA; SP; LA; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; SP; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	4	PA; SP; LA; QL (3 per 1 day)
REVLIMID	4	PA; SP; LA; 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
REZLIDHIA	4	PA; SP; QL (2 per 1 day)
REZUROCK	4	PA; SP; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; SP; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; SP; LA; QL (12 per 1 day)
RUBRACA ORAL TABLET 250 MG, 300 MG	4	PA; SP; LA; QL (4 per 1 day)
RYDAPT	4	PA; SP; QL (8 per 1 day)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA; SP
SCEMBLIX ORAL TABLET 100 MG	4	PA; SP; QL (4 per 1 day)
SCEMBLIX ORAL TABLET 20 MG	4	PA; SP; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; SP; QL (10 per 1 day)
SIGNIFOR	4	PA; SP
<i>sirolimus</i>	2	SP
SOLTAMOX	3	
<i>sorafenib</i>	4	PA; SP; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; SP; QL (3 per 1 day)
STIVARGA	4	PA; SP; QL (84 per 30 days)
<i>sunitinib malate</i>	4	PA; SP; QL (1 per 1 day)
SUPPRELIN LA	4	PA; SP; QL (1 per 365 days)
TABLOID	4	PA; SP
TABRECTA	4	PA; SP; QL (4 per 1 day)
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; SP; QL (30 per 1 day)
TAGRISO	4	PA; SP; LA; QL (1 per 1 day)
TALZENNA	4	PA; SP; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	4	PA; SP; QL (2 per 1 day)
TAZVERIK	4	PA; SP; LA; QL (8 per 1 day)
<i>temozolomide</i>	4	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
TEPMETKO	4	PA; SP; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; QL (1 per 1 day)
TIBSOVO	4	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	4	PA; SP; QL (1 per 1 day)
<i>torpenz</i>	4	PA; SP; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; SP; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; SP; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; SP; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	4	PA; SP
TRIPTODUR	4	PA; SP; QL (1 per 126 days)
TRUQAP	4	PA; SP; QL (64 per 28 days)
TUKYSA	4	PA; SP; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	4	PA; SP; LA; QL (4 per 1 day)
VANFLYTA	4	PA; SP; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	4	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	4	PA; SP; QL (42 per 365 days)
VERZENIO	4	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	4	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; SP; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; SP; LA; QL (10 per 1 day)
VIZIMPRO	4	PA; SP; QL (1 per 1 day)
VONJO	4	PA; SP; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	4	PA; SP; QL (1 per 1 day)
WELIREG	4	PA; SP; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL PELLETT 150 MG	4	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; SP; QL (4 per 1 day)
XERMELO	4	PA; SP; LA
XOSPATA	4	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	4	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)	4	PA; SP; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; SP; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; SP; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	4	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA; SP; QL (2 per 1 day)
YONSA	4	PA; SP; QL (4 per 1 day)
ZEJULA ORAL TABLET	4	PA; SP; LA; QL (1 per 1 day)
ZELBORAF	4	PA; SP; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; SP; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; SP; QL (1 per 28 days)
ZOLINZA	4	PA; SP; QL (4 per 1 day)
ZYDELIG	4	PA; SP; QL (2 per 1 day)
ZYKADIA	4	PA; SP; QL (3 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION	3	PA; QL (20 per 1 day)
BRIVIACT ORAL TABLET	3	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 tablet</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>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<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	
DIACOMIT ORAL CAPSULE 250 MG	4	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; SP; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; SP; QL (6 per 1 day)
<i>diazepam rectal</i>	2	
DILANTIN	3	PA; QL (3 per 1 day)
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
EPIDIOLEX	4	PA; SP; LA
<i>epitol</i>	1	
EQUETRO	3	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	PA
FINTEPLA	4	PA; SP; LA; QL (12 per 1 day)
FYCOMPA ORAL SUSPENSION	3	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	3	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>lacosamide oral</i>	2	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral</i>	1	
LIBERVANT	3	PA; QL (10 per 30 days)
<i>methsuximide</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
NAYZILAM	3	PA; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr</i>	2	PA
<i>phenobarbital</i>	1	
<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	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>rufinamide</i>	2	PA
<i>subvenite</i>	1	
<i>tiagabine</i>	2	PA
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
<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	3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; SP; LA
<i>vigadrone oral powder in packet</i>	4	PA; SP
VIGAFYDE	4	PA; SP
<i>vigpoder</i>	4	PA; SP
XCOPRI MAINTENANCE PACK	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	3	PA; 1 tablet per day; 28 tablets per 365 days
<i>zonisamide</i>	1	
ZTALMY	3	PA; SP; LA; QL (10 per 30 days)

ANTIPARKINSONISM AGENTS

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>apomorphine</i>	4	PA; SP; QL (3 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL (10 per 1 day)
NOURIANZ ORAL TABLET 20 MG	4	PA; SP; LA; QL (1 per 1 day)
NOURIANZ ORAL TABLET 40 MG	3	PA; SP; LA; QL (1 per 1 day)
ONGENTYS	3	PA; QL (1 per 1 day)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	3	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	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)
EMGALITY PEN	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ERGOMAR	3	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>frovatriptan</i>	2	QL (12 per 30 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
QULIPTA	2	PA; QL (1 per 1 day)
REYVOW	3	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)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO	2	PA; SP; LA; QL (4 per 1 day)
AUSTEDO XR	2	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	2	PA; SP; QL (28 per 365 days)
<i>dalfampridine</i>	4	SP; QL (2 per 1 day)
DAYBUE	4	PA; SP; QL (120 per 1 day)
<i>dichlorphenamide</i>	4	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	4	PA; SP; LA; QL (6.7 per 1 day)
FIRDAPSE	4	PA; SP; LA; QL (10 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral tablet</i>	2	
INGREZZA	2	PA; SP; LA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA INITIATION PK(TARDIV)	2	PA; SP; QL (28 per 365 days)
INGREZZA SPRINKLE	2	PA; LA; QL (1 per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
NUEDEXTA	4	PA; SP; QL (2 per 1 day)
NULIBRY	4	PA; SP
RADICAVA ORS STARTER KIT SUSP	4	PA; SP
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	4	PA; SP; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; SP; QL (4 per 1 day)
WAINUA	4	PA; SP; QL (1 per 28 days)
ZEPOSIA	4	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; SP; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	2	QL (3 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<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)
<i>meprobamate</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
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	

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>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
ZILBRYSQ	4	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
<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	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; SP; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; SP; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; SP; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; SP; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; SP; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	4	PA; SP; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	4	PA; SP; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<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 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<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)

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>codeine-butalbital-asa-caff</i>	1	PA; QL (6 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)
<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>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	PA; QL (1 per 1 day)
<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)
<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 solution 10 mg/5 ml</i>	1	PA; QL (45 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 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)
<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)
<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)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<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 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	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)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; SP; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
XTAMPZA ER	3	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
<i>aspirin childrens</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)
<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)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diflunisal</i>	2	QL (3 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)
<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	
<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)

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>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
<i>meloxicam oral tablet</i>	1	
<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)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
<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	
NUCYNTA	3	PA; QL (4 per 1 day)
NUCYNTA ER	3	PA; QL (2 per 1 day)
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA; QL (4 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)
REXTOVY	3	2 sprays per fill
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	1	QL (2 per 1 day)
<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)
VIVITROL	4	SP
ZIMHI	3	1 ml per fill

PSYCHOTHERAPEUTIC DRUGS

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

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA	2	PA for age 17 and younger; QL (1 per 28 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	2	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	2	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	2	PA for age 19 and older; QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	2	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
<i>aripiprazole oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	2	PA for age 17 and younger; QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	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)
<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)
<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)

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>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)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	2	PA for age 17 and younger; QL (4 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>desipramine</i>	2	
<i>desvenlafaxine succinate</i>	2	QL (1 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 tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 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)

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>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	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 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)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<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>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 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	3	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	3	PA for age 19 and older; QL (1 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate</i>	2	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
<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 LQ	4	PA; SP
<i>imipramine hcl</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for age 17 and younger; QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for age 17 and younger; QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for age 17 and younger; QL (2.63 per 63 days)
<i>lisdexamfetamine</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</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>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	4	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK	4	PA; SP; QL (28 per 365 days)
<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)
<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 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)
<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)
<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>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	4	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine oral tablet</i>	1	PA for age 17 and younger; QL (1 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)
<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>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	2	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)
<i>protriptyline</i>	2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
<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)
<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)
<i>ramelteon</i>	2	ST; QL (1 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 17 and younger; 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
<i>risperidone oral tablet</i>	1	PA for age 17 and younger; QL (2 per 1 day)
RYKINDO	2	PA for age 17 and younger; QL (2 per 28 days)
<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)
SODIUM OXYBATE	4	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)	4	PA; SP; QL (4 per 28 days)
SUNOSI	3	PA; QL (1 per 1 day)
<i>tasimelteon</i>	4	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	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)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	2	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	2	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	2	PA for age 17 and younger; QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	2	PA for age 17 and younger; QL (0.56 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
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	PA for age 17 and younger; QL (0.7 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	PA for age 17 and younger; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	PA for age 17 and younger; QL (0.21 per 28 days)
<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)
VYVANSE	2	PA for age 19 and older; QL (1 per 1 day)
WAKIX	4	PA; SP; LA; QL (2 per 1 day)
XYWAV	4	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)
<i>ziprasidone hcl</i>	2	PA for age 17 and younger; QL (2 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)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; SP; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; SP; QL (14 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA for age 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA for age 17 and younger; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule</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>dofetilide</i>	2	QL (2 per 1 day)
<i>flecainide</i>	1	
<i>mexiletine</i>	2	
MULTAQ	2	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral tablet</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	
<i>aliskiren</i>	2	ST; QL (1 per 1 day)
<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>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan</i>	2	ST; QL (1 per 1 day)
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</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>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<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	
DIURIL	3	
<i>doxazosin</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	2	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<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	3	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	2	
KERENDIA	3	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</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>losartan-hydrochlorothiazide</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>methyldopa</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
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	2	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; SP; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; SP; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	
<i>prazosin</i>	1	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>telmisartan</i>	1	
<i>terazosin</i>	1	
<i>tiadytl er</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>timolol maleate oral</i>	2	
<i>torseamide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL TABLET	4	PA; SP; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; SP; LA; QL (200 per 365 days)
<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	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	4	PA; SP; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	4	PA; SP; QL (2 per 1 day)
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
<i>aspirin-dipyridamole</i>	2	
BRILINTA	2	
CABLIVI INJECTION KIT	4	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)	4	PA; SP; LA; QL (2 per 1 day)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	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>fondaparinux</i>	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION	4	SP
FRAGMIN SUBCUTANEOUS SYRINGE	4	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	
<i>jantoven</i>	1	
MULPLETA	4	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	4	PA; SP; LA; QL (2 per 1 day)
TAVALISSE	4	PA; SP; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</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>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	4	PA; SP; LA
<i>lovastatin</i>	1	ACA
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	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	2	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA SYRINGE	2	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	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; SP; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	3	QL (15 per 1 day)
ENTRESTO	2	
FILSPARI	4	PA; SP; QL (1 per 1 day)
<i>ivabradine</i>	2	QL (2 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>ranolazine</i>	2	
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; SP; QL (1 per 1 day)
VYNDAQEL	4	PA; SP; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
BIMZELX	4	PA; SP; QL (2 per 42 days)
BIMZELX AUTOINJECTOR	4	PA; QL (2 per 42 days)
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
<i>calcipotriene topical ointment</i>	2	
COSENTYX (2 SYRINGES)	4	PA; SP; QL (2 per 28 days)
COSENTYX PEN	4	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; SP; QL (2 per 28 days)
ILUMYA	4	PA; SP; QL (1 per 63 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SILIQ	4	PA; SP; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 63 days)
SOTYKTU	4	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
SPEVIGO SUBCUTANEOUS	4	PA; SP; QL (2 per 28 days)
STELARA INTRAVENOUS	4	PA; SP; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (1 per 42 days)
TALTZ AUTOINJECTOR	4	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; SP; QL (1 per 28 days)
TREMFYA PEN	4	PA; SP; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; SP; QL (2 per 28 days)
ZORYVE TOPICAL CREAM 0.15 %	3	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	3	PA; SP; QL (1 per 30 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; SP; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
EUCRISA	3	ST; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	4	PA; SP; QL (3 per 30 days)
<i>methoxsalen</i>	4	SP
OPZELURA	4	PA; SP; QL (60 per 30 days)
PANRETIN	4	PA; SP
<i>pimecrolimus</i>	2	ST
<i>podofilox topical solution</i>	1	
REGRANEX	3	QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
VALCHLOR	4	PA; SP; QL (60 per 30 days)
THERAPY FOR ACNE		
<i>accutane</i>	1	
<i>adapalene topical cream</i>	2	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	2	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
<i>amnesteam</i>	1	
<i>azelaic acid</i>	2	
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	
<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>dapsone topical gel</i>	2	ST
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	ST
<i>ivermectin topical cream</i>	2	PA
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)
<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>neuac</i>	2	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
<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 0.1 %</i>	2	
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	1	PA for age 29 and older; QL (1 per 30 days)
<i>tretinoin topical cream 0.1 %</i>	2	PA for age 29 and older; QL (1 per 30 days)
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<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	PA for age 2 and younger
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocan iii</i>	2	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)
<i>lidopin topical cream 3 %</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
<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>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole</i>	2	
<i>ketokonazole topical cream</i>	1	
<i>ketokonazole topical shampoo</i>	1	
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<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 ointment</i>	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</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>clobetasol-emollient topical cream</i>	2	
<i>desonide topical cream</i>	2	
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>fluocinolone</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	2	
<i>hydrocortisone butyrate topical cream</i>	2	
<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 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	2	
<i>mometasone topical</i>	1	
<i>prednicarbate topical ointment</i>	2	
<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>triderm topical cream</i>	1	
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	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
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>benzphetamine</i>	1	PA
CONTRAVE	3	PA
<i>diethylpropion</i>	1	PA
IMCIVREE	4	PA; SP; QL (9 per 30 days)
LOMAIRA	3	PA
ORLISTAT	3	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phentermine</i>	1	PA
QSYMIA	3	PA
SAXENDA	3	PA; QL (15 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
XENICAL	3	PA
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 5 MG/0.5 ML	3	PA; QL (2 per 28 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
<i>carglumic acid</i>	4	PA; SP
<i>cevimeline</i>	2	
CHEMET	3	PA for age 18 and older
CUVRIOR	4	PA; SP; QL (10 per 1 day)
<i>deferasirox</i>	4	PA; SP
<i>deferiprone</i>	4	PA; SP
<i>disulfiram</i>	2	
<i>droxidopa</i>	4	PA; SP
DUVYZAT	4	PA; SP; QL (3 per 35 days)
ENDARI	4	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
FABHALTA	4	PA; SP; QL (2 per 1 day)
FERRIPROX ORAL SOLUTION	4	PA; SP
<i>glutamine (sickle cell)</i>	4	PA; SP; QL (6 per 1 day)
INCRELEX	4	PA; SP; LA
JOENJA	4	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	4	PA; SP; QL (1 per 1 day)
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; SP; LA
NITYR	4	PA; SP; LA
OLPRUVA	4	PA; SP
ORFADIN ORAL SUSPENSION	4	PA; SP; LA
PHEBURANE	4	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; SP; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tablets per day; 7 tablets every 365 days; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; SP; LA; QL (14 per 365 days)
RAVICTI	4	PA; SP; QL (17.5 per 1 day)
REVCOVI	4	PA; SP; LA
REZDIFFRA	4	PA; SP; QL (1 per 1 day)
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	4	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; SP; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; SP; LA; QL (1 per 1 day)
TAVNEOS	4	PA; SP; QL (6 per 1 day)
<i>tiopronin</i>	4	PA; SP
<i>trientine oral capsule 250 mg</i>	4	PA; SP; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; SP; QL (4 per 1 day)
VOYDEYA	4	PA; SP; LA; QL (180 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
XURIDEN	4	SP
ZOKINVY	4	PA; SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; 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	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<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</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	3	15 units per fill

