



AVMED EMPLOYER PLANS 5-TIER PRESCRIPTION DRUG FORMULARY

(Effective October– December 2024)

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

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

INTRODUCTION

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT COVERAGE AND LIMITATIONS

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

Coverage

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

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

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

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

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

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

Prior Authorization Process

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

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

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time

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

Step Therapy

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

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

Tier	Definition
1	Preferred Generics - These are preferred generic medications and are in the low range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
2	Non-Preferred Generics - These are non-preferred generic medications or higher cost generic medications and are in the low to mid-range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
3	Preferred Brands - These are preferred brand medications and are in the mid-to-higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
4	Non-Preferred Brands - These are non-preferred brand medications and are typically the higher range for out-of-pocket expense.
5	Specialty Medications - These are brand or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.

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

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

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

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

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

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

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List of Abbreviations

1: Preferred Generics

2: Non-Preferred Generics

3: Preferred Brands

4: Non-Preferred Brands

5: Specialty Medications

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

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

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

CGM: Continuous Glucose Monitor

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

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

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

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

SP: Specialty Drug

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	4	PA
BREXAFEMME	4	PA
<i>clotrimazole mucous membrane</i>	1	QL (5 per 1 day)
CRESEMBA ORAL CAPSULE 186 MG	4	PA; QL (2 per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	4	PA; QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	QL (10 per 1 day)
DIFLUCAN ORAL TABLET 100 MG, 200 MG	4	QL (4 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	QL (40 per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	1	QL (10 per 1 day)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	QL (4 per 1 day)
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 per 1 day)
<i>flucytosine</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	1	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet</i>	1	QL (2 per 1 day)
<i>griseofulvin ultramicrosize</i>	1	QL (3 per 1 day)
<i>itraconazole oral capsule</i>	2	QL (4 per 1 day)
<i>itraconazole oral solution</i>	CED	PA; QL (40 per 1 day)
<i>ketoconazole oral</i>	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; QL (1 per 1 day)
NOXAFIL ORAL SUSPENSION	4	PA; QL (20 per 1 day)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; QL (8 per 1 day)
<i>nystatin oral suspension</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet</i>	1	QL (6 per 1 day)
ORAVIG	CED	PA; 14 tablets per fill
<i>posaconazole oral suspension</i>	2	QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	4	QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SPORANOX ORAL SOLUTION	CED	PA; QL (40 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
TOLSURA	CED	PA; QL (4 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	CED	PA; QL (10 per 1 day)
VFEND ORAL TABLET 200 MG	4	QL (2 per 1 day)
VFEND ORAL TABLET 50 MG	4	QL (4 per 1 day)
VIVJOA	4	PA; QL (18 per 84 days)
<i>voriconazole oral suspension for reconstitution</i>	CED	PA; QL (10 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir</i>	1	SP
<i>abacavir-lamivudine</i>	2	SP
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	5	PA; SP; QL (1 per 1 day)
<i>amantadine hcl</i>	1	
APRETUDE	5	SP; ACA; QL (3 per 30 days)
APTIVUS	5	SP
<i>atazanavir</i>	2	SP
ATRIPLA	5	SP
BARACLUDE ORAL SOLUTION	5	SP; QL (20 per 1 day)
BARACLUDE ORAL TABLET	5	SP; QL (1 per 1 day)
BIKTARVY	5	SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	5	PA; SP; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	5	PA; SP; QL (6 per 28 days)
CIMDUO	5	SP
COMPLERA	5	SP
<i>darunavir</i>	2	SP
DELSTRIGO	5	SP

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
DESCOVY	5	SP; ACA
DOVATO	5	SP; QL (1 per 1 day)
EDURANT	5	SP
<i>efavirenz</i>	2	SP
<i>efavirenz-emtricitabin-tenofovir</i>	5	SP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	SP
<i>emtricitabine</i>	2	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	SP; ACA
EMTRIVA	5	SP
<i>entecavir</i>	5	SP; QL (1 per 1 day)
EPCLUSA	5	PA; SP; QL (1 per 1 day)
EPIVIR	5	SP
<i>etravirine</i>	5	SP
EVOTAZ	5	SP
<i>famciclovir</i>	1	
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir</i>	2	SP
FUZEON SUBCUTANEOUS RECON SOLN	5	SP
GENVOYA	5	SP
HARVONI	5	PA; SP
INTELENCE	5	SP
ISENTRESS	5	SP
ISENTRESS HD	5	SP
JULUCA	5	SP
KALETRA	5	SP
LAGEVRIO (EUA)	4	8 capsules per day ; 80 capsules in 365 days
<i>lamivudine oral solution</i>	1	SP
<i>lamivudine oral tablet 100 mg</i>	5	SP; QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SP
<i>lamivudine-zidovudine</i>	2	SP
LEDIPASVIR-SOFOSBUVIR	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
LIVTENCITY	5	PA; SP; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	SP
<i>lopinavir-ritonavir oral tablet</i>	5	SP
<i>maraviroc</i>	5	SP
MAVYRET ORAL PELLETS IN PACKET	5	PA; SP; QL (6 per 1 day)
MAVYRET ORAL TABLET	5	PA; SP; QL (3 per 1 day)
<i>nevirapine</i>	2	SP
NORVIR ORAL POWDER IN PACKET	5	SP
NORVIR ORAL TABLET	5	SP
ODEFSEY	5	SP
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (60 per 365 days)
PIFELTRO	5	SP
PREVYMIS ORAL	5	PA; SP; QL (1 per 1 day)
PREZCOBIX	5	SP
PREZISTA ORAL SUSPENSION	5	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	SP
RELENZA DISKHALER	4	QL (20 per 180 days)
RETROVIR ORAL CAPSULE	5	SP
RETROVIR ORAL SYRUP	5	SP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	5	SP
REYATAZ ORAL POWDER IN PACKET	5	SP
<i>ribavirin inhalation</i>	5	SP
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	SP
RUKOBIA	5	PA; SP; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	5	SP
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	SP
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL (1 per 1 day)
SOVALDI	5	PA; SP
STRIBILD	5	SP

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
SUNLENCA ORAL	5	PA; SP; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	5	PA; SP; QL (3 per 126 days)
SYMFI	5	SP
SYMFI LO	5	SP
SYMTUZA	5	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)
TAMIFLU	4	
TEMBEXA ORAL SUSPENSION	4	65mL per fill
TEMBEXA ORAL TABLET	4	4 tablets per fill
<i>tenofovir disoproxil fumarate</i>	2	SP; QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	5	SP
TIVICAY PD	5	SP; QL (6 per 1 day)
TRIUMEQ	5	SP
TRIUMEQ PD	5	SP
TRUVADA	5	SP
TYBOST	5	SP
<i>valacyclovir</i>	1	
VALCYTE ORAL RECON SOLN	5	PA for age 18 and older; SP
VALCYTE ORAL TABLET	5	SP
<i>valganciclovir oral recon soln</i>	5	PA for age 18 and older; SP
<i>valganciclovir oral tablet</i>	5	SP
VALTREX	4	
VEMLIDY	5	PA; SP; QL (1 per 1 day)
VIRACEPT ORAL TABLET	5	SP
VIRAZOLE	5	SP
VIREAD ORAL POWDER	5	SP; QL (8 per 1 day)
VIREAD ORAL TABLET	5	SP; QL (1 per 1 day)
VOSEVI	5	PA; SP
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (1 per 183 days)
ZEPATIER	5	PA; SP
ZIAGEN ORAL SOLUTION	5	SP
<i>zidovudine</i>	1	SP

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
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	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	CED	PA
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	PA; 100 ml per fill
DIFICID ORAL TABLET	4	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	4	PA for age 18 and older
ERYPED 200	4	PA for age 18 and older
ERYPED 400	4	PA for age 18 and older
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	QL (12 per 30 days)
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	4	PA; QL (6 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA	4	
ARIKAYCE	5	PA; SP; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	4	PA
BETHKIS	5	SP
BILTRICIDE	4	
CAYSTON	5	SP; LA
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	4	
CYCLOSERINE	4	
<i>dapsone oral</i>	1	
DARAPRIM	5	PA; SP; QL (3 per 1 day)

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

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

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
BAXDELA ORAL	4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	4	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	CED	PA
<i>avidoxy</i>	1	
AVIDOXY DK	CED	PA
<i>demeclocycline</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	CED	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	CED	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	CED	PA
<i>doxycycline hyclate oral tablet,delayered release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	CED	PA
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	CED	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	CED	PA
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	CED	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	CED	PA
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	CED	PA
<i>minocycline oral tablet</i>	CED	PA
<i>minocycline oral tablet extended release 24 hr</i>	CED	PA
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	CED	PA
MONODOX	CED	PA
MORGIDOX 1X 50	CED	PA
MORGIDOX 1X100	CED	PA
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	CED	PA
ORACEA	CED	PA
SEYSARA	4	ST
TARGADOX	CED	PA
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	CED	PA
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
XIMINO	CED	PA
URINARY TRACT AGENTS		
<i>fosfomicin tromethamine</i>	2	
FURADANTIN	4	
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	CED	PA
PRIMSOL	4	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	CED	PA
VANCOCIN	4	
<i>vancomycin oral capsule</i>	2	
<i>vancomycin oral recon soln</i>	CED	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
MESNEX ORAL	5	SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>abiraterone oral tablet 500 mg</i>	CED	PA; SP
AFINITOR	5	PA; SP; QL (1 per 1 day)
AFINITOR DISPERZ	5	PA; SP
AKEEGA	5	PA; SP; QL (2 per 1 day)
ALECENSA	5	PA; SP; QL (8 per 1 day)
ALKERAN	5	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; SP; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	5	PA; SP; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; SP; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
ARIMIDEX	4	
AROMASIN	4	
ASTAGRAF XL	CED	PA; SP

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
AUGTYRO	5	PA; SP; QL (8 per 1 day)
AYVAKIT	5	PA; SP; LA; QL (1 per 1 day)
AZASAN	CED	PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	CED	PA
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	5	PA; SP; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	5	PA; SP; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	5	PA; SP; LA; QL (1 per 1 day)
<i>bexarotene</i>	5	PA; SP
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE 100 MG	5	PA; SP; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	5	PA; SP; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	5	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; SP; QL (1 per 1 day)
BRAFTOVI	5	PA; SP; LA; QL (6 per 1 day)
BRUKINSA	5	PA; SP; LA; QL (4 per 1 day)
CABOMETYX	5	PA; SP; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; SP; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	5	PA; SP; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; LA; QL (1 per 1 day)
CASODEX	4	
CELLCEPT	5	SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; SP; QL (84 per 28 days)
COPIKTRA	5	PA; SP; LA; QL (2 per 1 day)
COTELLIC	5	PA; SP; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	5	SP
CYCLOPHOSPHAMIDE ORAL TABLET	5	SP
<i>cyclosporine modified</i>	1	SP

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine oral capsule</i>	1	SP
DAURISMO ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	5	PA; SP; QL (2 per 1 day)
DROXIA	3	
ELIGARD	5	PA; SP; QL (1 per 28 days)
ELIGARD (3 MONTH)	5	PA; SP; QL (1 per 63 days)
ELIGARD (4 MONTH)	5	PA; SP; QL (1 per 112 days)
ELIGARD (6 MONTH)	5	PA; SP; QL (1 per 126 days)
ENSPRYNG	5	PA; SP; QL (1 per 28 days)
ENVARUSUS XR	CED	PA; SP
ERIVEDGE	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	5	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	5	PA; SP
EULEXIN	4	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; SP; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; SP
<i>everolimus (immunosuppressive)</i>	5	SP
<i>exemestane</i>	1	ACA
FARESTON	4	QL (1 per 1 day)
FEMARA	4	
FENSOLVI	5	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	SP; QL (1 per 30 days)
FOTIVDA	5	PA; SP; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; SP; QL (21 per 28 days)
GAVRETO	5	PA; SP; LA; QL (4 per 1 day)
<i>gefitinib</i>	2	PA; SP; QL (1 per 1 day)
<i>gengraf</i>	1	SP

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
GILOTRIF	5	PA; SP; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	5	PA; SP; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	5	PA; SP; QL (2 per 1 day)
GLEOSTINE	5	PA; SP
HYCAMTIN ORAL	5	PA; SP
HYDREA	4	
<i>hydroxyurea</i>	1	
IBRANCE	5	PA; SP; QL (1 per 1 day)
ICLUSIG	5	PA; SP; QL (1 per 1 day)
IDHIFA	5	PA; SP; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	5	PA; SP; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	5	PA; SP; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; SP; QL (1 per 1 day)
IMURAN	4	
INLYTA ORAL TABLET 1 MG	5	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	5	PA; SP; QL (4 per 1 day)
INQOVI	5	PA; SP; QL (5 per 28 days)
INREBIC	5	PA; SP; LA; QL (4 per 1 day)
IRESSA	5	PA; SP; QL (1 per 1 day)
IWILFIN	5	PA; SP; LA; QL (8 per 1 day)
JAKAFI	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	5	PA; SP; QL (1 per 1 day)
JYLAMVO	CED	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP; QL (63 per 30 days)
KLISYRI	4	PA; QL (5 per 365 days)

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
KOSELUGO ORAL CAPSULE 10 MG	5	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; SP; QL (4 per 1 day)
KRAZATI	5	PA; SP; QL (6 per 1 day)
<i>lapatinib</i>	5	PA; SP; QL (6 per 1 day)
<i>lenalidomide</i>	5	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; SP; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; SP; QL (60 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	5	PA; SP
LEUPROLIDE (3 MONTH)	5	PA; SP; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	5	PA; SP; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; SP; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	5	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	5	PA; SP; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	5	PA; SP; QL (3 per 1 day)
LUPKYNIS	5	PA; SP; QL (6 per 1 day)
LUPRON DEPOT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	5	PA; SP; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	5	PA; SP; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; SP; QL (1 per 126 days)
LYNPARZA	5	PA; SP; QL (4 per 1 day)
LYSODREN	5	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; SP; LA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; 4 packs per 28 days; SP; LA
MATULANE	5	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	CED	PA
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	5	PA; SP; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (1 per 1 day)
MEKTOVI	5	PA; SP; LA; QL (6 per 1 day)
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	5	PA; SP; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	SP
<i>mycophenolate mofetil oral tablet</i>	1	SP
<i>mycophenolate sodium</i>	1	SP
MYFORTIC	4	SP
MYHIBBIN	5	SP
MYLERAN	5	PA; SP
NEORAL	4	SP
NERLYNX	5	PA; SP; LA; QL (6 per 1 day)
NEXAVAR	5	PA; SP; LA; QL (4 per 1 day)
NILANDRON	5	PA; SP; QL (1 per 1 day)
<i>nilutamide</i>	5	PA; SP; QL (1 per 1 day)
NINLARO	5	PA; SP; QL (3 per 30 days)
NUBEQA	5	PA; SP; LA; QL (4 per 1 day)
ODOMZO	5	PA; SP; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 MG	5	PA; SP; QL (6 per 1 day)
OJEMDA	5	SP