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>ipratropium bromide nasal</i>	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf</i>	1	
<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	
<i>ciprofloxacin hcl otic (ear)</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; SP
ACTHAR SELFJECT	4	PA; SP
AGAMREE	3	PA; QL (200 per 26 days)
CORTROPHIN GEL	4	PA; SP
<i>deflazacort</i>	4	PA; SP
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone</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>hydrocortisone oral</i>	1	
<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>prednisolone oral solution</i>	1	
<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>prednisone</i>	1	
TARPEYO	4	PA; SP; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	2	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	2	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	2	OTC; QL (100 per 30 days)
ONETOUCH ULTRA TEST	2	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	2	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ADVIN COVID-19 AG HOME TEST	1	OTC; QL (4 per 30 days)
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
BINAXNOW COVD AG CARD HOME TST	1	OTC; QL (4 per 30 days)
BINAXNOW COVID-19 AG SELF TEST	1	OTC; QL (4 per 30 days)
CARESTART COVID-19 AG HOME TST	1	OTC; QL (4 per 30 days)
CLINITEST COVID-19 HOME TEST	1	OTC; QL (4 per 30 days)
COMPACT SPACE CHAMBER	2	
CORDX COVID-19 AG HOME TEST	1	OTC; QL (4 per 30 days)
COVID-19 AT-HOME TEST	1	OTC; QL (4 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
EASIVENT HOLDING CHAMBER	2	
ELLUME COVID-19 HOME TEST	1	OTC; QL (4 per 30 days)
FASTEP COVID-19 AG HOME TEST	1	OTC; QL (4 per 30 days)
FLEXICHAMBER	2	
FLOWFLEX COVID-19 AG HOME TEST	1	OTC; QL (4 per 30 days)
GENABIO COVID-19 RAPID AT-HOME	1	OTC; QL (4 per 30 days)
GOTOKNOW COVID-19 AG HOME TEST	1	OTC; QL (4 per 30 days)
IHEALTH COVID-19 AG HOME TEST	1	OTC; QL (4 per 30 days)
INDICAID COVID-19 AG HOME TEST	1	OTC; QL (4 per 30 days)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
INTELISWAB COVID-19 HOME TEST	1	OTC; QL (4 per 30 days)
MICROCHAMBER	2	
ON-GO COVID-19 AG AT HOME TEST	1	OTC; QL (4 per 30 days)
OPTICHAMBER DIAMOND VHC	2	
PILOT COVID-19 AT-HOME TEST	1	OTC; QL (4 per 30 days)
POCKET CHAMBER	2	
QUICKVUE AT-HOME COVID-19 TEST	1	OTC; QL (4 per 30 days)
RAPID SARS-COV-2 AG HOME TEST	1	OTC; QL (4 per 30 days)
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
SPEEDYSWAB COVID-19 HOME TEST	1	OTC; QL (4 per 30 days)
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
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)

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 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	3	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	3	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	3	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	3	PA; CGM; QL (1 per 720 days)
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	2	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)	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	2	QL (1 per 720 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (10 per 30 days)
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

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 VERIO REFLECT METER	9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
V-GO 20	2	QL (30 per 30 days)
V-GO 30	2	QL (30 per 30 days)
V-GO 40	2	QL (30 per 30 days)
INSULIN THERAPY		
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 U-100 INSULIN	1	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	2	QL (100 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	2	QL (100 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	QL (100 per 30 days)
LANTUS U-100 INSULIN	2	QL (100 per 30 days)
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	2	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	2	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-200	2	QL (100 per 30 days)
TRESIBA U-100 INSULIN	2	QL (100 per 30 days)
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; SP; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>cetorelix</i>	4	PA
CHORIONIC GONADOTROPIN, HUMAN	4	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>clomid</i>	2	PA; QL (10 per 30 days)
<i>clomiphene citrate</i>	2	PA; QL (10 per 30 days)
<i>danazol</i>	2	
<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)	4	SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
FOLLISTIM AQ	4	PA; SP
<i>fyremadel</i>	4	PA; SP
GALAFOLD	4	PA; SP; LA; QL (14 per 28 days)
<i>ganirelix</i>	4	PA; SP
GONAL-F	4	PA; SP
GONAL-F RFF	4	PA; SP
GONAL-F RFF REDI-JECT	4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET 15 MG	4	PA; SP; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	4	PA; SP; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; SP; LA; QL (56 per 28 days)
KYZATREX	3	PA; QL (2 per 1 day)
MENOPUR	4	PA; SP
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; QL (4 per 1 day)
<i>miglustat</i>	4	PA; SP; LA; QL (3 per 1 day)
MYALEPT	4	PA; SP; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA; SP
OPFOLDA	4	PA; SP; QL (8 per 28 days)
ORILISSA	3	PA

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Drug Name	Drug Tier	Requirements / Limits
OVIDREL	4	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; SP; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; SP; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	4	PA; SP
RECORLEV	4	PA; SP; QL (8 per 1 day)
<i>sapropterin</i>	4	PA; SP
SOMAVERT	4	PA; SP
STRENSIQ	4	PA; SP; LA
SYNAREL	4	PA; SP; QL (8 per 28 days)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	2	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; SP; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; SP; LA; QL (60 per 365 days)
VOXZOGO	4	PA; SP; QL (1 per 1 day)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
CYCLOSET	3	
FARXIGA	2	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	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
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	2	
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
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)	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	2	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (30 per 365 days)
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	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	2	QL (2 per 1 day)
TRULICITY	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5- 500 MG	2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</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>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	3	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
<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 tablet</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<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 elixir</i>	1	
<i>methscopolamine</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	

MISCELLANEOUS AGENTS

<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	2	
VELTASSA	3	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
<i>anucort-hc</i>	1	
<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	3 capsules per day; 10 capsules every 28 days
<i>aprepitant oral capsule,dose pack</i>	2	QL (15 per 28 days)
<i>balsalazide</i>	1	
<i>betaine</i>	4	SP
<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	4	PA; SP; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; SP; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	4	PA; SP; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	4	PA; SP; LA; QL (4 per 1 day)
CHENODAL	4	PA; SP; LA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL (4 per 1 day)
CIMZIA POWDER FOR RECONST	4	PA; SP; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	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
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	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
ENTYVIO PEN	4	PA; SP; QL (1.36 per 28 days)
<i>enulose</i>	1	
EOHILIA	4	PA; SP; QL (600 per 30 days)
GATTEX 30-VIAL	4	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>gentlelax</i>	9	ACA; OTC
<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	3	PA; QL (2 per 1 day)
IQIRVO	4	PA; SP; QL (1 per 1 day)
<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
<i>laxative peg 3350</i>	9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	2	QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; SP; QL (3 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</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>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>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	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
<i>natura-lax</i>	9	ACA; OTC
OCALIVA	4	PA; SP; LA; QL (1 per 1 day)
OMVOH PEN	4	PA; SP; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	4	PA; SP; QL (2 per 28 days)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<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	3	ST
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PERTZYE	3	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	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>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	2	
<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
RELISTOR ORAL	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	4	PA; SP; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	4	PA; SP; QL (8 per 1 day)
<i>sulfasalazine</i>	1	
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; SP; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; SP; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</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
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	2	
ZYMFENTRA	4	PA; SP; QL (2 per 28 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<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 8 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	
<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 PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA for age 8 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (2 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	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule</i>	4	SP
<i>ribavirin oral tablet 200 mg</i>	4	SP
BIOTECHNOLOGY DRUGS		

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

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; SP
ARCALYST	4	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	4	PA; SP
FULPHILA	4	PA; SP
FYLNETRA	4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; SP; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	4	PA; SP
MIRCERA	4	PA; SP
NEULASTA	4	PA; SP
NEULASTA ONPRO	4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ALFERON N	4	SP
BESREMI	4	PA; SP; QL (2 per 28 days)
PEGASYS	4	SP
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	SP
AVONEX INTRAMUSCULAR SYRINGE KIT	4	SP
BAFIERTAM	4	PA; SP; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	4	SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	SP; QL (2 per 1 day)
<i>fingolimod</i>	4	SP
<i>glatiramer</i>	4	SP
<i>glatopa</i>	4	SP
KESIMPTA PEN	4	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	4	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; SP; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; SP; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	4	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	4	SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	SP; QL (1 per 365 days)
PONVORY	4	PA; SP; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	4	PA; SP; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	4	SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	4	SP; QL (4.2 per 365 days)
<i>teriflunomide</i>	4	SP
VUMERITY	4	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
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

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
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	3	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 or younger; ACA; QL (1 per 720 days)
NOVAVAX COVID 2024-25(PF)(EUA)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	4	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; SP; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; SP; QL (30 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 8)	4	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; SP; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	4	PA; SP; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	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	3	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
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
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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
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
FOSAMAX PLUS D	2	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; SP; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; SP; QL (1 per 28 days)
TYMLOS	4	PA; SP; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; SP; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL (4 per 28 days)
CYLTEZO(CF)	4	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN	4	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; SP; QL (4 per 365 days)
ENBREL MINI	4	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	4	PA; SP; QL (4 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	4	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) (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	4	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; SP; QL (1.6 per 28 days)
KEVZARA	4	PA; SP; QL (2.28 per 28 days)
KINERET	4	PA; SP; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	4	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	4	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; SP; QL (2.8 per 28 days)
OTEZLA	4	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL (55 per 365 days)
OTREXUP (PF)	3	ST; 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>penicillamine</i>	4	PA; SP; QL (16 per 1 day)
RASUVO (PF)	3	ST; SP
RIDAURA	3	SP
RINVOQ LQ	4	PA; SP; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; SP; QL (56 per 365 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	4	PA; SP; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	4	PA; SP; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET	4	PA; SP; QL (2 per 1 day)
XELJANZ XR	4	PA; SP; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>deblitane</i>	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	PA
<i>dotti</i>	1	
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>emzahh</i>	1	ACA
ENDOMETRIN	4	PA; SP
<i>errin</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	2	
<i>estradiol transdermal patch weekly</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	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
<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	
<i>mimvey</i>	2	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</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>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	2	QL (1 per 365 days)
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>haloette</i>	1	ACA
INTRAROSA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE	3	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVARING	3	PA
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
PHEXXI	3	
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
TWIRLA	3	
<i>vandazole</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
XACIATO	3	
<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
<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	3	PA
<i>balziva (28)</i>	1	ACA
BEYAZ	3	PA
<i>blisovi 24 fe</i>	1	ACA
<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

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>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-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	3	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>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<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>juleber</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>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.estrad</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>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	3	PA
LOESTRIN 1/20 (21)	3	PA
LOESTRIN FE 1.5/30 (28-DAY)	3	PA
LOESTRIN FE 1/20 (28-DAY)	3	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

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>lutera (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	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	2	
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
NEXTSTELLIS	2	
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</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 tablet</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<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

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>pimtrea (28)</i>	1	ACA
<i>portia 28</i>	1	ACA
QUARTETTE	3	PA
<i>reclipsen (28)</i>	1	ACA
SAFYRAL	3	PA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
SLYND	2	
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
TAYTULLA	3	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
<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	2	
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</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>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)	3	PA
YAZ (28)	3	PA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA

OXYTOCICS

methylergonovine oral

2

OPHTHALMOLOGY

ANTIBIOTICS

bacitracin ophthalmic (eye)

2

bacitracin-polymyxin b

1

BETADINE OPHTHALMIC PREP

3

CILOXAN OPHTHALMIC (EYE) OINTMENT

3

ciprofloxacin hcl ophthalmic (eye)

1

erythromycin ophthalmic (eye)

1

gatifloxacin

2

gentamicin ophthalmic (eye) drops

1

levofloxacin ophthalmic (eye) drops 1.5 %

2

moxifloxacin ophthalmic (eye) drops

1

NATACYN

3

neomycin-bacitracin-polymyxin

1

neomycin-polymyxin-gramicidin

1

neo-polycin

1

ofloxacin ophthalmic (eye)

1

polycin

1

polymyxin b sulf-trimethoprim

1

povidone-iodine ophthalmic (eye)

2

tobramycin ophthalmic (eye)

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
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	1	OTC
<i>azelastine ophthalmic (eye)</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	4	PA; SP; QL (20 per 28 days)
CYSTARAN	4	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	4	PA; SP; QL (56 per 720 days)
<i>proparacaine</i>	1	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
XDEMVI	4	PA; SP; QL (10 per 365 days)
XIIDRA	2	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
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>travoprost</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<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	
<i>tobramycin-dexamethasone</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<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	3	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	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
<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	3	QL (24 per 30 days)
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; SP; LA; QL (3 per 1 day)
ADVAIR HFA	2	
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>alyq</i>	4	PA; SP; QL (2 per 1 day)
<i>ambrisentan</i>	4	PA; SP; LA; QL (1 per 1 day)
ANORO ELLIPTA	2	
ARNUITY ELLIPTA	2	
ASMANEX HFA	2	
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)	2	
ATROVENT HFA	3	
<i>bosentan</i>	4	PA; SP; QL (2 per 1 day)
BREO ELLIPTA	2	
<i>breyana</i>	2	
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</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
CINRYZE	4	PA; SP
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</i>	1	
DULERA	2	
FASENRA	4	PA; SP; QL (1 per 42 days)
FASENRA PEN	4	PA; SP; QL (1 per 42 days)
<i>flunisolide</i>	2	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	
HAEGARDA	4	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	4	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO	4	PA; SP; QL (2 per 1 day)
<i>levalbuterol hcl</i>	2	
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
NUCALA	4	PA; SP; LA; QL (1 per 28 days)
OFEV	4	PA; SP; QL (2 per 1 day)
OHTUVAYRE	4	PA; SP; QL (5 per 1 day)
OPSUMIT	4	PA; SP; LA; QL (1 per 1 day)
OPSYNVI	4	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	4	PA; SP; QL (4 per 1 day)
ORLADEYO	4	PA; SP; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	4	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	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
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; SP; QL (3 per 1 day)
PULMOZYME	4	PA; SP; QL (5 per 1 day)
QVAR REDIHALER	2	
<i>roflumilast</i>	2	PA; QL (1 per 1 day)
RUCONEST	4	PA; SP; QL (2 per 28 days)
<i>sajazir</i>	4	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; SP; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; SP; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMDEKO	4	PA; SP; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	4	PA; SP; QL (2 per 1 day)
TADLIQ	4	PA; SP; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; SP; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; SP; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	4	PA; SP; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; SP; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	2	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; SP; QL (3 per 1 day)
TYVASO	4	PA; SP; QL (11.6 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
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; SP; QL (1 per 365 days)
TYVASO REFILL KIT	4	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; SP; QL (1 per 365 days)
VENTAVIS	4	PA; SP; QL (9 per 1 day)
VENTOLIN HFA	1	
WINREVAIR	4	PA; SP; QL (1 per 20 days)
<i>wixela inhub</i>	1	
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	2	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
<i>flavoxate</i>	1	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
<i>tropium oral capsule, extended release 24hr</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>tropium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CAVERJECT	3	QL (4 per 30 days)
CAVERJECT IMPULSE	3	QL (4 per 30 days)
CYSTAGON	4	SP; LA
EDEX	3	QL (4 per 30 days)
OXLUMO	4	PA; SP
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	4	PA; SP
RIVFLOZA	4	PA; SP; QL (1 per 28 days)
<i>sildenafil</i>	1	QL (6 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (6 per 30 days)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effe-k oral tablet, effervescent 25 meq</i>	1	
<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	

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 capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	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 quintis</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		
24 hour nasal allergy	86	
A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
ABILIFY MAINTENA.....	29	
<i>abiraterone</i>	10	
ABRYSCO (PF).....	69	
<i>acamprosate</i>	49	
<i>acarbose</i>	58	
ACCU-CHEK AVIVA PLUS TEST STRP.....	53	
ACCU-CHEK GUIDE GLUCOSE METER.....	54	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	54	
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	54	
ACCU-CHEK GUIDE TEST STRIPS.....	53	
ACCU-CHEK SMARTVIEW CONTRL SOL	55	
ACCU-CHEK SMARTVIEW TEST STRIP	53	
<i>accutane</i>	45	
<i>acebutolol</i>	37	
<i>acetaminophen-codeine</i>	24	
<i>acetazolamide</i>	84	
<i>acetic acid</i>	52	
<i>acetylcysteine</i>	86	
<i>acitretin</i>	43	
ACTEMRA	72	
ACTEMRA ACTPEN.....	72	
ACTHAR	52	
ACTHAR SELFJECT	52	
ACTHIB (PF).....	69	
ACTIMMUNE	67	
<i>acyclovir</i>	3, 47	
ADACEL(TDAP ADOLESN/ADULT)(PF)	69	
<i>adapalene</i>	45	
<i>adapalene-benzoyl peroxide</i>	45	
ADBRY.....	44	
ADDERALL	29	
ADDERALL XR.....	29	
ADDYI.....	29	
<i>adefovir</i>	3	
ADEMPAS.....	86	
<i>adult aspirin regimen</i>	26	
ADVAIR HFA	86	
ADVIN COVID-19 AG HOME TEST.....	53	
AEROCHAMBER MECHANICAL VENT....	53	
AEROCHAMBER MINI.....	53	
AEROCHAMBER PLUS FLOW-VU.....	53	
AEROCHAMBER PLUS Z STAT	53	
AEROVENT PLUS.....	53	
<i>afirmelle</i>	77	
AFLURIA TRIV 2024-2025	69	
AFLURIA TRIV 2024-2025 (PF).....	69	
<i>after pill</i>	77	
AGAMREE	52	
AIMOVIG AUTOINJECTOR	21	
AJOVY AUTOINJECTOR..	21	
AJOVY SYRINGE.....	21	
AKEEGA.....	10	
AKYNZEO (NETUPITANT)	61	
<i>albendazole</i>	7	
<i>albuterol sulfate</i>	86	
<i>alclometasone</i>	47	
ALECENSA	10	
<i>alendronate</i>	72	
ALFERON N.....	68	
<i>alfuzosin</i>	90	
ALINIA	7	
<i>aliskiren</i>	37	
<i>allergy eye (ketotifen)</i>	83	
<i>allopurinol</i>	72	
<i>almotriptan malate</i>	21	
<i>alosetron</i>	61	
<i>alprazolam</i>	29	
<i>altavera (28)</i>	77	
ALUNBRIG	10	
ALVAIZ.....	40	
<i>alvimopan</i>	61	
<i>alyacen 1/35 (28)</i>	77	
<i>alyacen 7/7/7 (28)</i>	77	
<i>alyq</i>	86	
<i>amantadine hcl</i>	3	
<i>ambrisentan</i>	86	
<i>amethia</i>	77	
<i>amethyst (28)</i>	77	
<i>amikacin</i>	7	
<i>amiloride</i>	37	
<i>amiloride-hydrochlorothiazide</i>	37	
<i>aminocaproic acid</i>	40	
<i>amiodarone</i>	36	
<i>amitriptyline</i>	29	
<i>amitriptyline-chlordiazepoxide</i>	29	
<i>amlodipine</i>	37	
<i>amlodipine-atorvastatin</i>	41	
<i>amlodipine-benazepril</i>	37	
<i>amlodipine-olmesartan</i>	37	
<i>amlodipine-valsartan</i>	37	
<i>ammonium lactate</i>	44	
<i>amnesteem</i>	45	
<i>amoxapine</i>	29	
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	65	
<i>amoxicillin</i>	9	
<i>amoxicillin-pot clavulanate</i>	9	
<i>ampicillin</i>	9	
<i>anagrelide</i>	49	
<i>anaspaz</i>	60	
<i>anastrozole</i>	10	
ANNOVERA.....	76	
ANORO ELLIPTA.....	86	
<i>anucort-hc</i>	61	
<i>apomorphine</i>	21	
<i>apraclonidine</i>	85	
<i>aprepitant</i>	61	
APRETUDE	4	
<i>apri</i>	77	
APTIOM.....	18	
APTIVUS	4	
<i>aranelle (28)</i>	77	
ARANESP (IN POLYSORBATE).....	66	
ARCALYST.....	66	
AREXVY (PF)	69	
ARIKAYCE	7	
<i>aripiprazole</i>	29	
ARISTADA.....	29	

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

ARISTADA INITIO	29	BAFIERTAM.....	68	BINAXNOW COVID-19 AG	
<i>armodafinil</i>	29	<i>balanced b-100</i>	91	SELF TEST	53
ARNUITY ELLIPTA.....	86	<i>bal-care dha</i>	91	<i>bisoprolol fumarate</i>	37
<i>ascomp with codeine</i>	24	BALCOLTRA.....	77	<i>bisoprolol-hydrochlorothiazide</i>	
<i>asenapine maleate</i>	29	<i>balsalazide</i>	61	.....	37
<i>ashlyna</i>	77	BALVERSA.....	10	<i>blisovi 24 fe</i>	77
ASMANEX HFA.....	86	<i>balziva (28)</i>	77	<i>blisovi fe 1.5/30 (28)</i>	77
ASMANEX TWISTHALER	86	BAQSIMI.....	54	<i>blisovi fe 1/20 (28)</i>	77
<i>aspirin</i>	27	BARACLUDGE.....	4	BOOSTRIX TDAP.....	69
<i>aspirin childrens</i>	26	<i>bayer low dose aspirin</i>	27	<i>bosentan</i>	86
<i>aspirin-dipyridamole</i>	40	<i>b-complex with vitamin c</i>	91	BOSULIF	11
<i>atazanavir</i>	4	BD INTEGRA NEEDLE	55	BRAFTOVI.....	11
<i>atenolol</i>	37	BD MICROTAINER		BREO ELLIPTA	86
<i>atenolol-chlorthalidone</i>	37	LANCET	55	BREXAFEMME	3
<i>atomoxetine</i>	29	BD SPECIALTY USE		<i>breynga</i>	86
<i>atorvastatin</i>	41	NEEDLES	55	<i>briellyn</i>	77
<i>atovaquone</i>	7	BD ULTRA-FINE NANO		BRILINTA	40
<i>atovaquone-proguanil</i>	7	PEN NEEDLE.....	55	<i>brimonidine</i>	45, 85
<i>atropine</i>	83	BELBUCA	24	<i>brimonidine-timolol</i>	84
ATROVENT HFA	86	<i>benazepril</i>	37	<i>brinzolamide</i>	84
<i>aubra</i>	77	<i>benazepril-hydrochlorothiazide</i>		BRIVIACT	18
<i>aubra eq</i>	77	.....	37	BRIXADI	24
AUGTYRO	10	BENLYSTA	72	<i>bromfenac</i>	84
<i>aurovela 1.5/30 (21)</i>	77	BENZNIDAZOLE	7	<i>bromocriptine</i>	21
<i>aurovela 1/20 (21)</i>	77	<i>benzonatate</i>	85	BRUKINSA.....	11
<i>aurovela 24 fe</i>	77	<i>benzphetamine</i>	49	<i>budesonide</i>	61, 86
<i>aurovela fe 1.5/30 (28)</i>	77	<i>benztropine</i>	21	<i>budesonide-formoterol</i>	86
<i>aurovela fe 1-20 (28)</i>	77	BESREMI.....	68	<i>bumetanide</i>	37
AUSTEDO	22	BETADINE OPHTHALMIC		<i>buprenorphine</i>	24
AUSTEDO XR.....	22	PREP	82	<i>buprenorphine hcl</i>	24
AUSTEDO XR TITRATION		<i>betaine</i>	61	<i>buprenorphine-naloxone</i>	27
KT(WK1-4).....	22	<i>betamethasone dipropionate</i> 47		<i>bupropion hcl</i>	29, 30
AUVI-Q.....	85	<i>betamethasone valerate</i>	47	<i>bupropion hcl (smoking deter)</i>	
<i>aviane</i>	77	<i>betamethasone, augmented</i> ..	47	.....	51
<i>avidoxy</i>	9	BETASERON	68	<i>buspirone</i>	30
AVONEX.....	68	<i>betaxolol</i>	37, 83	<i>butalbital-acetaminop-caf-cod</i>	
<i>ayuna</i>	77	<i>bethanechol chloride</i>	90	.....	24
AYVAKIT.....	10	<i>bexarotene</i>	10	<i>butalbital-acetaminophen</i>	24
<i>azathioprine</i>	10	BEXSERO.....	69	<i>butalbital-acetaminophen-caff</i>	
<i>azelaic acid</i>	45	BEYAZ.....	77	.....	24
<i>azelastine</i>	51, 83	<i>bicalutamide</i>	10	<i>butalbital-aspirin-caffeine</i>	24
<i>azithromycin</i>	7	BIJUVA.....	74	<i>butorphanol</i>	27
<i>azurette (28)</i>	77	BIKTARVY	4	BYLVAY	61
B		<i>bimatoprost</i>	84	C	
<i>b complex 1 (with folic acid)</i> 91		BIMZELX	43	CABENUVA.....	4
<i>b complex-vitamin c-folic acid</i>		BIMZELX AUTOINJECTOR		<i>cabergoline</i>	56
.....	91	.....	43	CABLIVI.....	40
<i>bacitracin</i>	82	BINAXNOW COVD AG		CABOMETYX.....	11
<i>bacitracin-polymyxin b</i>	82	CARD HOME TST	53	<i>caffeine citrate</i>	49
<i>baclofen</i>	23			<i>calcipotriene</i>	43