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

Drug Name	Drug Tier	Requirements / Limits
OJJAARA	5	PA; SP; QL (1 per 1 day)
ONUREG	5	PA; SP; QL (14 per 28 days)
ORGOVYX	5	PA; SP; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	5	PA; SP; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	5	PA; SP; QL (3 per 1 day)
<i>pazopanib</i>	5	PA; SP; QL (4 per 1 day)
PEMAZYRE	5	PA; SP; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	5	PA; SP; QL (56 per 28 days)
POMALYST	5	PA; SP; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE	5	SP
PROGRAF ORAL GRANULES IN PACKET	CED	PA; SP
PURIXAN	CED	PA; SP
QINLOCK	5	PA; SP; LA; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	5	PA; SP; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	5	PA; SP; LA; QL (4 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; SP; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	5	PA; SP; LA; QL (3 per 1 day)
REVLIMID	5	PA; SP; LA; QL (1 per 1 day)
REZLIDHIA	5	PA; SP; QL (2 per 1 day)
REZUROCK	5	PA; SP; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; SP; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; SP; LA; QL (12 per 1 day)
RUBRACA	5	PA; SP; LA; QL (4 per 1 day)
RYDAPT	5	PA; SP; QL (8 per 1 day)
SANDIMMUNE ORAL CAPSULE	4	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; SP
SCSEMBLIX ORAL TABLET 100 MG	5	PA; SP; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SCEMBLIX ORAL TABLET 20 MG	5	PA; SP; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	5	PA; SP; QL (10 per 1 day)
SIGNIFOR	5	PA; SP
SIKLOS	CED	PA; SP
<i>sirolimus</i>	2	SP
SOLTAMOX	4	
<i>sorafenib</i>	5	PA; SP; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	5	PA; SP; QL (3 per 1 day)
STIVARGA	5	PA; SP; QL (84 per 30 days)
<i>sunitinib malate</i>	5	PA; SP; QL (1 per 1 day)
SUPPRELIN LA	5	PA; SP; QL (1 per 365 days)
SUTENT	5	PA; SP; QL (1 per 1 day)
TABLOID	5	PA; SP
TABRECTA	5	PA; SP; QL (4 per 1 day)
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; SP; QL (30 per 1 day)
TAGRISSE	5	PA; SP; LA; QL (1 per 1 day)
TALZENNA	5	PA; SP; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (1 per 1 day)
TARGRETIN	5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	5	PA; SP; QL (2 per 1 day)
TAZVERIK	5	PA; SP; LA; QL (8 per 1 day)
<i>temozolomide</i>	5	PA; SP
TEPMETKO	5	PA; SP; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	SP; QL (1 per 1 day)
TIBSOVO	5	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	2	QL (1 per 1 day)
TORPENZ	4	PA; SP; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PA; SP; QL (1 per 63 days)

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

Drug Name	Drug Tier	Requirements / Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; SP; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PA; SP; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	5	PA; SP
TREXALL	CED	PA
TRIPTODUR	5	PA; SP; QL (1 per 126 days)
TRUQAP	5	PA; SP; QL (64 per 28 days)
TUKYSA	5	PA; SP; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	5	PA; SP; LA; QL (4 per 1 day)
TYKERB	5	PA; SP; LA; QL (6 per 1 day)
VANFLYTA	5	PA; SP; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	5	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	5	PA; SP; QL (42 per 365 days)
VERZENIO	5	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	5	SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	5	PA; SP; LA; QL (10 per 1 day)
VIZIMPRO	5	PA; SP; QL (1 per 1 day)
VONJO	5	PA; SP; QL (4 per 1 day)
VOTRIENT	5	PA; SP; QL (4 per 1 day)
WELIREG	5	PA; SP; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	5	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; SP; QL (4 per 1 day)
XATMEP	CED	PA
XELODA ORAL TABLET 150 MG	5	PA; SP; QL (4 per 1 day)
XELODA ORAL TABLET 500 MG	5	PA; SP; QL (10 per 1 day)
XERMELO	5	SP; LA

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Drug Name	Drug Tier	Requirements / Limits
XOSPATA	5	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	5	PA; SP; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	5	PA; SP; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; SP; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; SP; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	5	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	5	PA; SP; QL (2 per 1 day)
YONSA	5	PA; SP; QL (4 per 1 day)
ZEJULA ORAL TABLET	5	PA; SP; LA; QL (1 per 1 day)
ZELBORAF	5	PA; SP; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA; SP; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	5	PA; SP; QL (1 per 28 days)
ZOLINZA	5	PA; SP; QL (4 per 1 day)
ZORTRESS	5	SP
ZYDELIG	5	PA; SP; QL (2 per 1 day)
ZYKADIA	5	PA; SP; QL (3 per 1 day)
ZYTIGA ORAL TABLET 250 MG	5	PA; SP; QL (4 per 1 day)
ZYTIGA ORAL TABLET 500 MG	CED	PA; SP

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

ACTIVE-PAC	CED	PA
APTIOM	4	PA
BANZEL	4	PA
BRIVIACT ORAL	4	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<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>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	4	PA
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIACOMIT ORAL CAPSULE 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; SP; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; SP; QL (6 per 1 day)
<i>diazepam rectal</i>	1	
DILANTIN	4	PA
DILANTIN EXTENDED	4	PA
DILANTIN INFATABS	4	PA
DILANTIN-125	4	PA
<i>divalproex</i>	1	
ELEPSIA XR	CED	PA
EPIDIOLEX	5	PA; SP; LA
<i>epitol</i>	1	
EPRONTIA	CED	PA
EQUETRO	4	PA
<i>ethosuximide</i>	1	
<i>felbamate</i>	2	
FELBATOL ORAL TABLET	4	PA
FINTEPLA	5	PA; SP; LA; QL (12 per 1 day)
FYCOMPA	4	PA
<i>gabapentin oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	CED	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
KLONOPIN	4	
<i>lacosamide oral</i>	2	PA
LAMICTAL ODT	CED	PA
LAMICTAL ODT STARTER (BLUE)	CED	PA
LAMICTAL ODT STARTER (GREEN)	CED	PA
LAMICTAL ODT STARTER (ORANGE)	CED	PA
LAMICTAL ORAL TABLET	4	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	PA
LAMICTAL STARTER (BLUE) KIT	CED	PA
LAMICTAL STARTER (GREEN) KIT	CED	PA
LAMICTAL STARTER (ORANGE) KIT	CED	PA
LAMICTAL XR	4	PA
LAMICTAL XR STARTER (BLUE)	CED	PA
LAMICTAL XR STARTER (GREEN)	CED	PA
LAMICTAL XR STARTER (ORANGE)	CED	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	CED	PA
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	CED	PA
<i>lamotrigine oral tablets, dose pack</i>	CED	PA
<i>levetiracetam oral</i>	1	
LIBERVANT	4	
LYRICA	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	ST; 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
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	ST; QL (2 per 1 day)
<i>methsuximide</i>	2	
MOTPOLY XR	CED	PA
MYSOLINE	4	PA
NAYZILAM	4	PA; QL (10 per 30 days)
NEURONTIN	4	PA
ONFI	3	PA
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR	4	PA
<i>phenobarbital</i>	1	
PHENYTEK	4	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	ST; QL (1 per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	ST; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	CED	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	CED	PA; QL (2 per 1 day)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	2	PA
SABRIL	5	PA; SP; LA
SPRITAM	CED	PA
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	CED	PA
<i>subvenite starter (green) kit</i>	CED	PA
<i>subvenite starter (orange) kit</i>	CED	PA

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
SYMPAZAN	CED	PA
TEGRETOL ORAL SUSPENSION	4	PA
TEGRETOL ORAL TABLET	4	PA
TEGRETOL XR	4	PA
<i>tiagabine</i>	2	
TOPAMAX	4	PA
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	CED	PA; QL (1 per 1 day)
<i>topiramate oral capsule, extended release 24hr 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	CED	PA; QL (1 per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral tablet</i>	1	
TRILEPTAL	4	PA
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	CED	PA; QL (2 per 1 day)
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	4	PA; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; SP; LA
<i>vigadrone oral powder in packet</i>	5	PA; SP
<i>vigadrone oral tablet</i>	2	PA
<i>vigpoder</i>	5	PA; SP
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	4	PA
XCOPRI MAINTENANCE PACK	4	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	4	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	4	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	4	PA; 1 unit per day; 1 box in 365 days
ZARONTIN	4	PA

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
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA
ZONISADE	CED	PA
<i>zonisamide</i>	1	
ZTALMY	4	PA; SP; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; SP; LA; QL (3 per 1 day)
<i>apomorphine</i>	5	PA; SP; QL (3 per 1 day)
AZILECT	4	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	CED	
DHIVY	CED	PA; QL (8 per 1 day)
DUOPA	5	SP
<i>entacapone</i>	1	
GOCOVRI	CED	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; SP; QL (10 per 1 day)
LODOSYN	4	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	CED	PA
NEUPRO	4	ST
NOURIANZ	4	PA; LA; QL (1 per 1 day)
ONGENTYS	4	PA; QL (1 per 1 day)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	CED	PA; SP
PARLODEL ORAL CAPSULE	4	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	CED	PA
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY	CED	PA

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>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
TASMAR ORAL TABLET 100 MG	4	PA; QL (6 per 1 day)
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	4	ST
ZELAPAR	CED	PA
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	4	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	4	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
ELYXYB	CED	PA; QL (16 per 1 day)
EMGALITY PEN	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ERGOMAR	4	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
FROVA	4	QL (12 per 30 days)
<i>frovatriptan</i>	2	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	4	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	4	QL (18 per 30 days)
IMITREX STATDOSE PEN	4	QL (6 per 30 days)
IMITREX STATDOSE REFILL	4	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	4	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	4	QL (12 per 30 days)
<i>migergot</i>	CED	PA
MIGRANAL	4	PA; QL (8 per 28 days)

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>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	3	PA; QL (8 per 30 days)
ONZETRA XSAIL	CED	PA
QULIPTA	3	PA; QL (1 per 1 day)
RELPAX	4	QL (12 per 30 days)
REYVOW	4	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
<i>sumatriptan-naproxen</i>	CED	PA
TOSYMRA	CED	PA
TREXIMET	CED	PA
TRUDHESA	CED	PA; QL (8 per 30 days)
UBRELVY	4	PA; QL (10 per 30 days)
ZAVZPRET	5	PA; QL (1 per 30 days)
ZEMBRACE SYMTOUCH	CED	PA
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i>	CED	PA; QL (12 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	4	ST; QL (12 per 30 days)
ZOMIG ORAL	4	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	CED	PA
AMPYRA	5	SP; LA; QL (2 per 1 day)
ARICEPT	4	
AUSTEDO	3	PA; SP; LA; QL (4 per 1 day)
AUSTEDO XR	3	PA; SP; QL (1 per 1 day)

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
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; SP; QL (28 per 365 days)
<i>dalfampridine</i>	5	SP; QL (2 per 1 day)
DAYBUE	5	PA; SP; QL (120 per 1 day)
<i>dichlorphenamide</i>	5	PA; SP; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI	5	PA; SP; LA; QL (6.7 per 1 day)
EXELON PATCH	4	
FIRDAPSE	5	PA; SP; LA; QL (8 per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	CED	PA
<i>galantamine oral tablet</i>	2	
HORIZANT	CED	PA
INGREZZA	3	PA; SP; LA; QL (1 per 1 day)
INGREZZA INITIATION PK(TARDIV)	3	PA; SP; QL (28 per 365 days)
INGREZZA SPRINKLE	3	PA; LA; QL (1 per 1 day)
KEVEYIS	5	PA; SP; QL (4 per 1 day)
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral solution</i>	CED	PA
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	1	
NAMENDA TITRATION PAK	4	
NAMENDA XR	4	
NAMZARIC	CED	PA
NUEDEXTA	5	PA; SP; QL (2 per 1 day)
NULIBRY	5	PA; SP
<i>ormalvi</i>	CED	PA; SP; QL (4 per 1 day)
RADICAVA ORS STARTER KIT SUSP	5	PA; SP
RELYVRIO	5	PA; SP; QL (2 per 1 day)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	5	PA; SP; LA; 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>tetrabenazine oral tablet 12.5 mg</i>	5	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; SP; QL (4 per 1 day)
WAINUA	5	PA; SP; QL (1 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	5	PA; SP; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	5	PA; SP; LA; QL (4 per 1 day)
ZEPOSIA	5	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; SP; QL (7 per 365 days)

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

AMRIX	CED	PA
BACLOFEN ORAL SOLUTION	CED	PA
<i>baclofen oral suspension</i>	CED	PA; QL (16 per 1 day)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BACLOFEN ORAL TABLET 15 MG	CED	PA
<i>carisoprodol oral tablet 250 mg</i>	CED	PA
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	CED	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	CED	PA
<i>cyclobenzaprine oral tablet</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral</i>	1	
FEXMID	4	
FLEQSUVY	CED	PA; QL (16 per 1 day)
LORZONE	CED	PA
LYVISPAH	CED	PA
<i>meprobamate</i>	1	
MESTINON ORAL	4	
MESTINON TIMESPAN	4	
<i>metaxalone oral tablet 400 mg</i>	CED	PA
<i>metaxalone oral tablet 800 mg</i>	2	

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>methocarbamol oral tablet 1,000 mg</i>	CED	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC	CED	PA
NORGESIC FORTE	CED	PA
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	CED	PA
<i>orphengesic forte</i>	CED	PA
OZOBAX	CED	PA
OZOBAX DS	CED	PA
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SOMA ORAL TABLET 250 MG	CED	PA
SOMA ORAL TABLET 350 MG	4	QL (4 per 1 day)
<i>tanlor</i>	CED	PA
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
ZANAFLEX	4	
ZILBRYSQ	5	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	CED	PA; QL (10 per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	1	PA; QL (6 per 1 day)
BELBUCA	4	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	5	PA; SP; QL (0.36 per 28 days)