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

<i>calcitonin (salmon)</i>	56	<i>cevimeline</i>	49	<i>clindamycin-benzoyl peroxide</i>	
<i>calcitriol</i>	56	<i>charlotte 24 fe</i>	78	.....	45
<i>calcium acetate(phosphat bind)</i>		<i>chateal (28)</i>	78	CLINDESSE.....	76
.....	90	<i>chateal eq (28)</i>	78	CLINITEST COVID-19	
CALQUENCE		CHEMET.....	49	HOME TEST.....	53
(ACALABRUTINIB MAL)		CHENODAL.....	61	<i>clobazam</i>	19
.....	11	<i>chlordiazepoxide hcl</i>	30	<i>clobetasol</i>	47
<i>camila</i>	74	<i>chlordiazepoxide-clidinium</i> ..	60	<i>clobetasol-emollient</i>	48
<i>camrese</i>	77	<i>chlorhexidine gluconate</i>	51	<i>clomid</i>	57
<i>camrese lo</i>	77	<i>chloroquine phosphate</i>	8	<i>clomiphene citrate</i>	57
CAMZYOS	42	<i>chlorpromazine</i>	30	<i>clomipramine</i>	30
<i>candesartan</i>	37	<i>chlorthalidone</i>	37	<i>clonazepam</i>	19
<i>candesartan-</i>		<i>chlorzoxazone</i>	23	<i>clonidine</i>	37
<i>hydrochlorothiazid</i>	37	CHOLBAM.....	61	<i>clonidine hcl</i>	30, 37
<i>capecitabine</i>	11	<i>cholestyramine (with sugar)</i>	41	<i>clopidogrel</i>	40
CAPRELSA	11	<i>cholestyramine light</i>	41	<i>clorazepate dipotassium</i>	30
<i>captopril</i>	37	CHORIONIC		<i>clotrimazole</i>	3
CAPVAXIVE.....	69	GONADOTROPIN,		<i>clotrimazole-betamethasone</i>	47
<i>carbamazepine</i>	18, 19	HUMAN.....	57	<i>clozapine</i>	30
<i>carbidopa</i>	21	<i>ciclodan</i>	47	<i>c-nate dha</i>	91
<i>carbidopa-levodopa</i>	21	<i>ciclopirox</i>	47	COARTEM.....	8
<i>carbidopa-levodopa-</i>		<i>cilostazol</i>	40	<i>codeine sulfate</i>	24
<i>entacapone</i>	21	CILOXAN	82	<i>codeine-butalbital-asa-caff</i> ...25	
<i>carbinoxamine maleate</i>	85	CIMDUO.....	4	<i>codeine-guaifenesin</i>	85
CARESTART COVID-19 AG		<i>cimetidine</i>	65	<i>colchicine</i>	72
HOME TST	53	<i>cimetidine hcl</i>	65	<i>colesevelam</i>	41
<i>carglumic acid</i>	49	CIMZIA.....	61	<i>colestipol</i>	42
<i>carisoprodol</i>	23	CIMZIA POWDER FOR		COMBIPATCH.....	74
<i>carisoprodol-aspirin-codeine</i>		RECONST.....	61	COMBIVENT RESPIMAT.....	87
.....	23	<i>cinacalcet</i>	57	COMETRIQ	11
<i>carteolol</i>	83	CINRYZE.....	87	COMIRNATY 2024-25 (12Y	
<i>cartia xt</i>	37	CIPRO HC.....	52	UP)(PF).....	69
<i>carvedilol</i>	37	<i>ciprofloxacin hcl</i>	9, 52, 82	COMPACT SPACE	
CAVERJECT	90	<i>ciprofloxacin-dexamethasone</i>		CHAMBER	53
CAVERJECT IMPULSE	90	.....	52	COMPLERA	4
CAYA CONTOURED.....	74	<i>citalopram</i>	30	<i>complete natal dha</i>	91
CAYSTON.....	7	<i>citrate of magnesia</i>	61	<i>compro</i>	61
<i>caziant (28)</i>	77	<i>citroma</i>	61	<i>constulose</i>	61
<i>cefaclor</i>	6	<i>claravis</i>	45	CONTRAVE	49
<i>cefadroxil</i>	6	<i>clarithromycin</i>	7	COPIKTRA	11
<i>cefdinir</i>	7	<i>classic prenatal</i>	91	CORDX COVID-19 AG	
<i>cefixime</i>	7	<i>clearlax</i>	61	HOME TEST.....	53
<i>cefpodoxime</i>	7	<i>clemastine</i>	85	CORLANOR	42
<i>cefprozil</i>	7	CLEOCIN.....	76	CORTROPHIN GEL.....	52
<i>cefuroxime axetil</i>	7	<i>clindacin etz</i>	45	COSENTYX.....	43
<i>celecoxib</i>	27	<i>clindacin p</i>	45	COSENTYX (2 SYRINGES)	
<i>cephalexin</i>	7	<i>clindamycin hcl</i>	8	.....	43
CERDELGA.....	56	<i>clindamycin pediatric</i>	8	COSENTYX PEN	43
<i>cetirizine</i>	85	<i>clindamycin phosphate</i> ...	45, 76	COSENTYX PEN (2 PENS).....	43
<i>cetorelix</i>	57				

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

COSENTYX UNOREADY	<i>daysee</i>	78	<i>diltiazem</i>	38
PEN	<i>deblitane</i>	75	<i>dilt-xr</i>	38
COTELLIC	<i>deferasirox</i>	49	<i>dimethyl fumarate</i>	68
<i>covaryx</i>	<i>deferiprone</i>	49	DIPENTUM	61
<i>covaryx h.s.</i>	<i>deflazacort</i>	52	<i>diphenoxylate-atropine</i>	60
COVID-19 AT-HOME TEST	DELSTRIGO	4	<i>dipyridamole</i>	40
.....	<i>demeclocycline</i>	9	<i>disopyramide phosphate</i>	36
CREON	DENGVAXIA (PF)	69	<i>disulfiram</i>	49
CRINONE	<i>denta 5000 plus</i>	51	DIURIL	38
<i>cromolyn</i>	<i>denta 5000 plus sensitive</i>	51	<i>divalproex</i>	19
<i>cryselle (28)</i>	<i>dentagel</i>	51	<i>dodex</i>	91
<i>curae</i>	DEPO-PROVERA	75	<i>dofetilide</i>	37
CUVRIOR	<i>dermacinrx lidocan</i>	46	DOJOLVI	91
<i>cyanocobalamin (vitamin b-12)</i>	DESCOVY	4	<i>dolishale</i>	78
.....	<i>desipramine</i>	30	<i>donepezil</i>	22
<i>cyclobenzaprine</i>	<i>desloratadine</i>	85	DOPTELET (15 TAB PACK)	40
<i>cyclopentolate</i>	<i>desmopressin</i>	57	.....	40
<i>cyclophosphamide</i>	DESMOPRESSIN	57	<i>dorzolamide</i>	84
CYCLOPHOSPHAMIDE	<i>desog-e.estradiol/e.estradiol</i>	78	<i>dorzolamide-timolol</i>	84
<i>cycloserine</i>	<i>desonide</i>	48	<i>dorzolamide-timolol (pf)</i>	84
CYCLOSET	<i>desoximetasone</i>	48	<i>dotti</i>	75
<i>cyclosporine</i>	<i>desvenlafaxine succinate</i>	30	DOVATO	4
<i>cyclosporine modified</i>	<i>dexamethasone</i>	52	<i>doxazosin</i>	38
CYLTEZO(CF)	<i>dexamethasone sodium</i>		<i>doxepin</i>	31
CYLTEZO(CF) PEN	<i>phosphate</i>	84	<i>doxercalciferol</i>	57
CYLTEZO(CF) PEN	DEXCOM G6 RECEIVER	55	<i>doxycycline hyclate</i>	9
CROHN'S-UC-HS	DEXCOM G6 SENSOR	55	<i>doxycycline monohydrate</i>	9
CYLTEZO(CF) PEN	DEXCOM G6		<i>doxylamine-pyridoxine (vit b6)</i>	61
PSORIASIS-UV	TRANSMITTER	55	.....	61
<i>cyproheptadine</i>	DEXCOM G7 RECEIVER	55	<i>dronabinol</i>	61
<i>cyred</i>	DEXCOM G7 SENSOR	55	<i>drospirenone-ethinyl estradiol</i>	78
<i>cyred eq</i>	<i>dexmethylphenidate</i>	30	.....	78
CYSTADROPS	<i>dextroamphetamine sulfate</i>	30	DROXIA	11
CYSTAGON	<i>dextroamphetamine-</i>		<i>droxidopa</i>	49
CYSTARAN	<i>amphetamine</i>	30, 31	DRYSOL DAB-O-MATIC	44
D	DIACOMIT	19	<i>dulcolax (magnesium</i>	
<i>dabigatran etexilate</i>	<i>dialyvite 800</i>	91	<i>hydroxide)</i>	62
<i>dalfampridine</i>	<i>diazepam</i>	19, 31	DULERA	87
<i>danazol</i>	<i>diazepam intensol</i>	31	<i>duloxetine</i>	31
<i>dantrolene</i>	<i>dichlorphenamide</i>	22	DUPIXENT PEN	44
<i>dapsone</i>	<i>diclofenac potassium</i>	27	DUPIXENT SYRINGE	44
DAPTACEL (DTAP	<i>diclofenac sodium</i>	27, 44, 84	DUREX AVANTI BARE	
PEDIATRIC) (PF)	<i>dicloxacillin</i>	9	REAL FEEL	74
<i>darifenacin</i>	<i>dicyclomine</i>	60	<i>dutasteride</i>	90
<i>darunavir</i>	<i>diethylpropion</i>	49	<i>dutasteride-tamsulosin</i>	90
<i>dasatinib</i>	DIFICID	7	DUVYZAT	49
<i>dasetta 1/35 (28)</i>	<i>diflunisal</i>	27	E	
<i>dasetta 7/7/7 (28)</i>	<i>digoxin</i>	40	<i>e.e.s. 400</i>	7
DAURISMO	<i>dihydroergotamine</i>	21	EASIVENT HOLDING	
DAYBUE	DILANTIN	19	CHAMBER	54

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

<i>econazole</i>	47	<i>enpresse</i>	78	<i>etoposide</i>	12
<i>econtra ez</i>	78	<i>enskyce</i>	78	<i>etravirine</i>	4
<i>econtra one-step</i>	78	ENSPRYNG.....	11	EUCRISA.....	44
<i>ecotrin low strength</i>	27	<i>entacapone</i>	21	EULEXIN.....	12
EDEX.....	90	<i>entecavir</i>	4	<i>euthyrox</i>	59
<i>ed-spaz</i>	60	ENTRESTO.....	42	<i>everolimus (antineoplastic)</i> ..	12
EDURANT.....	4	ENTYVIO PEN.....	62	EVOTAZ.....	4
<i>eemt</i>	75	<i>enulose</i>	62	EVRYSDI.....	22
<i>eemt hs</i>	75	EOHILIA.....	62	<i>exemestane</i>	12
<i>efavirenz</i>	4	EPCLUSA.....	4	<i>eye itch relief</i>	83
<i>efavirenz-emtricitabin-tenofov</i> 4		EPIDIOLEX.....	19	<i>ezetimibe</i>	42
<i>efavirenz-lamivu-tenofov disop</i>		<i>epinastine</i>	83	<i>ezetimibe-simvastatin</i>	42
.....	4	<i>epinephrine</i>	85	F	
<i>effer-k</i>	90	<i>epitol</i>	19	FABHALTA.....	50
EGRIFTA SV.....	67	<i>eplerenone</i>	38	<i>falmina (28)</i>	78
<i>eletriptan</i>	21	EPOGEN.....	66	<i>famciclovir</i>	4
ELIGARD.....	11	EQUETRO.....	19	<i>famotidine</i>	65
ELIGARD (3 MONTH).....	11	<i>ergocalciferol (vitamin d2)</i> ...91		FARXIGA.....	58
ELIGARD (4 MONTH).....	11	<i>ergoloid</i>	31	FASENRA.....	87
ELIGARD (6 MONTH).....	11	ERGOMAR.....	21	FASENRA PEN.....	87
<i>elinest</i>	78	<i>ergotamine-caffeine</i>	21	FASTEP COVID-19 AG	
ELIQUIS.....	40	ERIVEDGE.....	12	HOME TEST.....	54
ELIQUIS DVT-PE TREAT		ERLEADA.....	12	FC2 FEMALE CONDOM ..	74
30D START.....	40	<i>erlotinib</i>	12	<i>febuxostat</i>	72
<i>elite-ob</i>	91	<i>errin</i>	75	<i>felbamate</i>	19
ELLA.....	78	<i>ery pads</i>	45	<i>felodipine</i>	38
ELLUME COVID-19 HOME		<i>erygel</i>	45	FEMCAP.....	74
TEST.....	54	<i>ery-tab</i>	7	<i>fenofibrate</i>	42
<i>eluryng</i>	76	<i>erythrocin (as stearate)</i>.....7		<i>fenofibrate micronized</i>	42
EMGALITY PEN.....	21	<i>erythromycin</i>.....7, 82		<i>fenofibrate nanocrystallized</i> .42	
EMGALITY SYRINGE.....	21	<i>erythromycin ethylsuccinate</i> ...7		<i>fenofibric acid (choline)</i>	42
<i>emtricitabine</i>	4	<i>erythromycin with ethanol</i> ...45,		FENSOLVI.....	12
<i>emtricitabine-tenofovir (tdf)</i> ...4		46		<i>fentanyl</i>	25
EMTRIVA.....	4	<i>erythromycin-benzoyl peroxide</i>		<i>fentanyl citrate</i>	25
EMVERM.....	8	.....	46	FERRIPROX.....	50
<i>emzahn</i>	75	<i>escitalopram oxalate</i>	31	FILSPARI.....	42
<i>enalapril maleate</i>	38	<i>esomeprazole magnesium</i>.....65		<i>finasteride</i>	90
<i>enalapril-hydrochlorothiazide</i>		<i>estarylla</i>	78	<i>fingolimod</i>	68
.....	38	<i>estazolam</i>	31	FINTEPLA.....	19
ENBREL.....	72	<i>estradiol</i>	75	<i>finzala</i>	78
ENBREL MINI.....	72	<i>estradiol-norethindrone acet</i> 75		FIRDAPSE.....	22
ENBREL SURECLICK.....	72	<i>estrogens-methyltestosterone</i> 75		FIRMAGON KIT W	
ENDARI.....	49	<i>eszopiclone</i>	31	DILUENT SYRINGE.....	12
<i>endocet</i>	25	<i>ethacrynic acid</i>	38	<i>flac otic oil</i>	52
ENDOMETRIN.....	75	<i>ethambutol</i>	8	FLAREX.....	84
ENGERIX-B (PF).....	69	<i>ethosuximide</i>	19	<i>flavoxate</i>	89
ENGERIX-B PEDIATRIC		<i>ethynodiol diac-eth estradiol</i> 78		<i>flecainide</i>	37
(PF).....	69	<i>etodolac</i>	27	FLEXICHAMBER.....	54
<i>enilloring</i>	76	<i>etonogestrel-ethinyl estradiol</i>		FLOWFLEX COVID-19 AG	
<i>enoxaparin</i>	40	.....	76	HOME TEST.....	54