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
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	5	PA; SP; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	5	PA; SP; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	5	PA; SP; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	5	PA; SP; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	5	PA; SP; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	5	PA; SP; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	CED	PA; QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	CED	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	CED	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral capsule</i>	CED	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine</i>	1	
BUTRANS	4	PA; QL (4 per 28 days)
<i>codeine sulfate oral tablet 15 mg</i>	1	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	PA; QL (6 per 1 day)
<i>codeine-bitalbital-asa-caff</i>	1	PA; QL (6 per 1 day)
DILAUDID ORAL LIQUID	4	PA; QL (22 per 1 day)
DILAUDID ORAL TABLET 2 MG	4	PA; QL (11 per 1 day)
DILAUDID ORAL TABLET 4 MG	4	PA; QL (5 per 1 day)
DILAUDID ORAL TABLET 8 MG	4	PA; QL (2 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)

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
ESGIC ORAL CAPSULE	CED	PA; QL (6 per 1 day)
ESGIC ORAL TABLET	4	QL (6 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	CED	PA; QL (10 per 30 days)
FENTORA	4	PA; QL (4 per 1 day)
FIORICET	CED	PA; QL (6 per 1 day)
FIORICET WITH CODEINE	CED	PA; QL (6 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml (15 ml)</i>	2	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	PA; QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	1	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	PA; QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	1	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone rectal</i>	1	PA; QL (4 per 1 day)
HYSINGLA ER	4	PA; QL (1 per 1 day)
<i>levorphanol tartrate</i>	CED	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	1	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (15 per 1 day)

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>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>methadose oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>morphine concentrate oral solution</i>	1	PA; QL (4 per 1 day)
<i>morphine oral capsule, er multiphase 24 hr</i>	CED	PA; QL (1 per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	CED	PA; QL (1 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	1	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	2	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	2	PA; QL (3 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; QL (2 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; QL (3 per 1 day)
NALOCET	CED	PA
<i>oxycodone oral capsule</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY	CED	PA
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 20 MG, 40 MG, 80 MG	CED	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	CED	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i>	CED	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	CED	PA
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg</i>	CED	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	CED	PA; QL (8 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
PERCOCET ORAL TABLET 10-325 MG	4	PA; QL (6 per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG	4	PA; QL (12 per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG	4	PA; QL (8 per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	CED	PA; QL (6 per 1 day)
PRIMLEV ORAL TABLET 5-300 MG	CED	PA; QL (12 per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG	CED	PA; QL (8 per 1 day)
PROLATE ORAL SOLUTION	CED	PA
<i>prolate oral tablet 10-300 mg</i>	CED	PA; QL (6 per 1 day)
<i>prolate oral tablet 5-300 mg</i>	CED	PA; QL (12 per 1 day)
<i>prolate oral tablet 7.5-300 mg</i>	CED	PA; QL (8 per 1 day)
ROXICODONE ORAL TABLET 15 MG	4	PA; QL (4 per 1 day)
ROXICODONE ORAL TABLET 30 MG	4	PA; QL (2 per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	CED	PA
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	CED	PA; QL (12 per 1 day)
SEGLENTIS	CED	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)

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
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	PA; SP; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
TREZIX	CED	PA; QL (10 per 1 day)
XTAMPZA ER	4	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
ANAPROX DS	4	
ARTHROTEC 50	4	PA; QL (4 per 1 day)
ARTHROTEC 75	4	PA; QL (4 per 1 day)
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA; QL (5 per 30 days)
CAMBIA	CED	PA; QL (9 per 30 days)
CAPSFENAC PAK	CED	PA
CAPSINAC	CED	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	4	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	4	QL (1 per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
CONZIP	CED	PA; QL (1 per 1 day)
COXANTO	CED	PA
DAYPRO	4	QL (2 per 1 day)
DICLOFENAC EPOLAMINE	4	PA; QL (2 per 1 day)
<i>diclofenac potassium oral capsule</i>	CED	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium oral powder in packet</i>	CED	PA; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	CED	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	CED	PA; QL (224 per 30 days)
DICLOFENAC SUBMICRONIZED	CED	PA; QL (3 per 1 day)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
DICLOFEX DC	CED	PA
DICLOHEAL-60	CED	PA
DICLOPR	CED	PA
DICLOSAICIN	CED	PA
DICLOTRAL	CED	PA
<i>diflunisal</i>	2	QL (3 per 1 day)
DIMENTHO	CED	PA
DISALCID	4	
DITHOL	CED	PA
DUEXIS	CED	PA; QL (3 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	4	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	QL (2 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)

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
FELDENE ORAL CAPSULE 20 MG	4	QL (1 per 1 day)
FENOPROFEN ORAL CAPSULE 200 MG	CED	PA; QL (6 per 1 day)
<i>fenopropfen oral capsule 400 mg</i>	CED	PA; QL (4 per 1 day)
<i>fenopropfen oral tablet</i>	CED	PA; QL (4 per 1 day)
FLECTOR	4	PA; QL (2 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	CED	PA; QL (3 per 1 day)
ICLOFENAC CP	CED	PA
INDOCIN ORAL	4	PA; QL (40 per 1 day)
INDOCIN RECTAL	4	PA; QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>indomethacin oral suspension</i>	2	PA; QL (40 per 1 day)
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	CED	PA
<i>indomethacin rectal suppository 50 mg</i>	2	PA; QL (4 per 1 day)
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	CED	PA; QL (4 per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	CED	PA
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	CED	PA; QL (1 per 1 day)
KETOROLAC NASAL	CED	PA; SP; QL (5 per 30 days)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
<i>kiprofen</i>	CED	PA; QL (4 per 1 day)
KLOXXADO	3	2 sprays per fill
LICART	CED	PA; QL (1 per 1 day)
LIFEMS NALOXONE	4	
LODINE ORAL TABLET	4	QL (2 per 1 day)
<i>lofena</i>	CED	PA
LUCEMYRA	CED	PA
<i>meclofenamate</i>	CED	PA; QL (4 per 1 day)
<i>mefenamic acid</i>	2	29 capsules 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
MELOXICAM ORAL SUSPENSION	4	
<i>meloxicam oral tablet</i>	1	
<i>meloxicam submicronized</i>	CED	PA; QL (1 per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
NALFON ORAL CAPSULE 400 MG	CED	PA; QL (4 per 1 day)
NALFON ORAL TABLET	CED	PA; QL (4 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	2	2 sprays per fill
<i>naltrexone</i>	1	
NAPRELAN CR	CED	PA; QL (2 per 1 day)
NAPROSYN ORAL SUSPENSION	CED	PA; QL (40 per 1 day)
NAPROSYN ORAL TABLET 500 MG	4	QL (3 per 1 day)
<i>naproxen oral suspension</i>	CED	PA; QL (40 per 1 day)
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	CED	PA; QL (2 per 1 day)
<i>naproxen-esomeprazole</i>	CED	PA; QL (2 per 1 day)
NARCAN	4	2 sprays per fill
NUCYNTA	4	PA; QL (4 per 1 day)
NUCYNTA ER	4	PA; QL (2 per 1 day)
OPVEE	4	2 units per fill
OXAPROZIN ORAL CAPSULE	CED	PA
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	CED	PA; QL (224 per 30 days)
<i>pentazocine-naloxone</i>	2	PA; QL (4 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)

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
PROFINAC	CED	PA
QDOLO	CED	PA
RELAFEN DS	CED	PA; QL (2 per 1 day)
REXTOVY	4	2 sprays per fill
<i>salsalate</i>	1	
SPRIX	CED	PA; SP; QL (5 per 30 days)
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	QL (12 per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	QL (6 per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	QL (3 per 1 day)
<i>sulindac</i>	1	QL (2 per 1 day)
TIVORBEX	CED	PA; QL (3 per 1 day)
TOLECTIN 600	CED	PA
<i>tolmetin oral capsule</i>	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	CED	PA; QL (1 per 1 day)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	CED	PA; QL (1 per 1 day)
TRAMADOL ORAL SOLUTION	CED	PA
TRAMADOL ORAL TABLET 100 MG	CED	PA; QL (1 per 1 day)
TRAMADOL ORAL TABLET 25 MG	CED	PA
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	1	PA; QL (8 per 1 day)
VAROPHEN (DICLOFENAC)	CED	PA
VIMOVO	CED	PA; QL (2 per 1 day)
VIVITROL	5	SP
VIVLODEX	CED	PA; QL (1 per 1 day)
ZICLOPRO	CED	PA
ZIMHI	4	1 ml per fill
ZIPSOR	CED	PA; QL (4 per 1 day)
ZORVOLEX	4	PA; QL (3 per 1 day)

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
ZUBSOLV	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	CED	PA for age 17 and younger; QL (2.4 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	CED	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	3	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	CED	PA
ABILIFY MYCITE STARTER KIT	CED	PA
ABILIFY ORAL TABLET	4	PA for age 17 and younger; QL (1 per 1 day)
ADASUVE	CED	PA
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	3	PA for age 19 and older; QL (2 per 1 day)
ADDYI	4	PA; QL (1 per 1 day)
ADZENYS XR-ODT	4	PA; QL (1 per 1 day)
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	2	
AMBIEN	4	QL (1 per 1 day)
AMBIEN CR	4	QL (1 per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	1	
<i>amphetamine sulfate oral tablet 10 mg</i>	2	PA; QL (6 per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	2	PA; QL (3 per 1 day)
ANAFRANIL	4	
APLENZIN	CED	PA
APTENSIO XR	4	PA; QL (1 per 1 day)
<i>aripiprazole oral solution</i>	CED	PA for age 17 and younger; QL (30 per 1 day)

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>aripiprazole oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>aripiprazole oral tablet, disintegrating</i>	CED	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	3	PA for age 17 and younger; QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	3	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	3	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	3	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	3	PA for age 17 and younger; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
ATIVAN ORAL	4	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
AUVELITY	4	PA; QL (2 per 1 day)
AZSTARYS	4	PA; QL (1 per 1 day)
BELSOMRA	4	ST; QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupirone</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	4	PA for age 18 and older

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Drug Name	Drug Tier	Requirements / Limits
CAPLYTA ORAL CAPSULE 42 MG	4	PA for age 18 and older; QL (1 per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG	4	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	4	QL (1 per 1 day)
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml</i>	CED	PA for age 17 and younger; QL (8 per 1 day)
<i>chlorpromazine oral concentrate 30 mg/ml</i>	CED	PA for age 17 and younger; QL (27 per 1 day)
<i>chlorpromazine oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
CITALOPRAM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg</i>	CED	PA; QL (9 per 1 day)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	CED	PA; QL (3 per 1 day)
<i>clozapine oral tablet,disintegrating 150 mg</i>	CED	PA; QL (6 per 1 day)
<i>clozapine oral tablet,disintegrating 200 mg</i>	CED	PA; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	4	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	4	PA for age 17 and younger; QL (3 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	4	PA for age 19 and older; QL (2 per 1 day)
COTEMPLA XR-ODT	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
CYMBALTA	4	QL (2 per 1 day)
DAYTRANA	4	PA; QL (1 per 1 day)
DAYVIGO	4	ST; QL (1 per 1 day)
<i>desipramine</i>	2	
DESOXYN	4	PA for age 19 and older; QL (5 per 1 day)
DESVENLAFAXINE	CED	PA; QL (1 per 1 day)
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	PA for age 19 and older; QL (4 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA; QL (1 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	CED	PA

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>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	CED	PA
DRIZALMA SPRINKLE	CED	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	CED	PA; QL (3 per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	4	PA; QL (8 per 1 day)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	4	PA; QL (1 per 1 day)
EDLUAR	CED	PA
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	4	QL (3 per 1 day)
EMSAM	4	PA; QL (1 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (1 per 1 day)
EVEKEO ORAL TABLET 10 MG	4	PA; QL (6 per 1 day)
EVEKEO ORAL TABLET 5 MG	4	PA; QL (3 per 1 day)
FANAPT ORAL TABLET	4	PA for age 18 and older; QL (2 per 1 day)
FANAPT ORAL TABLETS, DOSE PACK	4	PA for age 18 and older; QL (8 per 365 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (28 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	CED	PA; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluoxetine oral tablet 60 mg</i>	2	PA; QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for age 17 and younger; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral capsule, extended release 24hr</i>	CED	PA; QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
FOCALIN	4	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	4	PA for age 19 and older; QL (1 per 1 day)
FORFIVO XL	4	
GEODON ORAL	4	PA for age 17 and younger; QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	4	QL (1 per 1 day)
HALDOL DECANOATE	4	PA for age 17 and younger
<i>haloperidol decanoate</i>	2	PA for age 17 and younger
<i>haloperidol lactate injection</i>	1	PA for age 17 and younger
<i>haloperidol lactate intramuscular</i>	1	PA for age 17 and younger
<i>haloperidol lactate oral</i>	1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	5	PA; SP; QL (1 per 1 day)
HETLIOZ LQ	5	PA; SP

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>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	CED	PA
INTUNIV ER	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	PA for age 17 and younger; QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	PA for age 17 and younger; QL (5 per 135 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	4	PA; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	PA; QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	PA for age 17 and younger; QL (2.63 per 63 days)
JORNAY PM	4	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	3	PA; QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	4	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	4	QL (1 per 1 day)
<i>lisdexamfetamine</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	2	

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
LITHOBID	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG	CED	PA; QL (1 per 1 day)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG	CED	PA
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	5	PA; SP; QL (1 per 1 day)
LUNESTA	4	QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
LYBALVI	CED	PA; QL (1 per 1 day)
MARPLAN	4	
METADATE CD	4	PA for age 19 and older; QL (1 per 1 day)
<i>methamphetamine</i>	2	PA for age 19 and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	4	PA for age 19 and older; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	4	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	CED	PA for age 19 and older; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral solution 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)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 63 MG	CED	PA for age 19 and older
<i>methylphenidate hcl oral tablet, chewable</i>	2	PA for age 19 and older; QL (3 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	4	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>molindone</i>	2	
MYDAYIS	4	PA; QL (1 per 1 day)
NARDIL	4	
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID	5	PA; SP; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	4	QL (2 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for age 17 and younger; 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, disintegrating</i>	CED	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	CED	PA for age 17 and younger
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
PAMELOR	4	
PARNATE	4	QL (6 per 1 day)
<i>paroxetine hcl oral suspension</i>	CED	PA; QL (30 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	CED	PA; QL (2 per 1 day)
<i>paroxetine mesylate(menop.sym)</i>	CED	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	CED	PA; QL (2 per 1 day)
PAXIL ORAL SUSPENSION	CED	PA; QL (30 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	4	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	4	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	4	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for age 17 and younger
PERSERIS	3	PA for age 17 and younger; QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (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
PRISTIQ	4	QL (1 per 1 day)
<i>procentra</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>protriptyline</i>	2	
PROVIGIL	4	QL (1 per 1 day)
PROZAC ORAL CAPSULE	4	QL (2 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; QL (2 per 1 day)
QUAZEPAM	CED	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
QUETIAPINE ORAL TABLET 150 MG	CED	PA for age 17 and younger; QL (5 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	4	PA; QL (1 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	4	PA; QL (2 per 1 day)
QUILLIVANT XR	4	PA; QL (12 per 1 day)
QUVIVIQ	4	ST
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	4	QL (1 per 1 day)
REMERON SOLTAB	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	CED	PA; QL (1 per 1 day)
REXULTI ORAL TABLET	4	PA; QL (1 per 1 day)