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

FLUAD TRIV 2024-25(65Y UP)(PF).....	69	<i>fondaparinux</i>	41	GELCLAIR	51
FLUARIX TRIV 2024-2025 (PF).....	70	FOSAMAX PLUS D.....	72	<i>gemfibrozil</i>	42
FLUBLOK TRIV 2024-2025 (PF).....	70	<i>fosamprenavir</i>	4	GENABIO COVID-19 RAPID AT-HOME.....	54
FLUCELVAX TRIV 2024- 2025.....	70	<i>fosinopril</i>	38	<i>generlac</i>	62
FLUCELVAX TRIV 2024- 2025 (PF).....	70	<i>fosinopril-hydrochlorothiazide</i>	38	<i>engraf</i>	12
<i>fluconazole</i>	3	FOTIVDA	12	GENOTROPIN.....	67
<i>flucytosine</i>	3	FRAGMIN.....	41	GENOTROPIN MINIQUICK	67
<i>fludrocortisone</i>	52	FREESTYLE LIBRE 14 DAY READER.....	55	<i>gentamicin</i>	46, 82
FLULAVAL TRIV 2024-2025 (PF).....	70	FREESTYLE LIBRE 14 DAY SENSOR.....	55	GENTEEL VACUUM LANCING DEVICE	55
FLUMIST TRIVALENT 2024-2025.....	70	FREESTYLE LIBRE 2 PLUS SENSOR.....	55	<i>gentle laxative (bisacodyl)</i>	62
<i>flunisolide</i>	87	FREESTYLE LIBRE 2 READER.....	55	<i>gentlelax</i>	62
<i>fluocinolone</i>	48	FREESTYLE LIBRE 2 SENSOR.....	55	GENVOYA	4
<i>fluocinolone acetonide oil</i>	52	FREESTYLE LIBRE 3 PLUS SENSOR.....	55	GILOTRIF	12
<i>fluocinolone and shower cap</i>	48	FREESTYLE LIBRE 3 READER.....	55	<i>glatiramer</i>	68
<i>fluocinonide</i>	48	FREESTYLE LIBRE 3 SENSOR.....	55	<i>glatopa</i>	68
<i>fluoride (sodium)</i>	51, 91	<i>frovatriptan</i>	22	GLEOSTINE	12
<i>fluorometholone</i>	84	FRUZAQLA.....	12	<i>glimepiride</i>	58
<i>fluorouracil</i>	45	<i>full spectrum b-vitamin c</i>	91	<i>glipizide</i>	58
<i>fluoxetine</i>	31	FULPHILA.....	66	<i>glipizide-metformin</i>	58
<i>fluphenazine decanoate</i>	31	<i>furosemide</i>	38	GLUCAGON (HCL) EMERGENCY KIT.....	54
<i>fluphenazine hcl</i>	31	FUZEON	4	<i>glucagon emergency kit</i> (human).....	54
<i>flurazepam</i>	31	<i>fyavolv</i>	75	<i>glutamine (sickle cell)</i>	50
<i>flurbiprofen</i>	27	FYCOMPA.....	19	<i>glyburide</i>	58
<i>flurbiprofen sodium</i>	84	FYLNETRA	66	<i>glyburide micronized</i>	58
<i>fluticasone propionate</i>	48, 87	<i>fyremadel</i>	57	<i>glyburide-metformin</i>	58
<i>fluticasone propion-salmeterol</i>	87	G		<i>glycopyrrolate</i>	60
FLUTICASONE PROPION- SALMETEROL	87	<i>g tussin ac</i>	85	GLYXAMBI.....	58
<i>fluvoxamine</i>	31	<i>gabapentin</i>	19	GONAL-F.....	57
FLUZONE HIGH-DOSE TRIV 24-25	70	GALAFOLD	57	GONAL-F RFF	57
FLUZONE TRIV 2024-2025	70	<i>galantamine</i>	22	GONAL-F RFF REDI-JECT	57
FLUZONE TRIV 2024-2025 (PF).....	70	<i>gallifrey</i>	75	GOTOKNOW COVID-19 AG HOME TEST.....	54
FOCALIN.....	31	<i>ganirelix</i>	57	<i>granisetron hcl</i>	62
FOCALIN XR.....	31	GARDASIL 9 (PF).....	70	GRANIX.....	66
<i>folic acid</i>	91	<i>gatifloxacin</i>	82	GRASTEK.....	70
<i>folitab</i>	91	GATTEX 30-VIAL	62	<i>griseofulvin microsize</i>	3
<i>folivane-ob</i>	91	<i>gavilax</i>	62	<i>griseofulvin ultramicrosize</i>	3
FOLLISTIM AQ	57	<i>gavilyte-c</i>	62	<i>guanfacine</i>	31, 38
<i>foltabs 800</i>	91	<i>gavilyte-g</i>	62	GVOKE	54
		<i>gavilyte-n</i>	62	GVOKE HYPOPEN 2-PACK	54
		GAVRETO.....	12	GVOKE PFS 2-PACK SYRINGE.....	54
		<i>gefitinib</i>	12	H	
				HAEGARDA.....	87

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

<i>hailey</i>	78	HUMIRA(CF) PEN		HYRIMOZ PEN PSORIASIS	
<i>hailey 24 fe</i>	78	PEDIATRIC UC (ONLY		STARTER.....	73
<i>hailey fe 1.5/30 (28)</i>	78	NDCS STARTING WITH		HYRIMOZ(CF).....	73
<i>hailey fe 1/20 (28)</i>	78	00074).....	73	HYRIMOZ(CF) PEDI	
<i>halobetasol propionate</i>	48	HUMIRA(CF) PEN PSOR-		CROHN STARTER.....	73
<i>haloette</i>	76	UV-ADOL HS (ONLY		HYRIMOZ(CF) PEN.....	73
<i>haloperidol</i>	32	NDCS STARTING WITH		I	
<i>haloperidol decanoate</i>	31	00074).....	73	<i>ibandronate</i>	72
<i>haloperidol lactate</i>	32	HUMULIN 70/30 U-100		IBRANCE.....	12
HARVONI.....	4	INSULIN.....	56	IBSRELA.....	62
HAVRIX (PF).....	70	HUMULIN 70/30 U-100		<i>ibu</i>	27
<i>heather</i>	75	KWIKPEN.....	56	<i>ibuprofen</i>	27
HEMANGEOL.....	38	HUMULIN N NPH INSULIN		<i>icatibant</i>	87
<i>hemmorex-hc</i>	62	KWIKPEN.....	56	<i>iclevia</i>	78
<i>heparin (porcine)</i>	41	HUMULIN N NPH U-100		ICLUSIG.....	12
<i>heparin, porcine (pf)</i>	41	INSULIN.....	56	<i>icosapent ethyl</i>	42
HEPLISAV-B (PF).....	70	HUMULIN R REGULAR U-		IDHIFA.....	12
<i>her style</i>	78	100 INSULN.....	56	IHEALTH COVID-19 AG	
HETLIOZ LQ.....	32	HUMULIN R U-500 (CONC)		HOME TEST.....	54
HIBERIX (PF).....	70	INSULIN.....	56	ILUMYA.....	43
<i>homatropaire</i>	83	HUMULIN R U-500 (CONC)		<i>imatinib</i>	12
HUMALOG JUNIOR		KWIKPEN.....	56	IMBRUVICA.....	12, 13
KWIKPEN U-100.....	56	HYCAMTIN.....	12	IMCIVREE.....	49
HUMALOG KWIKPEN		<i>hydralazine</i>	38	<i>imipramine hcl</i>	32
INSULIN.....	56	<i>hydrochlorothiazide</i>	38	<i>imiquimod</i>	71
HUMALOG MIX 50-50		<i>hydrocodone bitartrate</i>	25	INBRIJA.....	21
KWIKPEN.....	56	<i>hydrocodone-acetaminophen</i>	25	<i>incassia</i>	75
HUMALOG MIX 75-25		<i>hydrocodone-</i>		INCRELEX.....	50
KWIKPEN.....	56	<i>chlorpheniramine</i>	85	INCRUSE ELLIPTA.....	87
HUMALOG MIX 75-25(U-		<i>hydrocodone-homatropine</i> ...	86	<i>indapamide</i>	38
100)INSULN.....	56	<i>hydrocodone-ibuprofen</i>	25	INDICAID COVID-19 AG	
HUMALOG U-100 INSULIN		<i>hydrocortisone</i>	48, 53, 62	HOME TEST.....	54
.....	56	<i>hydrocortisone acetate</i>	62	<i>indomethacin</i>	27, 28
HUMATROPE.....	67	<i>hydrocortisone butyrate</i>	48	INFANRIX (DTAP) (PF)....	70
HUMIRA (ONLY NDCS		<i>hydrocortisone valerate</i>	48	INGREZZA.....	22
STARTING WITH 00074)		<i>hydrocortisone-acetic acid</i> ...	52	INGREZZA INITIATION	
.....	72	<i>hydrocortisone-pramoxine</i> ...	62	PK(TARDIV).....	23
HUMIRA PEN (ONLY NDCS		<i>hydromet</i>	86	INGREZZA SPRINKLE.....	23
STARTING WITH 00074)		<i>hydromorphone</i>	25	INLYTA.....	13
.....	72	<i>hydroxychloroquine</i>	8	INQOVI.....	13
HUMIRA(CF) (ONLY NDCS		<i>hydroxyurea</i>	12	INREBIC.....	13
STARTING WITH 00074)		<i>hydroxyzine hcl</i>	85	INSULIN SYRINGE-	
.....	73	<i>hydroxyzine pamoate</i>	85	NEEDLE U-100.....	54
HUMIRA(CF) PEN (ONLY		HYFTOR.....	45	INTELENCE.....	5
NDCS STARTING WITH		<i>hyoscyamine sulfate</i>	60	INTELISWAB COVID-19	
00074).....	73	<i>hyosyne</i>	60	HOME TEST.....	54
HUMIRA(CF) PEN		HYPHER-SAL.....	87	INTRAROSA.....	76
CROHNS-UC-HS (ONLY		HYRIMOZ PEN CROHN'S-		INVEGA HAFYERA.....	32
NDCS STARTING WITH		UC STARTER.....	73	INVEGA SUSTENNA.....	32
00074).....	73			INVEGA TRINZA.....	32