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
RISPERDAL CONSTA	4	PA for age 17 and younger; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	4	PA for age 17 and younger; QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA for age 17 and younger; QL (2 per 1 day)
<i>risperidone microspheres</i>	2	PA for age 17 and younger; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>risperidone oral tablet, disintegrating</i>	CED	PA; QL (2 per 1 day)
RITALIN	4	PA for age 19 and older; QL (3 per 1 day)
RITALIN LA	4	PA for age 19 and older; QL (1 per 1 day)
ROZEREM	4	QL (1 per 1 day)
RYKINDO	3	PA for age 17 and younger; QL (2 per 28 days)
SAPHRIS	4	PA; QL (2 per 1 day)
SECUADO	CED	PA
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	PA for age 17 and younger; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SERTRALINE ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SILENOR	CED	PA
SODIUM OXYBATE	5	PA; SP; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; SP; QL (8 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
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; SP; QL (12 per 28 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	QL (2 per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	QL (1 per 1 day)
SUNOSI	4	PA; QL (1 per 1 day)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	CED	PA for age 17 and younger
<i>tasimelteon</i>	5	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	1	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>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>trimipramine</i>	2	
TRINTELLIX	4	ST; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	3	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	3	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	3	PA for age 17 and younger; QL (0.42 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	3	PA for age 17 and younger; QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	3	PA for age 17 and younger; QL (0.7 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	3	PA for age 17 and younger; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	3	PA for age 17 and younger; QL (0.21 per 28 days)
VALIUM	4	
VENLAFAXINE BESYLATE	CED	PA; QL (2 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet extended release 24hr</i>	CED	PA; QL (1 per 1 day)
VERSACLOZ	CED	PA; QL (18 per 1 day)
VIIBRYD ORAL TABLET	4	ST; QL (1 per 1 day)
<i>vilazodone</i>	2	ST; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE	4	PA for age 18 and older; QL (1 per 1 day)
VYLEESI	4	PA; QL (2.4 per 30 days)
VYVANSE	3	PA for age 19 and older; QL (1 per 1 day)
WAKIX	5	PA; SP; LA; QL (2 per 1 day)
WELLBUTRIN SR	4	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	QL (1 per 1 day)
XANAX	4	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 3 MG	4	
XELSTRYM	4	PA for age 19 and older; 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
XYREM	CED	PA; SP; LA; QL (18 per 1 day)
XYWAV	5	PA; SP; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 7.5 MG	4	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 30 MG	4	PA for age 19 and older; QL (2 per 1 day)
<i>ziprasidone hcl</i>	1	PA for age 17 and younger; QL (2 per 1 day)
ZOLOFT ORAL CONCENTRATE	4	QL (10 per 1 day)
ZOLOFT ORAL TABLET 100 MG	4	QL (2 per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	4	QL (1.5 per 1 day)
ZOLPIDEM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
<i>zolpidem sublingual</i>	CED	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; SP; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; SP; QL (14 per 14 days)
ZYPREXA ORAL	4	PA for age 17 and younger; QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	3	PA for age 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	PA for age 17 and younger; QL (1 per 28 days)
ZYPREXA ZYDIS	CED	PA for age 17 and younger; QL (1 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	2	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
BETAPACE	4	
BETAPACE AF	4	
<i>disopyramide phosphate oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dofetilide</i>	2	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	4	
NORPACE CR	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	CED	PA
TIKOSYN	4	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	
ACCURETIC	4	
<i>acebutolol</i>	1	
ALDACTONE	4	
<i>aliskiren</i>	2	ST
ALTACE	4	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiazyd</i>	CED	PA
ATACAND	4	ST; QL (1 per 1 day)
ATACAND HCT	4	ST
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	

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
AVAPRO	4	
AZOR	4	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	4	
BENICAR HCT	4	
<i>betaxolol oral</i>	1	
BIDIL	4	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	4	
<i>candesartan</i>	2	ST; QL (1 per 1 day)
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA	4	
CARDURA XL	CED	PA
CAROSPIR	CED	PA
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	CED	PA; QL (1 per 1 day)
CATAPRES-TTS-1	4	
CATAPRES-TTS-2	4	
CATAPRES-TTS-3	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
CONJUPRI	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
CONSENSI	CED	PA
COREG	4	
COREG CR	CED	PA; QL (1 per 1 day)
CORGARD ORAL TABLET 20 MG, 40 MG	4	
COZAAR	4	
DEMSER	4	PA
DIBENZYLINE	4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	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</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL	4	
<i>doxazosin</i>	1	
DYRENIUM	4	
EDARBI	4	ST
EDARBYCLOR	4	ST
EDECIN	4	PA
<i>enalapril maleate oral solution</i>	CED	PA
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED	CED	PA
<i>eplerenone</i>	1	
<i>eprosartan</i>	2	
<i>ethacrynic acid</i>	2	PA
EXFORGE	4	
EXFORGE HCT	CED	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fosinopril-hydrochlorothiazide</i>	1	
FUROSCIX	4	PA; 2 kits per fill
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	4	
<i>indapamide</i>	1	
INDERAL LA	4	
INDERAL XL	CED	PA
INNOPRAN XL	CED	PA
INSPRA	4	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	2	
<i>isradipine</i>	1	
KAPSPARGO SPRINKLE	CED	PA
KATERZIA	CED	PA
KERENDIA	4	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
LASIX	4	
LEVAMLODIPINE	CED	PA
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	4	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
LOTREL	4	
<i>matzim la</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>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
MICARDIS	4	
MICARDIS HCT	CED	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
NEXICLON XR	CED	PA
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine</i>	2	
NORLIQVA	CED	PA
NORVASC	4	
NYMALIZE	CED	PA
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	CED	PA
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	5	PA; SP; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	5	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	5	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	5	PA; SP; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	
<i>prazosin</i>	1	
PRESTALIA	CED	PA
PROCARDIA XL	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
QBRELIS	CED	PA
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
SOAAZ	CED	PA
<i>spironolactone oral suspension</i>	CED	PA
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	
TEKTURNA	4	ST
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	CED	PA
<i>telmisartan-hydrochlorothiazid</i>	CED	PA
TENORETIC 50	4	
TENORMIN	4	
<i>terazosin</i>	1	
THALITONE	CED	PA
<i>tiadylt er</i>	1	
TIAZAC	4	
<i>timolol maleate oral</i>	2	
TOPROL XL	4	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	CED	PA
UPTRAVI ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (200 per 365 days)
VALSARTAN ORAL SOLUTION	CED	PA
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	

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>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	4	
VASOTEC	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM	4	
ZESTORETIC	4	
ZESTRIL	4	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	CED	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	CED	PA
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; SP; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; SP; QL (2 per 1 day)
AMICAR	4	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA	5	SP
<i>aspirin-dipyridamole</i>	2	
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	CED	PA
BRILINTA	3	
CABLIVI INJECTION KIT	5	PA; SP; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	

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>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	5	PA; SP; LA; QL (2 per 1 day)
EFFIENT	4	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	5	SP
<i>fondaparinux</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	4	
<i>jantoven</i>	1	
LOVENOX	5	SP
MULPLETA	5	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	4	
PRADAXA ORAL CAPSULE	4	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	4	PA; QL (4 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 150 MG	4	PA; QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 20 MG	4	PA; QL (1 per 1 day)
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; SP; LA; QL (1 per 1 day)

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
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	5	PA; SP; LA; QL (2 per 1 day)
SAVAYSA	4	PA
TAVALISSE	5	PA; SP; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (20 per 1 day)
XARELTO ORAL TABLET	3	
YOSPRALA	4	PA
ZONTIVITY	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	CED	PA
<i>amlodipine-atorvastatin</i>	2	
ATORVALIQ	CED	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	4	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	
COLESTID ORAL GRANULES	4	
COLESTID ORAL TABLET	4	
<i>colestipol</i>	1	
CRESTOR ORAL TABLET 40 MG	4	
EZALLOR SPRINKLE	CED	PA
<i>ezetimibe</i>	1	
EZETIMIBE-ROSUVASTATIN	CED	PA
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	CED	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	CED	PA
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	CED	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	CED	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	CED	PA
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	CED	PA
FIBRICOR	CED	PA
FLOLIPID	4	
<i>fluvastatin oral capsule</i>	2	ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	CED	PA; ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	5	PA; SP; LA
LESCOL XL	CED	PA
LIPITOR	4	
LIPOFEN	CED	PA
LIVALO	4	ST
LOPID	4	
<i>lovastatin</i>	1	ACA
LOVAZA	4	QL (4 per 1 day)
NEXLETOL	4	PA; QL (1 per 1 day)
NEXLIZET	4	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pitavastatin calcium</i>	2	ST; ACA
PRALUENT PEN	4	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	4	

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

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Drug Name	Drug Tier	Requirements / Limits
NITRATES		
GONITRO	CED	PA
ISORDIL	CED	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	CED	PA
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR	4	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	2	
NITROLINGUAL	4	
NITROMIST	CED	PA
NITROSTAT	4	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
ANALPRAM-HC TOPICAL	4	
BIMZELX	5	PA; SP; QL (2 per 42 days)
BIMZELX AUTOINJECTOR	5	PA; QL (2 per 42 days)
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
CALCIPOTRIENE TOPICAL FOAM	CED	PA
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone</i>	2	ST
<i>calcitriol topical</i>	2	
<i>calsodore</i>	CED	PA
CALSODORE KIT	CED	PA
COSENTYX (2 SYRINGES)	5	PA; SP; QL (2 per 28 days)
COSENTYX PEN	5	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; SP; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	5	PA; SP; QL (2 per 28 days)
ENSTILAR	CED	PA
EPIFOAM	CED	PA
ILUMYA	5	PA; SP; QL (1 per 63 days)
PRAMOSONE TOPICAL CREAM 1-1 %	CED	PA
PRAMOSONE TOPICAL LOTION	4	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ	5	PA; SP; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 63 days)
SORILUX	CED	PA
SOTYKTU	5	PA; SP; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	5	PA; SP
STELARA INTRAVENOUS	5	PA; SP; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; SP; QL (1 per 42 days)
TACLONEX TOPICAL SUSPENSION	4	ST
TALTZ AUTOINJECTOR	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; SP; QL (1 per 28 days)
TREMFYA	5	PA; SP; QL (1 per 42 days)
VECTICAL	4	
VTAMA	4	PA; QL (1 per 30 days)
WYNZORA	CED	PA
ZORYVE TOPICAL CREAM 0.3 %	4	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	4	PA; SP; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
BURN THERAPY		
SILVADENE	4	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
KERALYT RX	CED	PA
KERALYT SCALP	CED	PA
<i>keralyt topical shampoo</i>	CED	PA
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; SP; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
CARAC	CED	PA; QL (30 per 365 days)
CIBINQO	5	PA; SP; QL (1 per 1 day)
CONDYLOX TOPICAL GEL	4	
CORTANE-B	CED	PA
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
<i>doxepin topical</i>	CED	PA
DRYSOL DAB-O-MATIC	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
EFUDEX TOPICAL CREAM	4	QL (40 per 365 days)
ELIDEL	4	ST
EUCRISA	4	ST; QL (1 per 30 days)
FLUROPLEX	CED	PA; QL (30 per 365 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	CED	PA; QL (30 per 365 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	5	PA; SP; QL (3 per 30 days)
<i>methoxsalen</i>	5	SP

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Drug Name	Drug Tier	Requirements / Limits
OPZELURA	5	PA; SP; QL (60 per 30 days)
PANRETIN	5	PA; SP
<i>pimecrolimus</i>	2	ST
<i>podofilox topical gel</i>	2	
<i>podofilox topical solution</i>	1	
<i>pradoxin</i>	CED	PA
QBREXZA	CED	PA
QUTENZA	CED	PA; SP
REGRANEX	4	QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
TOLAK	4	
<i>urea topical cream 40 %</i>	1	
VALCHLOR	5	PA; SP; QL (60 per 30 days)
VEREGEN	CED	PA
ZONALON	CED	PA
THERAPY FOR ACNE		
ABSORICA LD	CED	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	CED	PA
ACANYA TOPICAL GEL WITH PUMP	4	ST
<i>acutane</i>	1	
ACZONE TOPICAL GEL	4	ST
ACZONE TOPICAL GEL WITH PUMP	CED	PA
<i>adapalene topical cream</i>	1	PA for age 29 and older
<i>adapalene topical gel 0.3 %</i>	1	PA for age 29 and older
<i>adapalene topical gel with pump</i>	1	PA for age 29 and older
ADAPALENE TOPICAL LOTION	CED	PA for age 29 and older; QL (1 per 30 days)
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	CED	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	2	ST

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Drug Name	Drug Tier	Requirements / Limits
AKLIEF	4	ST; QL (45 per 30 days)
ALTRENO	4	PA
<i>amnestem</i>	1	
AMZEEQ	4	PA; QL (30 per 30 days)
ARAZLO	CED	PA
ATRALIN	4	PA for age 29 and older
<i>avar</i>	1	
<i>azelaic acid</i>	2	
AZELEX	4	ST
BENZAMYCIN	4	
BENZEPRO (MICROSPHERES)	4	
<i>benzepro topical towelette</i>	CED	PA
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
CABTREO	CED	PA
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	4	
<i>clindacin</i>	CED	PA
CLINDACIN ETZ TOPICAL KIT	CED	PA
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	CED	PA
CLINDAGEL	4	
<i>clindamycin phosphate topical foam</i>	CED	PA
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical gel, once daily</i>	2	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i>	CED	PA
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-tretinoin</i>	CED	PA
<i>dapsone topical gel</i>	2	ST
<i>dapsone topical gel with pump</i>	CED	PA
DIFFERIN TOPICAL CREAM	4	PA for age 29 and older
DIFFERIN TOPICAL GEL WITH PUMP	4	PA for age 29 and older
DIFFERIN TOPICAL LOTION	CED	PA for age 29 and older; QL (1 per 30 days)
EPIDUO FORTE	4	ST
EPSOLAY	CED	PA
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	
EVOCLIN	CED	PA
FABIOR	4	ST
FINACEA TOPICAL FOAM	CED	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	CED	PA
<i>ivermectin topical cream</i>	2	PA
METROCREAM	4	
METROGEL TOPICAL GEL 1 %	4	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	2	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>metronidazole topical lotion</i>	CED	PA
MIRVASO	4	PA; QL (30 per 30 days)
<i>neuac</i>	2	
NEUAC KIT	CED	PA
NORITATE	CED	PA
ONEXTON TOPICAL GEL WITH PUMP	CED	PA
RETIN-A	4	PA for age 29 and older
RETIN-A MICRO	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	4	PA for age 29 and older
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	4	ST
RHOFADE	4	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
ROSADAN TOPICAL KIT, CLEANSER AND GEL	CED	PA
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	4	PA
ROSULA	4	
SOOLANTRA	4	PA
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream 0.1 %</i>	2	ST
TAZAROTENE TOPICAL FOAM	4	ST
<i>tazarotene topical gel</i>	CED	PA
TAZORAC TOPICAL CREAM 0.05 %	CED	PA
TAZORAC TOPICAL CREAM 0.1 %	4	ST
TAZORAC TOPICAL GEL	CED	PA
<i>tretinoin microspheres topical gel</i>	2	PA
<i>tretinoin microspheres topical gel with pump</i>	2	PA for age 29 and older
<i>tretinoin topical cream</i>	1	PA for age 29 and older
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA for age 29 and older
<i>tretinoin topical gel 0.05 %</i>	2	PA for age 29 and older
TWYNEO	CED	PA
VELTIN	CED	PA
WINLEVI	4	ST; QL (60 per 30 days)
<i>zenatane</i>	1	
ZIANA	CED	PA
ZILXI	4	PA; QL (30 per 30 days)

TOPICAL ANESTHETICS

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
ANODYNE LPT	CED	PA
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
DOLOTRANZ	CED	PA
<i>emreal</i>	CED	PA
<i>lidocaine hcl laryngotracheal</i>	CED	PA
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocaine-prilocaine topical kit</i>	CED	PA
LIDOCAINE-TETRACAINE	4	PA
<i>lidocan iii</i>	3	QL (3 per 1 day)
<i>lidocan iv</i>	2	QL (3 per 1 day)
<i>lidocan v</i>	2	QL (3 per 1 day)
<i>lidocort</i>	1	
LIDODERM	4	QL (3 per 1 day)
LIDOLITE	CED	PA
<i>lidopin topical cream 3 %</i>	1	
LIDO-PRILO CAINE PACK	CED	PA
LIDOSOL	CED	PA
PLIAGLIS	CED	PA
<i>tridacaine ii</i>	2	QL (3 per 1 day)
ZTLIDO	CED	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	4	PA; 30 grams per fill
CENTANY	4	
CENTANY AT	CED	PA
<i>gentamicin topical</i>	1	
KLARON	4	
<i>mafenide acetate</i>	CED	PA

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>mupirocin calcium</i>	CED	PA
NEO-SYNALAR	CED	PA
NEO-SYNALAR KIT	CED	PA
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	CED	PA
XEPI	4	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	CED	PA
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	CED	PA
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	2	
<i>econazole</i>	1	
ECOZA	CED	PA
ERTACZO	CED	PA
EXELDERM	CED	PA
EXODERM	4	
EXTINA	CED	PA
JUBLIA	CED	PA
<i>ketconazole topical cream</i>	1	
<i>ketconazole topical foam</i>	CED	PA
<i>ketconazole topical shampoo</i>	1	
<i>ketodan</i>	CED	PA
<i>ketodan kit</i>	CED	PA
<i>klayesta</i>	1	
LOPROX (AS OLAMINE)	4	
LOPROX KIT	CED	PA
LULICONAZOLE	CED	PA
LUZU	CED	PA
MICONAZOLE NITRATE-ZINC OX-PET	CED	PA
<i>naftifine topical cream</i>	2	PA

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>naftifine topical gel 2 %</i>	CED	PA
NAFTIN TOPICAL GEL 2 %	CED	PA
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	CED	PA
OXISTAT TOPICAL LOTION	CED	PA
SULCONAZOLE	CED	PA
<i>tavaborole</i>	CED	PA
VUSION	4	PA
XOLEGEL	CED	PA
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	CED	PA
<i>acyclovir topical ointment</i>	1	
DENAVIR	4	PA; 5 grams per fill
<i>penciclovir</i>	2	PA; 5 grams per fill
XERESE	CED	PA
ZOVIRAX TOPICAL CREAM	4	PA
ZOVIRAX TOPICAL OINTMENT	4	
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	CED	PA
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	2	ST
<i>amcinonide topical ointment</i>	2	ST
<i>apexicon e</i>	CED	PA
<i>baser</i>	2	ST
BESER KIT	CED	PA
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</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>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	
BRYHALI	CED	PA
CAPEX	4	ST
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical foam</i>	2	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	2	ST
<i>clobetasol-emollient topical cream</i>	2	
<i>clobetasol-emollient topical foam</i>	2	ST
CLOBEX TOPICAL SHAMPOO	4	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	ST
<i>clocortolone pivalate</i>	CED	PA
<i>clodan</i>	2	
CLODAN KIT	CED	PA
CORDRAN TAPE LARGE ROLL	4	ST
CORDRAN TOPICAL CREAM 0.025 %	CED	PA
CORDRAN TOPICAL CREAM 0.05 %	4	ST
CORDRAN TOPICAL LOTION	4	ST
CORDRAN TOPICAL OINTMENT	4	ST
DERMA-SMOOTH/FS BODY OIL	4	
DERMA-SMOOTH/FS SCALP OIL	4	
DERMAWERX SDS	CED	PA
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	CED	PA
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</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>desoximetasone topical cream 0.05 %</i>	2	ST
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>desoximetasone topical spray,non-aerosol</i>	2	
<i>diflorasone</i>	2	ST
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	
DUOBRII	CED	PA
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	ST
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e</i>	1	
FLUOVIX	CED	PA
FLUOVIX PLUS	CED	PA
<i>flurandrenolide</i>	2	ST
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	CED	PA
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	CED	PA
<i>halobetasol propionate topical ointment</i>	1	
HALOG	CED	PA
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical lotion</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	CED	PA
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	2	
IMPOYZ	4	ST
KENALOG TOPICAL	4	ST
LEXETTE	CED	PA
LOCOID LIPOCREAM	4	
LOCOID TOPICAL LOTION	CED	PA
<i>mometasone topical</i>	1	
NOXIPAK	CED	PA
NUCORT	CED	PA
OLUX	4	
PANDEL	CED	PA
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	2	
QUINIXIL	CED	PA
<i>scalacort</i>	2	PA
SCALACORT DK	CED	PA
SERNIVO	CED	PA
SURE RESULT TAC PAK	CED	PA
SYNALAR	4	
SYNALAR CREAM KIT	CED	PA
SYNALAR OINTMENT KIT	CED	PA
SYNALAR TS	CED	PA
TEXACORT	4	ST
TOPICORT TOPICAL CREAM	4	
TOPICORT TOPICAL GEL	4	ST
TOPICORT TOPICAL OINTMENT 0.05 %	4	ST
TOPICORT TOPICAL OINTMENT 0.25 %	4	

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

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL SPRAY, NON-AEROSOL	4	
<i>tovet emollient</i>	2	
TOVET KIT	CED	PA
<i>triamcinolone acetonide topical aerosol</i>	2	ST
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	CED	PA
<i>triderm topical cream</i>	1	
ULTRAVATE TOPICAL LOTION	CED	PA
VANOS	4	ST
VERDESO	CED	PA
WHYTEDERM TDKAK	CED	PA
WHYTEDERM TRILASIL PAK	CED	PA
XILAPAK	CED	PA
TOPICAL ENZYMES		
SANTYL	4	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	QL (60 per 30 days)
ELIMITE	4	QL (120 per 30 days)
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	QL (60 per 30 days)
<i>malathion</i>	1	QL (120 per 30 days)
NATROBA	4	QL (120 per 30 days)
OVIDE	4	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
ULESFIA	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	5	PA; SP; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</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
AGRYLIN	4	
<i>anagrelide</i>	1	
BUPHENYL	5	PA; SP
<i>caffeine citrate oral</i>	1	
CARBAGLU	5	PA; SP; LA
<i>carglumic acid</i>	5	PA; SP
CARNITOR (SUGAR-FREE)	4	
CARNITOR ORAL	4	
<i>cevimeline</i>	2	
CHEMET	4	PA for age 18 and older
CUVRIOR	5	PA; SP; QL (10 per 1 day)
<i>deferasirox</i>	5	PA; SP
<i>deferiprone</i>	5	PA; SP
<i>disulfiram</i>	2	
<i>droxidopa</i>	5	PA; SP
DUVYZAT	5	SP
ENDARI	5	PA; SP; QL (2 per 1 day)
EVOXAC	4	
EXJADE	5	PA; SP; LA
EXSERVAN	CED	PA; SP; QL (2 per 1 day)
FABHALTA	5	PA; SP; QL (2 per 1 day)
FERRIPROX	5	PA; SP
FERRIPROX (2 TIMES A DAY)	CED	PA; SP
<i>glutamine (sickle cell)</i>	5	PA; SP; QL (2 per 1 day)
INCRELEX	5	PA; SP; LA
JADENU	5	PA; SP
JADENU SPRINKLE	5	PA; SP
JOENJA	5	PA; SP; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	5	PA; SP; QL (1 per 1 day)
LITHOSTAT	4	
<i>midodrine</i>	1	

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>nitisinone</i>	5	PA; SP; LA
NITYR	5	PA; SP; LA
NORTHERA	5	PA; SP
OLPRUVA	5	PA; SP
ORFADIN	5	PA; SP; LA
OXBRYTA	5	PA; SP; LA; QL (3 per 1 day)
PHEBURANE	5	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	5	PA; SP; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	5	PA; 2 tablets per day; 7 tablets in 365 days; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (14 per 365 days)
RAVICTI	5	PA; SP; QL (17.5 per 1 day)
REVCOVI	5	PA; SP; LA
REZDIFFRA	5	PA; SP; QL (1 per 1 day)
RILUTEK	4	
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	5	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	5	PA; SP; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	5	PA; SP; LA; QL (1 per 1 day)
SYPRINE	5	PA; SP; QL (8 per 1 day)
TAVNEOS	5	PA; SP; QL (6 per 1 day)
THIOLA	5	PA; SP
THIOLA EC	5	PA; SP
TIGLUTIK	CED	PA; SP; QL (20 per 1 day)
<i>tiopronin</i>	5	PA; SP
<i>trientine oral capsule 250 mg</i>	5	PA; SP; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	5	PA; SP; QL (4 per 1 day)
VOYDEYA	5	SP
XURIDEN	5	SP

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

Drug Name	Drug Tier	Requirements / Limits
ZOKINVY	5	PA; SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
CHANTIX CONTINUING MONTH BOX	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX ORAL TABLET 1 MG	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX STARTING MONTH BOX	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
NICODERM CQ	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL GUM 2 MG	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICORETTE BUCCAL LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL MINI LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	9	183 day supply in rolling 365 days; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	4	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<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

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Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	4	15 units per fill
<i>ipratropium bromide nasal</i>	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
PATANASE	4	
PERIDEX	4	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
PREVIDENT DENTAL GEL	4	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetate dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</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
CETRAXAL	CED	PA
<i>ciprofloxacin hcl otic (ear)</i>	2	
DERMOTIC OIL	4	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE	4	PA
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	CED	PA
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; SP
AGAMREE	4	PA; QL (200 per 26 days)
ALKINDI SPRINKLE	CED	PA
CORTEF	4	
<i>cortisone</i>	1	
CORTROPHIN GEL	5	PA; SP
<i>deflazacort</i>	5	PA; SP
<i>dexabliss</i>	CED	PA
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	CED	PA
EMFLAZA	5	PA; SP; LA
<i>fludrocortisone</i>	1	
HEMADY	CED	PA
<i>hydrocortisone oral</i>	1	
MEDROL (PAK)	4	

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
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp</i>	CED	PA
<i>millipred oral tablet</i>	CED	PA
ORAPRED ODT	CED	PA
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	2	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	CED	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	CED	PA
<i>prednisone</i>	1	
<i>prednisone intensol</i>	2	
RAYOS	CED	PA
TAPERDEX	CED	PA
TARPEYO	5	PA; SP; QL (4 per 1 day)
ZCORT	CED	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	3	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	3	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	3	OTC; QL (100 per 30 days)
ONETOUCH ULTRA TEST	3	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	3	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MECHANICAL VENT	3	

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
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	
<i>diazoxide</i>	2	
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
PROGLYCEM	4	
ZEGALOGUE AUTOINJECTOR	4	ST
ZEGALOGUE SYRINGE	4	ST
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 273 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 273 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	1	OTC
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)

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
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	OTC
DEXCOM G6 RECEIVER	4	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	4	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	4	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	4	PA; CGM; QL (1 per 720 days)
DEXCOM G7 SENSOR	4	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	4	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	4	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 READER	CED	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	4	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 INTRO KIT (GEN 5)	3	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	3	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
V-GO 20	3	QL (30 per 30 days)
V-GO 30	3	QL (30 per 30 days)
V-GO 40	3	QL (30 per 30 days)
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)