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

IPOL	70	<i>kelnor 1/35 (28)</i>	79	<i>laxative peg 3350</i>	62
<i>ipratropium bromide</i>	52, 87	<i>kelnor 1/50 (28)</i>	79	<i>layolis fe</i>	79
<i>ipratropium-albuterol</i>	87	KERENDIA.....	38	LAZCLUZE	13
IQIRVO.....	62	KESIMPTA PEN	68	LEDIPASVIR-SOFOSBUVIR	
<i>irbesartan</i>	38	<i>ketoconazole</i>	3, 47	.....	5
<i>irbesartan-hydrochlorothiazide</i>		<i>ketorolac</i>	28, 84	<i>leena 28</i>	79
.....	38	<i>ketotifen fumarate</i>	83	<i>leflunomide</i>	73
ISENTRESS	5	KEVZARA.....	73	<i>lenalidomide</i>	13
ISENTRESS HD	5	KINERET	73	LENVIMA.....	13
<i>isibloom</i>	78	KINRIX (PF).....	70	<i>lessina</i>	79
<i>isoniazid</i>	8	KISQALI	13	<i>letrozole</i>	13
<i>isosorbide dinitrate</i>	43	<i>klayesta</i>	47	<i>leucovorin calcium</i>	10
<i>isosorbide mononitrate</i>	43	<i>klor-con 10</i>	90	LEUKERAN.....	13
<i>isradipine</i>	38	<i>klor-con 8</i>	90	LEUKINE.....	66
ISTURISA.....	57	<i>klor-con m10</i>	90	<i>leuprolide</i>	13
<i>itraconazole</i>	3	<i>klor-con m15</i>	90	LEUPROLIDE (3 MONTH) 13	
<i>ivabradine</i>	42	<i>klor-con m20</i>	90	<i>levabuterol hcl</i>	87
<i>ivermectin</i>	8, 46	<i>klor-con/ef</i>	90	<i>levetiracetam</i>	19
IWILFIN.....	13	KLOXXADO	28	<i>levobunolol</i>	83
J		<i>kobee</i>	91	<i>levocarnitine</i>	50
<i>jaimiess</i>	78	KOSELUGO	13	<i>levocarnitine (with sugar)</i>	50
JAKAFI.....	13	<i>kourzeq</i>	52	<i>levocetirizine</i>	85
<i>jantoven</i>	41	KRAZATI	13	<i>levofloxacin</i>	9, 82
JANUMET	58	KRINTAFEL.....	8	<i>levonest (28)</i>	79
JANUMET XR.....	58	<i>kurvelo (28)</i>	79	<i>levonorgestrel</i>	79
JANUVIA.....	58	KYZATREX	57	<i>levonorgestrel-ethinyl estrad</i> 79	
JARDIANCE.....	59	L		<i>levonorg-eth estrad triphasic</i> 79	
<i>jasmiel (28)</i>	78	<i>l norgest/e.estradiol-e.estrad</i> 79		<i>levora-28</i>	79
JAYPIRCA.....	13	<i>labetalol</i>	38	<i>levo-t</i>	59
<i>jencycla</i>	75	<i>lacosamide</i>	19	<i>levothyroxine</i>	59
JENTADUETO	59	<i>lactulose</i>	62	<i>levoxyl</i>	60
JENTADUETO XR.....	59	<i>lamivudine</i>	5	LIBERVANT	19
<i>jinteli</i>	75	<i>lamivudine-zidovudine</i>	5	<i>lidocaine</i>	46
JOENJA.....	50	<i>lamotrigine</i>	19	<i>lidocaine hcl</i>	46
<i>jolessa</i>	78	LAMPIT	8	<i>lidocaine hcl-hydrocortison ac</i>	
<i>juleber</i>	78	LANCETS	55	.....	62
JULUCA.....	5	LANCING DEVICE	55	<i>lidocaine viscous</i>	46
<i>junel 1.5/30 (21)</i>	79	<i>lansoprazole</i>	65	<i>lidocaine-prilocaine</i>	46
<i>junel 1/20 (21)</i>	79	<i>lanthanum</i>	60	<i>lidocan iii</i>	46
<i>junel fe 1.5/30 (28)</i>	79	LANTUS SOLOSTAR U-100		<i>lidocan iv</i>	46
<i>junel fe 1/20 (28)</i>	79	INSULIN	56	<i>lidocan v</i>	46
<i>junel fe 24</i>	79	LANTUS U-100 INSULIN ..	56	<i>lidopin</i>	46
JUXTAPID.....	42	<i>lapatinib</i>	13	<i>linezolid</i>	8
JYNARQUE.....	57	<i>larin 1.5/30 (21)</i>	79	LINZESS	62
JYNNEOS (PF).....	70	<i>larin 1/20 (21)</i>	79	<i>liothyronine</i>	60
K		<i>larin 24 fe</i>	79	<i>lisdexametamine</i>	32
<i>kaitlib fe</i>	79	<i>larin fe 1.5/30 (28)</i>	79	<i>lisinopril</i>	38
<i>kalliga</i>	79	<i>larin fe 1/20 (28)</i>	79	<i>lisinopril-hydrochlorothiazide</i>	
KALYDECO.....	87	<i>latanoprost</i>	84	.....	38
<i>kariva (28)</i>	79	<i>laxative (bisacodyl)</i>	62	LITFULO	50

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

<i>lithium carbonate</i>	32	<i>lyllana</i>	75	<i>mesalamine</i>	62, 63
<i>lithium citrate</i>	32	LYNPARZA.....	14	MESNEX.....	10
LIVMARLI	62	LYSODREN.....	14	<i>metaxalone</i>	23
LIVTENCITY	5	LYTGOBI	14	<i>metformin</i>	59
LO LOESTRIN FE.....	79	<i>lyza</i>	75	<i>methadone</i>	25
LODOCO	42	M		<i>methadose</i>	25
LOESTRIN 1.5/30 (21).....	79	<i>magnesium citrate</i>	62	<i>methazolamide</i>	84
LOESTRIN 1/20 (21).....	79	<i>malathion</i>	48	<i>methenamine hippurate</i>	10
LOESTRIN FE 1.5/30 (28- DAY).....	79	<i>maraviroc</i>	5	<i>methenamine mandelate</i>	10
LOESTRIN FE 1/20 (28-DAY)	79	<i>marlissa (28)</i>	80	<i>methimazole</i>	53
<i>lojaimiess</i>	79	MATULANE.....	14	<i>methocarbamol</i>	23
LOKELMA	60	<i>matzim la</i>	39	<i>methotrexate sodium</i>	14
LOMAIRA	49	MAVENCLAD (10 TABLET PACK).....	68	<i>methotrexate sodium (pf)</i>	14
LONSURF.....	13	MAVENCLAD (4 TABLET PACK).....	68	<i>methoxsalen</i>	45
<i>lopinavir-ritonavir</i>	5	MAVENCLAD (5 TABLET PACK).....	68	<i>methscopolamine</i>	60
<i>lorazepam</i>	32	MAVENCLAD (6 TABLET PACK).....	68	<i>methsuximide</i>	19
<i>lorazepam intensol</i>	32	MAVENCLAD (7 TABLET PACK).....	68	<i>methyldopa</i>	39
LORBRENA	14	MAVENCLAD (8 TABLET PACK).....	68	<i>methylergonovine</i>	82
<i>loryna (28)</i>	79	MAVENCLAD (9 TABLET PACK).....	68	<i>methylphenidate hcl</i>	33
<i>losartan</i>	38	MAVENCLAD (9 TABLET PACK).....	68	<i>methylprednisolone</i>	53
<i>losartan-hydrochlorothiazide</i>	39	MAVYRET	5	<i>methyltestosterone</i>	57
<i>loteprednol etabonate</i>	84	<i>maxi-tuss ac</i>	86	<i>metoclopramide hcl</i>	63
<i>lovastatin</i>	42	MAYZENT	68	<i>metolazone</i>	39
<i>low-ogestrel (28)</i>	79	MAYZENT STARTER(FOR 1MG MAINT)	68	<i>metoprolol succinate</i>	39
<i>loxapine succinate</i>	33	MAYZENT STARTER(FOR 2MG MAINT)	68	<i>metoprolol ta-hydrochlorothiaz</i>	39
<i>lo-zumandimine (28)</i>	79	<i>meclizine</i>	62	<i>metoprolol tartrate</i>	39
<i>lubiprostone</i>	62	<i>medroxyprogesterone</i>	75	<i>metronidazole</i>	8, 46, 76
<i>ludent fluoride</i>	91	<i>mefloquine</i>	8	<i>metryrosine</i>	39
LUMAKRAS	14	<i>megestrol</i>	14	<i>mexiletine</i>	37
LUMIGAN	84	MEKINIST.....	14	<i>mibelas 24 fe</i>	80
LUMRYZ.....	33	MEKTOVI.....	14	<i>miconazole-3</i>	76
LUMRYZ STARTER PACK	33	<i>meloxicam</i>	28	MICROCHAMBER	54
LUPKYNIS	14	<i>memantine</i>	23	<i>microgestin 1.5/30 (21)</i>	80
LUPRON DEPOT	14	MEMANTINE.....	23	<i>microgestin 1/20 (21)</i>	80
LUPRON DEPOT (3 MONTH).....	14	MENOPUR	57	<i>microgestin fe 1.5/30 (28)</i>	80
LUPRON DEPOT (4 MONTH).....	14	MENQUADFI (PF).....	70	<i>microgestin fe 1/20 (28)</i>	80
LUPRON DEPOT (6 MONTH).....	14	MENVEO A-C-Y-W-135-DIP (PF).....	70	<i>midazolam</i>	33
LUPRON DEPOT-PED	14	<i>mepredine</i>	25	<i>midodrine</i>	50
LUPRON DEPOT-PED (3 MONTH).....	14	<i>meprobamate</i>	23	<i>mifepristone</i>	57
<i>lurasidone</i>	33	<i>mercaptopurine</i>	14	<i>miglitol</i>	59
<i>lutera (28)</i>	80	<i>merzee</i>	80	<i>miglustat</i>	57
<i>lyleg</i>	75			<i>mili</i>	80
				<i>milk of magnesia</i>	63
				<i>milk of magnesia concentrated</i>	63
				<i>mimvey</i>	75
				<i>minocycline</i>	9
				<i>minoxidil</i>	39
				MIRCERA.....	66

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

<i>mirtazapine</i>	33	<i>nebivolol</i>	39	NORDITROPIN FLEXPRO	67
<i>misoprostol</i>	65	<i>necon 0.5/35 (28)</i>	80	<i>norelgestromin-ethin.estradiol</i>	
M-M-R II (PF).....	70	<i>nefazodone</i>	33	.....	76
<i>m-natal plus</i>	91	<i>neomycin</i>	8	<i>noreth-ethinyl estradiol-iron</i>	80
<i>modafinil</i>	33	<i>neomycin-bacitracin-poly-hc</i>	84	<i>norethindrone (contraceptive)</i>	
MODERNA COVID 24-		<i>neomycin-bacitracin-</i>		.....	75
25(6M-11Y)PF	70	<i>polymyxin</i>	82	<i>norethindrone acetate</i>	75
<i>moexipril</i>	39	<i>neomycin-polymyxin b-</i>		<i>norethindrone ac-eth estradiol</i>	
<i>mometasone</i>	48, 87	<i>dexameth</i>	84	.....	76, 80
<i>mondoxyne nl</i>	9	<i>neomycin-polymyxin-</i>		<i>norethindrone-e.estradiol-iron</i>	
<i>mono-lynyah</i>	80	<i>gramicidin</i>	82	.....	80
<i>montelukast</i>	87	<i>neomycin-polymyxin-hc</i> ..	52, 84	<i>norgestimate-ethinyl estradiol</i>	
<i>morphine</i>	25, 26	<i>neo-polycin</i>	82	.....	80
<i>morphine concentrate</i>	25	<i>neo-polycin hc</i>	84	<i>nortrel 0.5/35 (28)</i>	80
MOTEGRITY	63	NERLYNX.....	15	<i>nortrel 1/35 (21)</i>	80
MOUNJARO.....	59	<i>neuac</i>	46	<i>nortrel 1/35 (28)</i>	80
MOVANTIK	63	NEULASTA.....	66	<i>nortrel 7/7/7 (28)</i>	80
<i>moxifloxacin</i>	9, 82	NEULASTA ONPRO	66	<i>nortriptyline</i>	33
MRESVIA (PF).....	70	NEUPOGEN	66	NORVIR.....	5
MULPLETA.....	41	<i>nevirapine</i>	5	NOURIANZ	21
MULTAQ.....	37	<i>new day</i>	80	NOVAREL	57
<i>multi-vitamin with fluoride</i> ...	91	<i>newgen</i>	92	NOVAVAX COVID 2024-	
<i>mupirocin</i>	47	NEXIUM PACKET	65	25(PF)(EUA)	70
<i>mvc-fluoride</i>	92	NEXLETOL	42	NOXAFIL.....	3
<i>my choice</i>	80	NEXLIZET.....	42	<i>np thyroid</i>	60
<i>my way</i>	80	NEXTSTELLIS.....	80	NUBEQA	15
MYALEPT	57	NGENLA.....	67	NUCALA	87
MYCAPSSA	14	<i>niacin</i>	42	NUCYNTA.....	28
<i>mycophenolate mofetil</i>	14	NIACOR.....	42	NUCYNTA ER	28
<i>mycophenolate sodium</i>	14	<i>nicorette</i>	51	NUEDEXTA	23
MYFEMBREE	76	<i>nicotine</i>	51	NULIBRY	23
MYHIBBIN.....	15	<i>nicotine (polacrilex)</i>	51	NUPLAZID	33
MYLERAN	15	NICOTROL NS.....	51	NURTEC ODT	22
<i>mynatal</i>	92	<i>nifedipine</i>	39	NUTROPIN AQ NUSPIN...	67
<i>mynatal plus</i>	92	<i>nikki (28)</i>	80	NUVARING.....	76
<i>mynatal-z</i>	92	<i>nilutamide</i>	15	NUVESSA.....	76
N		<i>nimodipine</i>	39	<i>nyamyc</i>	47
<i>nabumetone</i>	28	NINLARO	15	<i>nylia 1/35 (28)</i>	80
<i>nadolol</i>	39	<i>nitazoxanide</i>	8	<i>nylia 7/7/7 (28)</i>	80
<i>naloxone</i>	28	<i>nitisinone</i>	50	<i>nystatin</i>	3, 47
<i>naltrexone</i>	28	<i>nitro-bid</i>	43	<i>nystatin-triamcinolone</i>	47
<i>naproxen</i>	28	<i>nitrofurantoin</i>	10	<i>nystop</i>	47
<i>naproxen sodium</i>	28	<i>nitrofurantoin macrocrystal</i> .	10	NYVEPRIA.....	67
<i>naratriptan</i>	22	<i>nitrofurantoin monohyd/m-</i>		O	
<i>nasal allergy</i>	87	<i>cryst</i>	10	OCALIVA	63
NATACYN	82	<i>nitroglycerin</i>	43	<i>ocella</i>	80
NATAZIA	80	NITYR.....	50	ODACTRA.....	70
<i>nateglinide</i>	59	NIVESTYM	66, 67	ODEFSEY	5
<i>natura-lax</i>	63	<i>nizatidine</i>	65	ODOMZO.....	15
NAYZILAM.....	20	<i>nora-be</i>	75	OFEV.....	87

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

<i>ofloxacin</i>	9, 52, 82	ONETOUCH VERIO TEST	<i>oxycodone</i>	26
OGSIVEO.....	15	STRIPS.....	<i>oxycodone-acetaminophen</i> ...	26
OHTUVAYRE.....	87	ONGENTYS.....	OXYCONTIN.....	26
OJEMDA.....	15	ON-GO COVID-19 AG AT	<i>oxymorphone</i>	26
OJJAARA.....	15	HOME TEST.....	OZEMPIC.....	59
<i>olanzapine</i>	34	ONUREG.....	P	
<i>olmesartan</i>	39	<i>opicicon one-step</i>	<i>pacerone</i>	37
<i>olmesartan-</i>		OPFOLDA.....	PALFORZIA (LEVEL 1)....	70
<i>hydrochlorothiazide</i>	39	OPILL.....	PALFORZIA (LEVEL 2)....	70
<i>olopatadine</i>	52, 83	OPSUMIT.....	PALFORZIA (LEVEL 3)....	70
OLPRUVA.....	50	OPSYNVI.....	PALFORZIA (LEVEL 4)....	70
OLUMIANT.....	73	OPTICHAMBER DIAMOND	PALFORZIA (LEVEL 5)....	70
<i>omega-3 acid ethyl esters</i>	42	VHC.....	PALFORZIA (LEVEL 6)....	70
<i>omeprazole</i>	65	<i>option-2</i>	PALFORZIA (LEVEL 7)....	70
OMNIPOD 5 (G6/LIBRE 2		OPVEE.....	PALFORZIA (LEVEL 8)....	71
PLUS).....	55	OPZELURA.....	PALFORZIA (LEVEL 9)....	71
OMNIPOD 5 G6-G7 INTRO		<i>oral saline laxative</i>	PALFORZIA (LEVEL 10)...	71
KT(GEN5).....	55	ORALAIR.....	PALFORZIA INITIAL DOSE	
OMNIPOD 5 G6-G7 PODS		<i>oralone</i>.....	.....	71
(GEN 5).....	55	ORENCIA.....	PALFORZIA LEVEL 11	
OMNIPOD 5		ORENCIA CLICKJECT.....	MAINTENANCE.....	71
INTRO(G6/LIBRE2PLUS)		ORENITRAM.....	<i>paliperidone</i>	34
.....	55	ORENITRAM MONTH 1	PALYNZIQ.....	58
OMNIPOD CLASSIC PODS		TITRATION KT.....	PANCREAZE.....	63
(GEN 3).....	55	ORENITRAM MONTH 2	PANRETIN.....	45
OMNIPOD DASH INTRO		TITRATION KT.....	<i>pantoprazole</i>	65
KIT (GEN 4).....	55	ORENITRAM MONTH 3	<i>paricalcitol</i>	58
OMNIPOD DASH PODS		TITRATION KT.....	<i>paroex oral rinse</i>	52
(GEN 4).....	55	ORFADIN.....	<i>paromomycin</i>	8
OMNIPOD GO PODS 10		ORGOVYX.....	<i>paroxetine hcl</i>	34
UNITS/DAY.....	55	ORIAHNN.....	PAXLOVID.....	5
OMNITROPE.....	67	ORLISSA.....	<i>pazopanib</i>	15
OMVOH.....	63	ORKAMBI.....	PEDIARIX (PF).....	71
OMVOH PEN.....	63	ORLADEYO.....	PEDVAX HIB (PF).....	71
<i>ondansetron</i>	63	ORLISTAT.....	<i>peg 3350-electrolytes</i>	63
<i>ondansetron hcl</i>	63	<i>orphenadrine citrate</i>	PEGASYS.....	68
<i>one daily prenatal</i>	92	ORSERDU.....	<i>peg-electrolyte soln</i>	63
<i>onelax magnesium citrate</i>	63	<i>oscimin</i>	PEMAZYRE.....	15
ONETOUCH ULTRA		<i>oscimin sl</i>	PEN NEEDLE, DIABETIC	.56
CONTROL.....	55	<i>oseltamivir</i>	PENBRAYA (PF).....	71
ONETOUCH ULTRA TEST		OTEZLA.....	<i>penicillamine</i>	74
.....	53	OTEZLA STARTER.....	<i>penicillin v potassium</i>	9
ONETOUCH ULTRA2		OTREXUP (PF).....	PENTACEL (PF).....	71
METER.....	55	OVIDREL.....	<i>pentamidine</i>	8
ONETOUCH VERIO FLEX		<i>oxaprozin</i>	PENTASA.....	63
METER.....	55	<i>oxazepam</i>	<i>pentazocine-naloxone</i>	28
ONETOUCH VERIO MID		<i>oxcarbazepine</i>	<i>pentoxifylline</i>	41
CONTROL.....	55	OXERVATE.....	<i>perindopril erbumine</i>	39
ONETOUCH VERIO		OXLUMO.....	<i>periogard</i>	52
REFLECT METER.....	56	<i>oxybutynin chloride</i>	<i>permethrin</i>	48

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

<i>perphenazine</i>	34	PONVORY 14-DAY	<i>primaquine</i>	8
<i>perphenazine-amitriptyline</i> ..	34	STARTER PACK.....	<i>primidone</i>	20
PERSERIS.....	34	<i>portia 28</i>	PRIORIX (PF).....	71
PERTZYE	63	<i>posaconazole</i>	<i>probenecid</i>	72
PFIZER COVID 2024-25(5Y-		<i>potassium chloride</i>	<i>probenecid-colchicine</i>	72
11Y)PF	71	<i>potassium citrate</i>	<i>prochlorperazine</i>	63
PFIZER COVID 2024-		<i>povidone-iodine</i>	<i>prochlorperazine maleate</i>	64
25(6MO-4Y)PF	71	<i>powderlax</i>	PROCRIT	67
PHEBURANE.....	50	<i>pr natal 400</i>	PROCTOFOAM HC	64
<i>phenazopyridine</i>	90	<i>pr natal 400 ec</i>	<i>procto-med hc</i>	64
<i>phendimetrazine tartrate</i>	49	<i>pr natal 430</i>	<i>proctosol hc</i>	64
<i>phenelzine</i>	34	<i>pr natal 430 ec</i>	<i>proctozone-hc</i>	64
<i>phenobarbital</i>	20	<i>pramipexole</i>	PROCYSBI.....	90
<i>phenoxybenzamine</i>	39	<i>prasugrel</i>	<i>progesterone</i>	76
<i>phentermine</i>	49	<i>pravastatin</i>	<i>progesterone micronized</i>	76
<i>phenylephrine hcl</i>	85	<i>praziquantel</i>	PROMACTA.....	41
<i>phenytoin</i>	20	<i>prazosin</i>	<i>promethazine</i>	85
<i>phenytoin sodium extended</i> ..	20	<i>prednicarbate</i>	<i>promethazine-codeine</i>	86
PHEXXI	76	<i>prednisolone</i>	<i>promethazine-dm</i>	86
<i>philith</i>	80	<i>prednisolone acetate</i>	<i>promethazine-phenylephrine</i>	86
<i>phosphate laxative</i>	63	<i>prednisolone sodium</i>	<i>promethegan</i>	85
<i>phytonadione (vitamin k1)</i>	41	<i>phosphate</i>	<i>propafenone</i>	37
PIFELTRO	5	<i>prednisone</i>	<i>proparacaine</i>	83
<i>pilocarpine hcl</i>	50, 52, 83	<i>pregabalin</i>	<i>propranolol</i>	39
PILOT COVID-19 AT-HOME		PREGNYL.....	<i>propylthiouracil</i>	53
TEST	54	PREMARIN	PROQUAD (PF).....	71
<i>pimecrolimus</i>	45	PREMPHASE	<i>protriptyline</i>	34
<i>pimozide</i>	34	PREMPRO	PULMOZYME.....	88
<i>pimtree (28)</i>	81	<i>prenatabs fa</i>	<i>purelax</i>	64
<i>pindolol</i>	39	<i>prenatabs rx</i>	<i>pyrazinamide</i>	8
<i>pioglitazone</i>	59	<i>prenatal</i>	<i>pyridostigmine bromide</i>	23
<i>pioglitazone-metformin</i>	59	<i>prenatal complete</i>	PYRIDOSTIGMINE	
PIQRAY	15	<i>prenatal multi-dha (algal oil)</i>	BROMIDE.....	23
<i>pirfenidone</i>	87, 88	.....	<i>pyrimethamine</i>	8
PIRFENIDONE.....	88	<i>prenatal multivitamins</i>	PYRUKYND.....	50
<i>piroxicam</i>	28	<i>prenatal one daily</i>	Q	
PLEGRIDY	68, 69	<i>prenatal plus</i>	QELBREE	34
PNEUMOVAX-23	71	<i>prenatal plus (calcium carb)</i>	QINLOCK	15
<i>pnv-dha</i>	92	<i>prenatal vit no.179-iron-folic</i>	QSYMIA	49
<i>pnv-omega</i>	92	.....	QUADRACEL (PF)	71
<i>pnv-select</i>	92	<i>prenatal vitamin</i>	QUARTETTE.....	81
POCKET CHAMBER	54	<i>prenatal vitamin with minerals</i>	<i>quetiapine</i>	34
<i>podofilox</i>	45	.....	QUICKVUE AT-HOME	
<i>polycin</i>	82	<i>prenatal-u</i>	COVID-19 TEST.....	54
<i>polyethylene glycol 3350</i>	63	PRETOMANID.....	<i>quinapril</i>	39
<i>polymyxin b sulf-trimethoprim</i>		<i>prevalite</i>	<i>quinapril-hydrochlorothiazide</i>	
.....	82	PREVNAR 20 (PF) .....	.....	39
POMALYST	15	PREVYMIS.....	<i>quinine sulfate</i>	8
PONVORY.....	69	PREZCOBIX.....	<i>quit 2</i>	51
		PREZISTA	<i>quit 4</i>	51

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

QULIPTA.....	22	<i>risperidone microspheres</i>	34	<i>sildenafil (pulm.hypertension)</i>	
QVAR REDIHALER.....	88	RITEFLO AEROCHAMBER		.....	88
R		.....	54	SILIQ.....	43
<i>rabeprazole</i>	65	<i>ritonavir</i>	5	<i>silodosin</i>	90
RADICAVA ORS STARTER		<i>rivastigmine</i>	23	<i>silver sulfadiazine</i>	44
KIT SUSP.....	23	<i>rivastigmine tartrate</i>	23	<i>simliya (28)</i>	81
RAGWITEK.....	71	RIVFLOZA.....	90	<i>simpesse</i>	81
<i>raloxifene</i>	72	<i>rizatriptan</i>	22	SIMPONI.....	74
<i>ramelteon</i>	34	<i>roflumilast</i>	88	<i>simvastatin</i>	42
<i>ramipril</i>	39	ROLVEDON.....	67	<i>sirolimus</i>	16
<i>ranolazine</i>	43	<i>ropinirole</i>	21	SIVEXTRO.....	8
RAPID SARS-COV-2 AG		<i>rosadan</i>	46	SKYCLARYS.....	23
HOME TEST.....	54	<i>rosuvastatin</i>	42	SKYRIZI.....	43, 64
<i>rasagiline</i>	21	ROTARIX.....	71	SKYTROFA.....	67
RASUVO (PF).....	74	ROTATEQ VACCINE.....	71	SLYND.....	81
RAVICTI.....	50	ROZLYTREK.....	16	<i>smoothlax</i>	64
REBIF (WITH ALBUMIN).....	69	RUBRACA.....	16	<i>sodium chloride</i>	50, 88
REBIF REBIDOSE.....	69	RUCONEST.....	88	<i>sodium fluoride 5000 plus</i>	52
REBIF TITRATION PACK.....	69	<i>rufinamide</i>	20	<i>sodium fluoride-pot nitrate</i>	52
<i>reclipsen (28)</i>	81	RUKOBIA.....	5	SODIUM OXYBATE.....	35
RECOMBIVAX HB (PF).....	71	RYBELSUS.....	59	<i>sodium phenylbutyrate</i>	50
RECORLEV.....	58	RYDAPT.....	16	<i>sodium polystyrene sulfonate</i>	60
REGRANEX.....	45	RYKINDO.....	35	SOFOSBUVIR-	
RELEUKO.....	67	S		VELPATASVIR.....	5
RELISTOR.....	64	SAFYRAL.....	81	SOGROYA.....	67
<i>rena-vite</i>	92	<i>sajazir</i>	88	SOHONOS.....	50
<i>repaglinide</i>	59	<i>salsalate</i>	28	<i>solifenacin</i>	89
REPATHA PUSHTRONEX.....	42	SANDOSTATIN LAR		SOLQUA 100/33.....	56
REPATHA SURECLICK.....	42	DEPOT.....	16	SOLTAMOX.....	16
REPATHA SYRINGE.....	42	SANTYL.....	48	<i>soluvita</i>	92
RETACRIT.....	67	<i>sapropterin</i>	58	<i>soluvita a,c,d with fluoride</i>	92
RETEVMO.....	15	SAXENDA.....	49	SOMAVERT.....	58
REVCIVI.....	50	SCEMBLIX.....	16	<i>sorafenib</i>	16
REVLIMID.....	15	<i>scopolamine base</i>	64	<i>sotalol</i>	37
REXTOVY.....	28	<i>selegiline hcl</i>	21	<i>sotalol af</i>	37
REYATAZ.....	5	<i>selenium sulfide</i>	43	SOTYKTU.....	43
REYVOW.....	22	SELZENTRY.....	5	SOVALDI.....	6
REZDIFFRA.....	50	<i>se-natal 19 chewable</i>	92	SPACE CHAMBER.....	54
REZLIDHIA.....	16	<i>se-natal-19</i>	92	SPEEDYSWAB COVID-19	
REZUROCK.....	16	SEREVENT DISKUS.....	88	HOME TEST.....	54
<i>ribavirin</i>	5, 65	SEROSTIM.....	67	SPEVIGO.....	44
RIDAURA.....	74	<i>sertraline</i>	35	SPIKEVAX 2024-2025(12Y	
<i>rifabutin</i>	8	<i>setlakin</i>	81	UP)(PF).....	71
<i>rifampin</i>	8	<i>sevelamer carbonate</i>	60	<i>spinosad</i>	48
<i>riluzole</i>	50	<i>sf 52</i>		SPIRIVA RESPIMAT.....	88
<i>rimantadine</i>	5	<i>sf 5000 plus</i>	52	<i>spironolactone</i>	39
RINVOQ.....	74	<i>sharobel</i>	76	<i>spironolacton-</i>	
RINVOQ LQ.....	74	SHINGRIX (PF).....	71	<i>hydrochlorothiaz</i>	39
<i>risedronate</i>	50, 72	SIGNIFOR.....	16	SPRAVATO.....	35
<i>risperidone</i>	34, 35	<i>sildenafil</i>	90	<i>sprintec (28)</i>	81