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
ADMELOG U-100 INSULIN LISPRO	4	PA; QL (100 per 30 days)
AFREZZA	4	PA; QL (100 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
APIDRA U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR TEMPO PEN(U-100)INSLN	CED	PA; QL (100 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP PUMPCART	4	PA; QL (100 per 30 days)
FIASP U-100 INSULIN	4	PA; QL (100 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	1	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN	1	QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	1	QL (100 per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
HUMALOG U-100 INSULIN	1	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	3	QL (100 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	3	QL (100 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	3	QL (100 per 30 days)
INSULIN ASP PRT-INSULIN ASPART	3	PA; QL (100 per 30 days)
INSULIN ASPART U-100	3	PA; QL (100 per 30 days)
INSULIN DEGLUDEC	4	PA; QL (100 per 30 days)
INSULIN GLARGINE U-300 CONC	4	PA; QL (100 per 30 days)
INSULIN GLARGINE-YFGN	4	PA; QL (100 per 30 days)
INSULIN LISPRO	3	PA; QL (100 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO	3	PA; QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	QL (100 per 30 days)
LANTUS U-100 INSULIN	3	QL (100 per 30 days)
LEVEMIR FLEXPEN	CED	PA; QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
LEVEMIR U-100 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
LYUMJEV U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	4	ST; QL (100 per 30 days)
NOVOLIN N FLEXPEN	4	ST; QL (100 per 30 days)
NOVOLIN R FLEXPEN	4	ST; QL (100 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	4	PA; QL (100 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG U-100 INSULIN ASPART	4	PA; QL (100 per 30 days)
RELION NOVOLIN 70/30	4	ST; QL (100 per 30 days)
RELION NOVOLIN N	4	ST; QL (100 per 30 days)
RELION NOVOLIN R	4	ST; QL (100 per 30 days)
REZVOGLAR KWIKPEN	CED	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	4	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN	4	PA; QL (100 per 30 days)
SOLIQUA 100/33	4	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	3	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	3	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	3	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-200	3	QL (100 per 30 days)
TRESIBA U-100 INSULIN	3	QL (100 per 30 days)
XULTOPHY 100/3.6	4	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDRODERM	4	PA
ANDROGEL	4	PA
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	5	PA; SP; QL (2 per 1 day)

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
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	5	PA; SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	5	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>danazol</i>	2	
DDAVP ORAL	4	
DEPO-TESTOSTERONE	4	PA
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
GALAFOLD	5	PA; SP; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; LA; QL (4 per 1 day)
JATENZO	CED	PA
<i>javygtor</i>	5	PA; SP
JYNARQUE ORAL TABLET	5	PA; SP; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; SP; LA; QL (56 per 28 days)
KORLYM	5	PA; SP; QL (4 per 1 day)
KUVAN	5	PA; SP
KYZATREX	4	PA; QL (2 per 1 day)
METHITEST	CED	PA
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>miglustat</i>	5	PA; SP; LA; QL (3 per 1 day)
MYALEPT	5	PA; SP; LA
NATESTO	4	PA
NOCDURNA (MEN)	4	PA; QL (1 per 1 day)
NOCDURNA (WOMEN)	4	PA; QL (1 per 1 day)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	PA; SP
OPFOLDA	5	PA; SP; QL (8 per 28 days)

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
ORILISSA	4	PA
OVIDREL	5	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; SP; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; SP; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	5	PA; SP
RAYALDEE	4	PA; QL (2 per 1 day)
RECORLEV	5	PA; SP; QL (8 per 1 day)
ROCALTROL ORAL CAPSULE 0.25 MCG	4	
ROCALTROL ORAL SOLUTION	4	
SAMSCA ORAL TABLET 15 MG	5	PA; SP; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	5	PA; SP; QL (60 per 365 days)
<i>sapropterin</i>	5	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	PA; QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	4	PA; QL (4 per 1 day)
SOMAVERT	5	PA; SP
STRENSIQ	5	PA; SP; LA
SYNAREL	5	PA; SP; QL (8 per 28 days)
TESTIM	4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	2	PA
TLANDO	CED	PA
<i>tolvaptan oral tablet 15 mg</i>	5	PA; SP; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; SP; LA; QL (60 per 365 days)
VOGELXO	4	PA
VOXZOGO	5	PA; SP; QL (1 per 1 day)
XYOSTED	CED	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	

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

Drug Name	Drug Tier	Requirements / Limits
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	4	
ACTOS	4	
ALOGLIPTIN	4	ST
ALOGLIPTIN-METFORMIN	4	ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST
BRENZAVVY	4	ST; QL (1 per 1 day)
BYDUREON BCISE	4	PA
BYETTA	4	PA
CYCLOSET	4	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	CED	PA; QL (1 per 1 day)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	CED	PA; QL (2 per 1 day)
DAPAGLIFLOZIN PROPANEDIOL	CED	PA; QL (1 per 1 day)
DUETACT	CED	PA
FARXIGA	3	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	CED	PA
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL	4	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	CED	PA; QL (2 per 1 day)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	CED	PA
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	3	

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
INPEFA	4	PA; QL (1 per 1 day)
INVOKAMET	4	ST; QL (2 per 1 day)
INVOKAMET XR	4	ST; QL (2 per 1 day)
INVOKANA	4	ST; QL (1 per 1 day)
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KAZANO	4	ST
LIRAGLUTIDE	4	PA; QL (9 per 28 days)
<i>metformin oral solution</i>	CED	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	CED	PA
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24hr</i>	CED	PA
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	CED	PA; QL (2 per 1 day)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	CED	PA
<i>migliitol</i>	2	
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
NESINA	4	ST
ONGLYZA ORAL TABLET 5 MG	4	ST
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	3	PA; QL (9 per 63 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	CED	PA
<i>pioglitazone-metformin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PRECOSE	4	
QTERN	4	ST
<i>repaglinide</i>	2	
RIOMET	CED	PA
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (30 per 365 days)
<i>saxagliptin</i>	2	ST
<i>saxagliptin-metformin</i>	2	ST
SEGLUROMET	4	ST
SITAGLIPTIN	CED	PA
SITAGLIPTIN-METFORMIN	CED	
STEGLATRO	4	ST
STEGLUJAN	4	ST
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 per 1 day)
TRULICITY	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK	4	PA; QL (9 per 28 days)
VICTOZA 3-PAK	4	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5- 500 MG	3	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
ZITUVIO	4	ST
THYROID HORMONES		
ARMOUR THYROID	4	
CYTOMEL	4	
ERMEZA	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE ORAL CAPSULE	4	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	4	
THYQUIDITY	CED	PA
<i>thyroid (pork)</i>	2	
TIROSINT	4	
TIROSINT-SOL	CED	PA
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
CUVPOSA	4	PA
DARTISLA	CED	PA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	CED	PA; QL (40 per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
GLYCATE	CED	PA
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	CED	PA
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	

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>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral drops</i>	CED	PA
<i>hyosyne oral elixir</i>	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LIBRAX (WITH CLIDINIUM)	4	
LOMOTIL	4	
<i>methscopolamine</i>	1	
MOTOFEN	CED	PA
MYTESI	4	PA
NULEV	4	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
ROBINUL FORTE	4	
ROBINUL ORAL	4	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA	4	ST; QL (12 per 1 day)
FOSRENOL ORAL POWDER IN PACKET	CED	PA; QL (3 per 1 day)
FOSRENOL ORAL TABLET, CHEWABLE	4	ST; QL (3 per 1 day)
<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	4	PA; QL (3 per 1 day)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	CED	PA; QL (17 per 1 day)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	CED	PA; QL (5 per 1 day)
RENVELA ORAL TABLET	4	QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	CED	PA; QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	CED	PA; QL (5 per 1 day)

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>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	CED	PA; QL (32 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	CED	PA; QL (16 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	2	
VELPHORO	4	ST; QL (6 per 1 day)
VELTASSA	4	PA; QL (1 per 1 day)
XPHOZAH	4	PA; QL (2 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	4	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
AMITIZA	4	QL (2 per 1 day)
ANALPRAM-HC RECTAL	4	
ANTIVERT ORAL TABLET 50 MG	4	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	4	
ANUSOL-HC TOPICAL	4	
ANZEMET ORAL TABLET 50 MG	4	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule, dose pack</i>	2	QL (15 per 28 days)
APRISO	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide</i>	1	
<i>betaine</i>	5	SP
BONJESTA	CED	PA
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>budesonide oral tablet, delayed and ext. release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; SP; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; SP; LA; QL (10 per 1 day)

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
BYLVAY ORAL PELLETT 200 MCG	5	PA; SP; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	5	PA; SP; LA; QL (4 per 1 day)
CANASA	4	QL (1 per 1 day)
CHENODAL	5	SP; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	5	PA; SP; QL (4 per 1 day)
CIMZIA	5	PA; SP; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; SP; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
COLAZAL	4	
COMPAZINE	4	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	4	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	1	
CYSTADANE	5	SP
DELZICOL	4	
DICLEGIS	4	ST; QL (4 per 1 day)
DIPENTUM	4	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	4	QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	4	QL (15 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	QL (5 per 28 days)
ENTYVIO PEN	5	PA; SP; QL (1.36 per 28 days)
<i>enulose</i>	1	
EOHILIA	5	PA; SP; QL (600 per 30 days)

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
GASTROCROM	4	
GATTEX 30-VIAL	5	PA; SP
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	CED	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
GIMOTI	CED	PA
GOLYTELY	4	
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
IBSRELA	4	PA; QL (2 per 1 day)
IQIRVO	5	SP
KRISTALOSE	CED	PA
<i>lactulose oral packet</i>	CED	PA
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
LIALDA	4	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	3	QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	CED	PA; SP; QL (4 per 1 day)
LOTRONEX	4	PA; QL (2 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC

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
MARINOL	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	CED	PA
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>mesalamine with cleansing wipe</i>	CED	PA
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	4	ST; QL (1 per 1 day)
MOVANTIK	3	QL (1 per 1 day)
MOVIPREP	CED	PA
<i>natura-lax</i>	9	ACA; OTC
<i>nitroglycerin rectal</i>	2	
OICALIVA	5	PA; SP; LA; QL (1 per 1 day)
OMVOH PEN	5	PA; SP; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	5	PA; SP; QL (2 per 28 days)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	CED	PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</i>	9	ACA; OTC

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
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	CED	PA; ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
PERTZYE	4	ST
<i>phosphate laxative</i>	9	ACA; OTC
PLENVU	4	
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	4	
REGLAN ORAL	4	
RELISTOR ORAL	4	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (0.4 per 1 day)
RELTONE	CED	PA
ROWASA RECTAL ENEMA KIT	CED	PA
SANCUSO	4	QL (4 per 28 days)
<i>scopolamine base</i>	1	QL (10 per 30 days)

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
SFROWASA	4	
SKYRIZI INTRAVENOUS	5	PA; SP; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	2	ACA
SUCRAID	5	PA; SP; QL (8 per 1 day)
SUFLAVE	4	
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	4	
SUTAB	CED	PA
SYMPROIC	3	QL (1 per 1 day)
SYNDROS	4	PA
TRANSDERM-SCOP	4	QL (10 per 30 days)
<i>trimethobenzamide oral</i>	1	
TRULANCE	4	PA; QL (1 per 1 day)
UCERIS ORAL	4	PA
UCERIS RECTAL	4	
URSO FORTE	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	CED	PA
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	4	QL (4 per 28 days)
VELSIPITY	5	PA; SP; QL (1 per 1 day)
VIBERZI	4	PA; QL (2 per 1 day)
VIOKACE	4	ST
VOWST	5	PA; SP; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	

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
ZYMFENTRA	5	PA; SP; QL (2 per 28 days)
ULCER THERAPY		
ACIPHEX	4	QL (2 per 1 day)
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>bismuth subcit k-metronidz-ten</i>	CED	PA; QL (240 per 365 days)
CARAFATE	4	
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	4	
DEXILANT	4	ST; QL (1 per 1 day)
<i>dexlansoprazole</i>	2	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for age 9 and older; QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEP	CED	PA
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	2	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM	4	QL (2 per 1 day)
NEXIUM PACKET	4	PA for age 9 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK	CED	PA
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	CED	PA
<i>omeprazole-sodium bicarbonate oral packet</i>	CED	PA
<i>pantoprazole oral granules dr for susp in packet</i>	CED	PA; QL (1 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	4	
PREVACID	4	QL (2 per 1 day)

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
PREVACID SOLUTAB	4	PA for age 8 and older; QL (1 per 1 day)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	CED	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	CED	PA; QL (1 per 1 day)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	4	QL (2 per 1 day)
PYLERA	CED	PA; QL (240 per 365 days)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	CED	PA; QL (1 per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	
TALICIA	4	QL (336 per 365 days)
VOQUEZNA	4	ST; QL (1 per 1 day)
VOQUEZNA DUAL PAK	4	QL (2 per 365 days)
VOQUEZNA TRIPLE PAK	4	QL (2 per 365 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	CED	PA
ZEGERID ORAL PACKET	CED	PA

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	5	SP
<i>ribavirin oral tablet 200 mg</i>	5	SP

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	5	PA; SP
ARCALYST	5	PA; SP; QL (4 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA; SP
FULPHILA	5	PA; SP
FYLNETRA	5	PA; SP

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
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	PA; SP; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	5	PA; SP
MIRCERA	5	PA; SP
NEULASTA	5	PA; SP
NEULASTA ONPRO	5	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	5	PA; SP; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
NYVEPRIA	5	SP
PROCRIT	5	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	SP; QL (2.4 per 1 day)
RETACRIT	5	PA; SP
ROLVEDON	5	PA; SP
STIMUFEND	5	PA; SP
UDENYCA	5	PA; SP

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
UDENYCA AUTOINJECTOR	5	PA; SP
UDENYCA ONBODY	5	PA; SP
XOLREMDI	5	SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
ZIEXTENZO	5	PA; SP
GROWTH HORMONES		
EGRIFTA SV	5	PA; SP
GENOTROPIN	5	PA; SP
GENOTROPIN MINIQUICK	5	PA; SP
HUMATROPE INJECTION CARTRIDGE	5	PA; SP
NGENLA	5	PA; SP
NORDITROPIN FLEXPRO	5	PA; SP
NUTROPIN AQ NUSPIN	5	PA; SP
OMNITROPE	5	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; SP
SKYTROFA	5	PA; SP
SOGROYA	5	PA; SP; QL (3 per 28 days)
ZOMACTON	5	PA; SP
INTERFERONS		
ACTIMMUNE	5	PA; SP
ALFERON N	5	SP
BESREMI	5	PA; SP; QL (2 per 28 days)
PEGASYS	5	SP
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	5	SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	SP
AVONEX INTRAMUSCULAR SYRINGE KIT	5	SP
BAFIERTAM	5	PA; SP; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	5	SP
COPAXONE SUBCUTANEOUS SYRINGE	5	SP