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

SPRYCEL	16	SYNJARDY XR.....	59	<i>testosterone enanthate</i>	58
<i>sps (with sorbitol)</i>	60	SYNTHROID.....	60	<i>tetrabenazine</i>	23
<i>sronyx</i>	81	T		<i>tetracaine hcl</i>	83
<i>ssd</i>	44	TABLOID	16	TETRACAINE HCL (PF).....	83
<i>st joseph aspirin</i>	28	TABRECTA.....	16	<i>tetracycline</i>	9
<i>st. joseph aspirin</i>	28	<i>tacrolimus</i>	16, 45	TEZSPIRE.....	88
STELARA.....	44	<i>tadalafil</i>	90	THALOMID.....	17
STIMUFEND.....	67	<i>tadalafil (pulm. hypertension)</i>		<i>theophylline</i>	88
STIOLTO RESPIMAT	88	.....	88	<i>thioridazine</i>	35
STIVARGA.....	16	TADLIQ.....	88	<i>thiothixene</i>	35
<i>stop smoking aid</i>	51	TAFINLAR	16	<i>tiadylt er</i>	39
STRENSIQ.....	58	TAGRISSE	16	<i>tiagabine</i>	20
<i>stress formula with iron</i>	92	TAKHZYRO	88	TIBSOVO.....	17
<i>stress formula with iron(sulf)</i>	92	TALTZ AUTOINJECTOR ..	44	<i>tilia fe</i>	81
STRIBILD.....	6	TALTZ AUTOINJECTOR (2		<i>timolol maleate</i>	40, 83
STRIVERDI RESPIMAT	88	PACK).....	44	<i>tinidazole</i>	8
SUBLOCADE.....	26	TALTZ AUTOINJECTOR (3		<i>tiopronin</i>	50
<i>subvenite</i>	20	PACK).....	44	TIVICAY.....	6
SUCRAID	64	TALTZ SYRINGE.....	44	TIVICAY PD.....	6
<i>sucralfate</i>	65	TALZENNA.....	16	<i>tizanidine</i>	24
<i>sulfacetamide sodium</i>	85	<i>tamoxifen</i>	16	TOBI PODHALER	8
<i>sulfacetamide sodium (acne)</i>	47	<i>tamsulosin</i>	90	<i>tobramycin</i>	8, 82
<i>sulfacetamide sodium-sulfur</i>	46	<i>tarina 24 fe</i>	81	<i>tobramycin in 0.225 % nacl</i> ...	8
<i>sulfacetamide-prednisolone</i> .	85	<i>tarina fe 1/20 (28)</i>	81	<i>tobramycin-dexamethasone</i> ..	84
<i>sulfacleanse 8-4</i>	46	<i>taron-c dha</i>	93	<i>tolcapone</i>	21
<i>sulfadiazine</i>	9	TARPEYO.....	53	<i>tolterodine</i>	89
<i>sulfamethoxazole-trimethoprim</i>		TASIGNA	16	<i>tolvaptan</i>	58
.....	9	<i>tasimelteon</i>	35	<i>topiramate</i>	20
<i>sulfasalazine</i>	64	TAVALISSE	41	<i>toremifene</i>	17
<i>sulfatrim</i>	9	TAVNEOS	50	<i>torpenz</i>	17
<i>sulindac</i>	28	TAYTULLA.....	81	<i>torsemide</i>	40
<i>sumatriptan</i>	22	<i>tazarotene</i>	46	TOUJEO MAX U-300	
<i>sumatriptan succinate</i>	22	TAZVERIK.....	16	SOLOSTAR	56
<i>sunitinib malate</i>	16	TDVAX.....	71	TOUJEO SOLOSTAR U-300	
SUNLENCA.....	6	<i>telmisartan</i>	39	INSULIN	56
SUNOSI	35	<i>temazepam</i>	35	TRACLEER	88
<i>super b maxi complex</i>	92	<i>temozolomide</i>	16	TRADJENTA	59
<i>super b-50 complex</i>	93	<i>tencon</i>	26	<i>tramadol</i>	28
<i>super quints</i>	93	TENIVAC (PF)	71	<i>tramadol-acetaminophen</i>	28
SUPPRELIN LA	16	<i>tenofovir disoproxil fumarate</i> .	6	<i>trandolapril</i>	40
<i>syeda</i>	81	TEPMETKO.....	17	<i>trandolapril-verapamil</i>	40
SYMDEKO	88	<i>terazosin</i>	39	<i>tranexamic acid</i>	76
SYMLINPEN 120	59	<i>terbinafine hcl</i>	3	<i>tranylcypromine</i>	35
SYMLINPEN 60	59	<i>terbutaline</i>	88	<i>travoprost</i>	84
SYMPROIC	64	<i>terconazole</i>	76	<i>trazodone</i>	35
SYMTUZA.....	6	<i>teriflunomide</i>	69	TRELEGY ELLIPTA.....	88
SYNAGIS.....	6	<i>teriparatide</i>	72	TRELSTAR.....	17
SYNAREL	58	TERIPARATIDE	72	TREMFYA	44
SYNDROS	64	<i>testosterone</i>	58	TREMFYA PEN	44
SYNJARDY	59	<i>testosterone cypionate</i>	58		

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

TRESIBA FLEXTOUCH U-100.....	56	TUKYSA.....	17	<i>velivet triphasic regimen (28)</i>	81
TRESIBA FLEXTOUCH U-200.....	56	<i>tulana</i>	76	VELSIPITY.....	64
TRESIBA U-100 INSULIN.....	56	TURALIO.....	17	VELTASSA.....	60
<i>tretinoin</i>	46	<i>turqoz (28)</i>	81	VEMLIDY.....	6
<i>tretinoin (antineoplastic)</i>	17	TUXARIN ER.....	86	VENCLEXTA.....	17
<i>triamcinolone acetonide</i> 48, 52, 88		TWINRIX (PF).....	71	VENCLEXTA STARTING PACK.....	17
<i>triamterene</i>	40	TWIRLA.....	76	<i>venlafaxine</i>	36
<i>triamterene-hydrochlorothiazid</i>	40	TYBLUME.....	81	VENTAVIS.....	89
<i>triazolam</i>	35	TYBOST.....	6	VENTOLIN HFA.....	89
<i>tricon</i>	93	<i>tydemy</i>	81	<i>verapamil</i>	40
<i>triderm</i>	48	TYENNE.....	74	VERQUVO.....	43
<i>trientine</i>	50	TYENNE AUTOINJECTOR.....	74	VERZENIO.....	17
TRIENTINE.....	50	TYMLOS.....	72	<i>vestura (28)</i>	81
<i>tri-estarylla</i>	81	TYVASO.....	88	V-GO 20.....	56
<i>trifluoperazine</i>	35	TYVASO DPI.....	89	V-GO 30.....	56
<i>trifluridine</i>	83	TYVASO REFILL KIT.....	89	V-GO 40.....	56
<i>trihexyphenidyl</i>	21	TYVASO STARTER KIT ..	89	VIBERZI.....	64
TRIJARDY XR.....	59	U		<i>vienna</i>	81
TRIKAFTA.....	88	UBRELVY.....	22	<i>vigabatrin</i>	20
<i>tri-legest fe</i>	81	UDENYCA.....	67	<i>vigadrone</i>	20
<i>tri-linyah</i>	81	UDENYCA AUTOINJECTOR.....	67	VIGAFYDE.....	20
<i>tri-lo-estarylla</i>	81	UDENYCA ONBODY.....	67	<i>vigpoder</i>	20
<i>tri-lo-marzia</i>	81	<i>unithroid</i>	60	VIJOICE.....	17
<i>tri-lo-mili</i>	81	UPTRAVI.....	40	VIOKACE.....	64
<i>tri-lo-sprintec</i>	81	<i>ursodiol</i>	64	<i>viorele (28)</i>	82
<i>trimethobenzamide</i>	64	UZEDY.....	35, 36	VIRACEPT.....	6
<i>trimethoprim</i>	10	V		VIREAD.....	6
<i>tri-mili</i>	81	<i>valacyclovir</i>	6	VISTOGARD.....	10
<i>trinatal rx 1</i>	93	VALCHLOR.....	45	<i>vitamin b complex-folic acid</i>	93
<i>trinate</i>	93	<i>valganciclovir</i>	6	<i>vitamins a,c,d and fluoride</i> ..	93
TRIPTODUR.....	17	<i>valproic acid</i>	20	VITRAKVI.....	17
<i>tri-sprintec (28)</i>	81	<i>valproic acid (as sodium salt)</i>	20	VIVITROL.....	28
TRIUMEQ.....	6	<i>valsartan</i>	40	VIVJOA.....	3
TRIUMEQ PD.....	6	<i>valsartan-hydrochlorothiazide</i>	40	VIZIMPRO.....	17
<i>tri-vitamin with fluoride</i>	93	VALTOCO.....	20	<i>volnea (28)</i>	82
<i>trivora (28)</i>	81	<i>vanadom</i>	24	VONJO.....	17
<i>tri-vylibra</i>	81	<i>vancomycin</i>	10	VORANIGO.....	17
<i>tri-vylibra lo</i>	81	<i>vandazole</i>	76	<i>voriconazole</i>	3
<i>tropicamide</i>	83	VANFLYTA.....	17	VORTEX HOLDING CHAMBER.....	54
<i>trospium</i>	89, 90	VAQTA (PF).....	71	VOSEVI.....	6
TRULANCE.....	64	<i>varenicline</i>	51	VOWST.....	64
TRULICITY.....	59	VARIVAX (PF).....	71	VOXZOGO.....	58
TRUMENBA.....	71	VARUBI.....	64	VOYDEYA.....	50
TRUQAP.....	17	VAXELIS (PF).....	71	VUMERITY.....	69
TRUSTEX-RIA NON-LUB CONDOMS.....	74	VAXNEUVANCE (PF).....	71	<i>vyfemla (28)</i>	82
				<i>vylibra</i>	82
				VYNDAMAX.....	43

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

VYNDAQEL.....	43	XENICAL	49	ZENPEP	65
VYVANSE.....	36	XERMELO.....	18	<i>zenzedi</i>	36
W		XHANCE	89	ZEPATIER	6
WAINUA	23	XIFAXAN	8, 9	ZEPBOUND.....	49
WAKIX	36	XIGDUO XR.....	59	ZEPOSIA.....	23
<i>warfarin</i>	41	XIIDRA	83	ZEPOSIA STARTER KIT (28- DAY).....	23
WEGOVY	49	XOFLUZA	6	ZEPOSIA STARTER PACK (7-DAY)	23
WELIREG.....	17	XOLAIR.....	89	<i>zidovudine</i>	6
<i>wera (28)</i>	82	XOLREMDI.....	67	ZIEXTENZO.....	67
<i>wescap-c dha</i>	93	XOSPATA.....	18	ZILBRYSQ.....	24
<i>wesnatal dha complete</i>	93	XPOVIO.....	18	ZIMHI.....	28
<i>westab plus</i>	93	XTAMPZA ER.....	26	<i>ziprasidone hcl</i>	36
WIDE-SEAL DIAPHRAGM	74	XTANDI.....	18	ZIRGAN	83
WINREVAIR	89	<i>xulane</i>	77	ZOKINVY	51
<i>wixela inhub</i>	89	XULTOPHY 100/3.6	56	ZOLADEX	18
<i>women's gentle laxative(bisac)</i>	64	XURIDEN	51	ZOLINZA	18
<i>wymzya fe</i>	82	XYWAV.....	36	<i>zolmitriptan</i>	22
X		Y		<i>zolpidem</i>	36
XACIATO.....	77	YASMIN (28).....	82	ZOMACTON	67
XADAGO.....	21	YAZ (28)	82	<i>zonisamide</i>	20
XALKORI.....	17, 18	YONSA	18	ZONTIVITY	41
XARELTO	41	<i>yuvafem</i>	76	ZORYVE.....	44
XARELTO DVT-PE TREAT 30D START	41	Z		<i>zovia 1-35 (28)</i>	82
XCOPRI	20	<i>zafemy</i>	77	ZTALMY	20
XCOPRI MAINTENANCE PACK	20	<i>zafirlukast</i>	89	<i>zumandimine (28)</i>	82
XCOPRI TITRATION PACK	20	<i>zaleplon</i>	36	ZURZUVAE.....	36
XDEMVY	83	<i>zarah</i>	82	ZYDELIG.....	18
XELJANZ	74	ZARXIO.....	67	ZYKADIA	18
XELJANZ XR.....	74	<i>zatean-pn dha</i>	93	ZYMFENTRA.....	65
		<i>zatean-pn plus</i>	93	ZYPREXA RELPREVV	36
		ZAVZPRET.....	22		
		ZEJULA	18		
		ZELBORAF	18		
		<i>zenatane</i>	46		

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

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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。