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>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	5	SP; QL (2 per 1 day)
<i>fingolimod</i>	5	SP
GILENYA ORAL CAPSULE 0.25 MG	CED	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP
<i>glatiramer</i>	5	SP
<i>glatopa</i>	5	SP
KESIMPTA PEN	5	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	5	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; SP; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; SP; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	5	SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	SP; QL (1 per 365 days)
PONVORY	5	PA; SP; QL (1 per 1 day)

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
PONVORY 14-DAY STARTER PACK	5	PA; SP; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	5	SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	5	SP; QL (4.2 per 365 days)
TASCENSO ODT	CED	PA; SP; QL (1 per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	SP; QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	5	SP; QL (2 per 1 day)
<i>teriflunomide</i>	5	SP
VUMERITY	5	PA; SP; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 59 and younger; ACA
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
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
CAPVAXIVE	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DENGVAXIA (PF)	9	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
ERVEBO(PF)(NATIONAL STOCKPILE)	9	
FLUAD TRIV 2024-25(65Y UP)(PF)	9	ACA
FLUARIX TRIV 2024-2025 (PF)	9	ACA
FLUBLOK TRIV 2024-2025 (PF)	9	ACA
FLUCELVAX TRIV 2024-2025	9	ACA
FLUCELVAX TRIV 2024-2025 (PF)	9	ACA
FLULAVAL TRIV 2024-2025 (PF)	9	ACA

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
FLUMIST TRIVALENT 2024-2025	9	ACA
FLUZONE HIGH-DOSE TRIV 24-25	9	ACA
FLUZONE TRIV 2024-2025	9	ACA
FLUZONE TRIV 2024-2025 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	4	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF)	9	ACA
IPOL	9	ACA
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
MRESVIA (PF)	9	PA for age 59 and younger; ACA
ODACTRA	4	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	5	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	5	PA; SP; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	5	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	5	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	5	PA; SP; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	5	PA; SP; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	5	PA; SP; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA

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
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREHEVBRIO (PF)	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	4	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
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 metered-dose pump</i>	2	PA; QL (15 per 365 days)
<i>imiquimod topical cream in packet 3.75 %</i>	2	PA; QL (56 per 365 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	PA; QL (15 per 365 days)
ZYCLARA TOPICAL CREAM IN PACKET	4	PA; QL (56 per 365 days)

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	CED	PA
<i>colchicine oral capsule</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>colchicine oral tablet</i>	1	
COLCRYS	4	
<i>febuxostat</i>	1	ST
GLOPERBA	CED	PA
MITIGARE	CED	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	4	ST
ZYLOPRIM ORAL TABLET 100 MG	4	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate oral solution</i>	CED	PA
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
AELVIA	4	PA
BINOSTO	CED	PA
EVISTA	4	
FORTEO	5	PA; SP; QL (1 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	
FOSAMAX PLUS D	3	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	CED	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	5	PA; SP; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; SP; QL (1 per 28 days)
TYMLOS	5	PA; SP; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	CED	PA; SP; QL (2 per 28 days)
ABRILADA(CF) PEN	CED	PA; SP; QL (2 per 28 days)
ACTEMRA ACTPEN	5	PA; SP; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; SP; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)

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
ADALIMUMAB-AATY	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADBМ	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADBМ(CF) PEN CROHNS	CED	PA; SP; QL (6 per 365 days)
ADALIMUMAB-ADBМ(CF) PEN PS-UV	CED	PA; SP; QL (4 per 365 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-RYVK	CED	PA; SP; QL (2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	CED	PA; SP; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ARAVA	4	
BENLYSTA SUBCUTANEOUS	5	PA; SP; QL (4 per 28 days)
CUPRIMINE	5	PA; SP; QL (16 per 1 day)
CYLTEZO(CF)	5	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN	5	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; SP; QL (4 per 365 days)
DEPEN TITRATABS	5	PA; SP; QL (16 per 1 day)
ENBREL MINI	5	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	5	PA; SP; QL (4 per 28 days)
HADLIMA	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA PUSHTOUCH	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA(CF)	CED	PA; SP; QL (0.8 per 28 days)

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
HADLIMA(CF) PUSHTOUCH	CED	PA; SP; QL (0.8 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (3 per 365 days)
HYRIMOZ	CED	PA; SP; QL (1.6 per 28 days)
HYRIMOZ PEN	CED	PA; SP; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	5	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; SP; QL (1.6 per 28 days)
IDACIO(CF)	CED	PA; SP; QL (1 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	CED	PA; SP; QL (3 per 365 days)
IDACIO(CF) PEN PSORIASIS START	CED	PA; SP; QL (2 per 365 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)

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
KEVZARA	5	PA; SP; QL (2.28 per 28 days)
KINERET	5	PA; SP; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	5	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; SP; QL (2.8 per 28 days)
OTEZLA	5	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL (55 per 365 days)
OTREXUP (PF)	4	ST; SP
<i>penicillamine</i>	5	PA; SP; QL (16 per 1 day)
RASUVO (PF)	4	ST; SP
RIDAURA	4	SP
RINVOQ LQ	5	PA; SP; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; SP; QL (56 per 365 days)
SAVELLA	4	ST
SIMLANDI(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	5	SP
TYENNE SUBCUTANEOUS	5	SP
XELJANZ ORAL SOLUTION	5	PA; SP; QL (10 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
XELJANZ ORAL TABLET	5	PA; SP; QL (2 per 1 day)
XELJANZ XR	5	PA; SP; QL (1 per 1 day)
YUFLYMA(CF)	CED	PA; SP; QL (2 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	CED	PA; SP; QL (3 per 365 days)
YUFLYMA(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)
YUSIMRY(CF) PEN	CED	PA; SP; QL (1.6 per 28 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

ACTIVELLA	4	
ANGELIQ	4	
BIJUVA	4	QL (1 per 1 day)
<i>camila</i>	1	ACA
CLIMARA	4	
CLIMARA PRO	4	
COMBIPATCH	4	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	4	PA
<i>deblitane</i>	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	PA
DIVIGEL	4	
<i>dotti</i>	1	
DUAVEE	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ELESTRIN	4	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
ESTRACE	4	
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	2	
<i>estradiol transdermal gel in packet</i>	2	
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	1	
ESTRATEST F.S.	4	
ESTRING	4	
ESTROGEL	4	
<i>estrogens-methyltestosterone</i>	2	
EVAMIST	4	
FEMRING	4	
<i>fyavolv</i>	2	
<i>heather</i>	1	ACA
IMVEXXY MAINTENANCE PACK	4	
IMVEXXY STARTER PACK	4	
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
MENEST	4	
MENOSTAR	4	
<i>mimvey</i>	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
MINIVELLE	4	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
PROMETRIUM	4	
PROVERA	4	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
VAGIFEM	4	
VIVELLE-DOT	4	
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	4	QL (1 per 365 days)
CLEOCIN VAGINAL	4	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	4	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX	4	

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>mifepristone oral tablet 200 mg</i>	2	
MYFEMBREE	4	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVARING	4	PA
NUVESSA	4	
ORIAHNN	4	PA; QL (2 per 1 day)
OSPHENA	4	PA
PHEXXI	CED	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
TWIRLA	CED	PA
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	CED	PA; OTC
VCF CONTRACEPTIVE GEL	CED	PA; ACA; OTC
VEOZAH	CED	PA; QL (1 per 1 day)
XACIATO	4	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
AFTERA	CED	PA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA

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>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
BALCOLTRA	4	PA
<i>balziva (28)</i>	1	ACA
BEYAZ	4	PA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	4	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>finzala</i>	2	ACA
<i>gemmily</i>	CED	PA; ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>joyeaux</i>	2	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1/50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA

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>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron</i>	2	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	4	PA
LOESTRIN 1/20 (21)	4	PA
LOESTRIN FE 1.5/30 (28-DAY)	4	PA
LOESTRIN FE 1/20 (28-DAY)	4	PA
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	PA; ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin 24 fe</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
NATAZIA	4	

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>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
NEXTSTELLIS	4	
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	CED	PA; ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<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>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtreea (28)</i>	1	ACA
PLAN B ONE-STEP	CED	PA; OTC
<i>portia 28</i>	1	ACA
QUARTETTE	4	PA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
SAFYRAL	4	PA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
SLYND	4	
<i>sprintec (28)</i>	1	ACA

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>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	CED	PA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
TAYTULLA	CED	PA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
TYBLUME	CED	PA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
YASMIN (28)	4	PA
YAZ (28)	4	PA

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>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	CED	PA
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	4	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine ophthalmic (eye)</i>	2	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	4	
ANTIVIRALS		
<i>trifluridine</i>	1	

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
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
BETIMOL	4	ST
BETOPTIC S	4	ST
<i>carteolol</i>	2	
ISTALOL	CED	PA
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf)</i>	CED	PA
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	CED	PA
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	PA
TIMOPTIC OCUDOSE (PF)	CED	PA
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
ATROPINE SULFATE (PF)	CED	PA
CYCLOGYL	4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
MYDRIACYL	4	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY	CED	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	CED	PA; QL (1 per 30 days)
ALCAINE	4	
<i>allergy eye (ketotifen)</i>	1	OTC
ALOCRIIL	4	ST

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
ALOMIDE	4	ST
<i>altacaine</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	2	ST
BEPREVE	4	ST
CEQUA	4	ST
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	5	PA; SP; QL (20 per 28 days)
CYSTARAN	5	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
MIEBO (PF)	4	PA; QL (15 per 30 days)
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	5	PA; SP; QL (56 per 720 days)
<i>proparacaine</i>	1	
RESTASIS	4	QL (2 per 1 day)
RESTASIS MULTIDOSE	4	ST; QL (5.5 per 28 days)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
TYRVAYA	4	ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS
VERKAZIA	CED	PA
VEVYE	CED	PA
XDEMVY	5	PA; SP; QL (10 per 365 days)
XIIDRA	3	QL (2 per 1 day)
ZERVIAE	4	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	
ACULAR LS	4	
ACUVAIL (PF)	CED	PA
<i>bromfenac</i>	2	
BROMSITE	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	4	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
COMBIGAN	4	
COSOPT	4	
COSOPT (PF)	4	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
IYUZEH (PF)	CED	PA
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	ST
<i>tafluprost (pf)</i>	2	ST
TRAVATAN Z	4	ST
<i>travoprost</i>	2	ST
VYZULTA	4	ST; QL (5 per 30 days)
XALATAN	4	
XELPROS	CED	PA
ZIOPTAN (PF)	4	ST

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-ANTIBIOTIC COMBINATIONS		
MAXITROL	4	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	CED	PA
TOBRADEX ST	CED	PA
<i>tobramycin-dexamethasone</i>	1	
ZYLET	4	
STEROIDS		
ALREX	4	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	CED	PA
FLAREX	4	
<i>fluorometholone</i>	1	
FML FORTE	CED	PA
FML LIQUIFILM	4	
INVELTYS	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	CED	PA
LOTEMAX SM	CED	PA
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	CED	PA
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	
MAXIDEX	4	
PRED FORTE	4	
PRED MILD	CED	PA
<i>prednisolone acetate</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	ST
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	2	ST
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	4	
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	CED	PA
<i>carbinoxamine maleate oral liquid</i>	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR	CED	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	4	
<i>clemastine oral syrup</i>	CED	PA; QL (60 per 1 day)
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>cyproheptadine</i>	1	

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>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet,disintegrating</i>	CED	PA
<i>dexchlorpheniramine maleate oral solution</i>	CED	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	CED	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
EPIPEN	4	
EPIPEN JR	4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	CED	PA
<i>levocetirizine</i>	1	
NEFFY	CED	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
RYCLORA	CED	PA
RYVENT	3	
SYMJEPI	3	
VISTARIL ORAL CAPSULE 25 MG	4	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
BROMFED DM	4	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	CED	PA
<i>codeine-guaiifenesin</i>	1	
<i>g tussin ac</i>	1	
HYCODAN (WITH HOMATROPINE)	4	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
TUXARIN ER	4	QL (24 per 30 days)
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
ACCOLATE	4	
<i>acetylcysteine</i>	1	
ADCIRCA	5	PA; SP; QL (2 per 1 day)
ADEMPAS	5	PA; SP; LA; QL (3 per 1 day)
ADVAIR DISKUS	4	PA
ADVAIR HFA	3	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	4	PA
AIRDUO RESPICLICK	4	PA
AIRSUPRA	CED	PA
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	2	PA
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	4	PA
<i>alyq</i>	5	PA; SP; QL (2 per 1 day)
<i>ambrisentan</i>	5	PA; SP; LA; QL (1 per 1 day)
ANORO ELLIPTA	3	
<i>arformoterol</i>	2	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	4	ST
ARNUITY ELLIPTA	3	
ASMANEX HFA	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	ST
ATROVENT HFA	4	
<i>azelastine-fluticasone</i>	2	ST
BEVESPI AEROSPHERE	4	ST
<i>bosentan</i>	5	PA; SP; QL (2 per 1 day)
BREO ELLIPTA	3	
<i>breyana</i>	2	
BREZTRI AEROSPHERE	4	ST; QL (1 per 30 days)
BRONCHITOL	5	PA; SP; QL (20 per 1 day)
BROVANA	4	
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
CINRYZE	5	PA; SP
COMBIVENT RESPIMAT	3	
<i>cromolyn inhalation</i>	1	
DALIRESP	4	QL (1 per 1 day)
DUAKLIR PRESSAIR	4	ST; QL (1 per 30 days)
DULERA	3	
DYMISTA	4	ST
ELIXOPHYLLIN	CED	PA
<i>epinephrine hcl</i>	2	
ESBRIET ORAL CAPSULE	5	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 267 MG	5	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	5	PA; SP; QL (3 per 1 day)
FASENRA	5	PA; SP; QL (1 per 42 days)
FASENRA PEN	5	PA; SP; QL (1 per 42 days)
FIRAZYR	5	PA; SP; QL (9 per 28 days)
<i>flunisolide</i>	2	ST
FLUTICASONE FUROATE-VILANTEROL	4	PA
FLUTICASONE PROPIONATE INHALATION	4	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>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	4	PA
<i>formoterol fumarate</i>	2	
HAEGARDA	5	PA; SP; LA
HYPER-SAL	4	
<i>icatibant</i>	5	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO	5	PA; SP; QL (2 per 1 day)
LETAIRIS	5	PA; SP; LA; QL (1 per 1 day)
<i>levalbuterol hcl</i>	2	
LEVALBUTEROL TARTRATE	3	ST
LIQREV	5	PA; SP; QL (6 per 1 day)
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA	5	PA; SP; LA; QL (1 per 28 days)
OFEV	5	PA; SP; QL (2 per 1 day)
OMNARIS	4	ST
OPSUMIT	5	PA; SP; LA; QL (1 per 1 day)
OPSYNVI	5	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	5	PA; SP; QL (4 per 1 day)
ORLADEYO	5	PA; SP; LA; QL (1 per 1 day)
PERFOROMIST	4	
<i>pirfenidone oral capsule</i>	5	PA; SP; QL (6 per 1 day)

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>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; SP; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (3 per 1 day)
PROAIR DIGIHALER	4	PA
PROAIR RESPICLICK	4	PA
PULMICORT	4	
PULMICORT FLEXHALER	3	
<i>pulmosal</i>	1	
PULMOZYME	5	PA; SP; QL (5 per 1 day)
QNASL	4	ST
QVAR REDIHALER	3	
REVATIO ORAL TABLET	5	PA; SP; QL (3 per 1 day)
<i>roflumilast</i>	2	QL (1 per 1 day)
RUCONEST	5	PA; SP; QL (2 per 28 days)
RYALTRIS	CED	PA; QL (3 per 90 days)
<i>sajazir</i>	5	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	3	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; SP; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; SP; QL (3 per 1 day)
SINGULAIR	4	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	3	
SPIRIVA WITH HANDIHALER	CED	PA
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
SYMBICORT	4	PA
SYMDEKO	5	PA; SP; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	5	PA; SP; QL (2 per 1 day)
TADLIQ	5	PA; SP; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; SP; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; SP; LA; QL (2 per 28 days)

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>terbutaline oral</i>	1	
TEZSPIRE	5	PA; SP; QL (1.91 per 28 days)
THEO-24	4	
<i>theophylline oral elixir</i>	CED	PA
<i>theophylline oral solution</i>	CED	PA
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	CED	PA
TRACLEER ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; SP; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; SP; QL (3 per 1 day)
TUDORZA PRESSAIR	4	ST
TYVASO	5	PA; SP; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	5	PA; SP; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL (1 per 30 days)
TYVASO REFILL KIT	5	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	5	PA; SP; QL (1 per 365 days)
VENTAVIS	5	PA; SP; QL (9 per 1 day)
VENTOLIN HFA	1	
WINREVAIR	5	PA; SP; QL (1 per 20 days)
<i>wixela inhub</i>	1	
XHANCE	4	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)

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
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)
XOPENEX HFA	4	ST
YUPELRI	4	ST; QL (1 per 1 day)
<i>zafirlukast</i>	2	
ZETONNA	4	PA
<i>zileuton</i>	2	PA; QL (4 per 1 day)
ZYFLO	4	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
DETROL	4	
DETROL LA	4	
<i>fesoterodine</i>	2	ST
<i>flavoxate</i>	1	
GEMTESA	4	ST; QL (1 per 1 day)
<i>mirabegron</i>	2	ST
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	CED	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>oxybutynin chloride oral syrup</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	CED	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	CED	PA
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
TOVIAZ	4	ST

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>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	1	
VESICARE	4	
VESICARE LS	CED	PA
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
AVODART	4	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
ENTADFI	CED	PA; QL (1 per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	4	
PROSCAR	4	
RAPAFLO	4	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>tamsulosin</i>	1	
UROXATRAL	4	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	SP; LA
ELMIRON	4	
K-PHOS NO 2	4	
OXLUMO	5	PA; SP
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	5	PA; SP
RIVFLOZA	5	PA; SP; QL (1 per 28 days)
UROCIT-K 10	4	
UROCIT-K 15	4	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	4	
VITAMINS, HEMATINICS & ELECTROLYTES		

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
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	4	
<i>klor-con</i>	CED	PA
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	
POKONZA	CED	PA; QL (1 per 1 day)
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	CED	PA
<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	5	PA; SP; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	

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>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ferocon</i>	9	ACA; OTC
<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
<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

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>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
<i>super b-50 complex</i>	9	ACA; OTC
<i>super quint</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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<i>bupropion hcl</i>	53	CAPSFENAC PAK	47	CELEBREX	47
BUPROPION HCL	53	CAPSINAC	47	<i>celecoxib</i>	47
<i>bupropion hcl (smoking deter)</i>		<i>captopril</i>	68	CELEXA	54
.....	94	<i>captopril-hydrochlorothiazide</i>		CELLCEPT	24
<i>bupirone</i>	53	68	CELONTIN	33
<i>butalbital-acetaminop-caf-cod</i>		CAPVAXIVE	120	CENTANY	85
.....	43	CARAC	80	CENTANY AT	85
<i>butalbital-acetaminophen</i>	43	CARAFATE	115	<i>cephalexin</i>	17
<i>butalbital-acetaminophen-caff</i>		CARBAGLU	92	CEQUA	138
.....	43	<i>carbamazepine</i>	32, 33	CERDELGA	101
<i>butalbital-aspirin-caffeine</i>	43	CARBATROL	33	<i>cetirizine</i>	141
<i>butorphanol</i>	47	<i>carbidopa</i>	37	CETRAXAL	96
BUTRANS	43	<i>carbidopa-levodopa</i>	37	<i>cevimeline</i>	92
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<i>cabergoline</i>	101	CARDIZEM CD	68	<i>chateal (28)</i>	131
CABLIVI	73	CARDIZEM LA	68	<i>chateal eq (28)</i>	131
CABOMETYX	24	CARDURA	68	CHEMET	92
CABTREO	82	CARDURA XL	68	CHENODAL	110

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<i>chlordiazepoxide hcl</i>	54	CLEOCIN HCL.....	18	COMETRIQ	24
<i>chlordiazepoxide-clidinium</i>	107	CLEOCIN PEDIATRIC.....	18	COMPACT SPACE	
<i>chlorhexidine gluconate</i>	95	CLEOCIN T	82	CHAMBER	98
<i>chloroquine phosphate</i>	18	CLIMARA.....	127	COMPAZINE.....	110
<i>chlorpromazine</i>	54	CLIMARA PRO.....	127	COMPLERA	13
<i>chlorthalidone</i>	68	<i>clindacin</i>	82	<i>complete natal dha</i>	150
<i>chlorzoxazone</i>	41	<i>clindacin etz</i>	82	<i>compro</i>	110
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<i>cholestyramine (with sugar)</i>	75	<i>clindacin p</i>	82	CONDYLOX.....	80
<i>cholestyramine light</i>	75	CLINDACIN PAC	82	CONJUPRI	68
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HUMAN.....	102	<i>clindamycin pediatric</i>	18	CONZIP.....	47
CIBINQO	80	<i>clindamycin phosphate</i>	82, 129	COPAXONE	118
<i>ciclodan</i>	86	<i>clindamycin-benzoyl peroxide</i>		COPIKTRA	24
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<i>ciclopirox</i>	86	<i>clindamycin-tretinoin</i>	83	CORDRAN TAPE LARGE	
<i>ciclopirox-ure-camph-menth-</i>		CLINDESSE	129	ROLL.....	88
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<i>cilostazol</i>	73	<i>clobetasol</i>	88	COREG CR	69
CILOXAN.....	136	<i>clobetasol-emollient</i>	88	CORGARD.....	69
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<i>cimetidine</i>	115	<i>clocortolone pivalate</i>	88	CORTANE-B	80
<i>cimetidine hcl</i>	115	<i>clodan</i>	88	CORTEF.....	96
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<i>cinacalcet</i>	102	<i>clonidine</i>	68	CORTISPORIN-TC	96
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<i>ciprofloxacin hcl</i>	21, 96, 136	<i>clotrimazole</i>	12	COSENTYX PEN	78
<i>ciprofloxacin-dexamethasone</i>		<i>clotrimazole-betamethasone</i>	86	COSENTYX PEN (2 PENS)	78
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<i>citroma</i>	110	<i>codeine-guaiifenesin</i>	142	<i>covaryx</i>	127
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<i>classic prenatal</i>	150	COLESTID.....	75	CRESEMBA.....	12
<i>clearlax</i>	110	<i>colestipol</i>	75	CRESTOR	75
<i>clemastine</i>	141	COMBIGAN	139	CREXONT	37
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<i>curae</i>	131	<i>dasetta 1/35 (28)</i>	131	<i>dexamethasone</i>	96
CUVPOSA	107	<i>dasetta 7/7/7 (28)</i>	131	<i>dexamethasone intensol</i>	96
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<i>cyanocobalamin (vitamin b-12)</i>		DAYBUE	40	<i>phosphate</i>	140
.....	150	DAYPRO.....	47	<i>dexchlorpheniramine maleate</i>	
<i>cyclobenzaprine</i>	41	<i>daysee</i>	131	142
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<i>cyclophosphamide</i>	24	<i>deblitane</i>	127	TRANSMITTER	99
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<i>cyclosporine</i>	25, 138	DELSTRIGO.....	13	DEXILANT	115
<i>cyclosporine modified</i>	24	DELZICOL	110	<i>dexlansoprazole</i>	115
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CYLTEZO(CF) PEN		DENAVIR	87	<i>dextroamphetamine-</i>	
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PSORIASIS-UV	124	<i>denta 5000 plus sensitive</i>	95	DIACOMIT	33
CYMBALTA	55	<i>dentagel</i>	95	<i>dialyrite 800</i>	150
<i>cyproheptadine</i>	141	DEPAKOTE.....	33	<i>diazepam</i>	33, 55
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<i>dabigatran etexilate</i>	74	SCALP OIL	88	DICLOFENAC	
<i>dalfampridine</i>	40	DERMAWERX SDS	88	SUBMICRONIZED	48
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<i>danazol</i>	102	DESCOVY	14	DICLOFEX DC.....	48
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<i>dantrolene</i>	41	<i>desloratadine</i>	142	DICLOPR	48
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.....	104	<i>desog-e.estradiol/e.estradiol</i>		<i>dicloxacillin</i>	20
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PEDIATRIC) (PF).....	120	DESVENLAFAXINE	55	DIFLUCAN	12
DARAPRIM.....	18	<i>desvenlafaxine succinate</i>	55	<i>diflunisal</i>	48

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<i>difluprednate</i>	140	<i>doxylamine-pyridoxine (vit b6)</i>	EDURANT	14
<i>digoxin</i>	73	<i>eemt</i>	128
<i>dihydroergotamine</i>	38	DRIZALMA SPRINKLE.....	<i>eemt hs</i>	128
DILANTIN.....	33	<i>dronabinol</i>	<i>efavirenz</i>	14
DILANTIN EXTENDED	33	<i>drospirenone-e.estradiol-lm.fa</i>	<i>efavirenz-emtricitabin-tenofov</i>	14
DILANTIN INFATABS	33	14
DILANTIN-125	33	<i>drospirenone-ethinyl estradiol</i>	<i>efavirenz-lamivu-tenofov disop</i>	14
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<i>diltiazem</i>	69	DROXIA	<i>effe-k</i>	150
<i>dilt-xr</i>	69	<i>droxidopa</i>	EFFEXOR XR.....	56
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<i>dimethyl fumarate</i>	119	DUAKLIR PRESSAIR	EFUDEX	80
DIOVAN	69	DUA VEE.....	EGRIFTA SV	118
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<i>diphenoxylate-atropine</i>	107	<i>dulcolax (magnesium</i>	<i>eletriptan</i>	38
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<i>dipyridamole</i>	74	<i>duloxetine</i>	ELIGARD (3 MONTH)	25
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<i>disopyramide phosphate</i>	66	DUOPA	ELIGARD (6 MONTH)	25
<i>disulfiram</i>	92	DUPIXENT PEN	ELIMITE	91
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<i>dodex</i>	150	CONDOM	<i>elite-ob</i>	151
<i>dofetilide</i>	67	DUREZOL	ELIXOPHYLLIN	144
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<i>dolishale</i>	131	<i>dutasteride-tamsulosin</i>	ELMIRON	149
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<i>donepezil</i>	40	DYANAVEL XR	ELYXYB.....	38
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.....	74	DYRENIUM	EMFLAZA	96
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DORYX MPC	21	E.E.S. GRANULES.....	<i>emreal</i>	85
<i>dorzolamide</i>	139	EASIVENT HOLDING	EMSAM	56
<i>dorzolamide-timolol</i>	139	CHAMBER	<i>emtricitabine</i>	14
<i>dorzolamide-timolol (pf)</i>	139	EC-NAPROSYN	<i>emtricitabine-tenofov (tdf)</i> .	14
<i>dotti</i>	127	<i>econazole</i>	EMTRIVA.....	14
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<i>doxazosin</i>	69	<i>econtra one-step</i>	<i>emzahn</i>	128
<i>doxepin</i>	56, 80	<i>ecotrin low strength</i>	<i>enalapril maleate</i>	69
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ENGERIX-B (PF)	120	<i>erygel</i>	83	EVRYSDI	40
ENGERIX-B PEDIATRIC		ERYPED 200	17	EXELDERM	86
(PF)	120	ERYPED 400	17	EXELON PATCH	40
<i>enilloring</i>	129	<i>ery-tab</i>	17	<i>exemestane</i>	25
<i>enoxaparin</i>	74	ERY-TAB	17	EXFORGE	69
<i>enpresse</i>	132	<i>erythrocin (as stearate)</i>	17	EXFORGE HCT	69
<i>enskyce</i>	132	<i>erythromycin</i>	18, 136	EXJADE	92
ENSPRYNG	25	<i>erythromycin ethylsuccinate</i>	17	EXODERM	86
ENSTILAR	79	<i>erythromycin with ethanol</i>	83	EXSERVAN	92
<i>entacapone</i>	37	<i>erythromycin-benzoyl peroxide</i>		EXTINA	86
ENTADFI	149	.....	83	<i>eye itch relief</i>	138
<i>entecavir</i>	14	ESBRIET	144	EYSUVIS	140
ENTRESTO	77	<i>escitalopram oxalate</i>	56	EZALLOR SPRINKLE	75
ENTRESTO SPRINKLE	77	ESGIC	44	<i>ezetimibe</i>	75
ENTYVIO PEN	110	<i>esomeprazole magnesium</i>	115	EZETIMIBE-	
<i>enulose</i>	110	<i>estarylla</i>	132	ROSUVASTATIN	75
ENVARUSUS XR	25	<i>estazolam</i>	56	<i>ezetimibe-simvastatin</i>	75
EOHILIA	110	ESTRACE	128	F	
EPANED	69	<i>estradiol</i>	128	FABHALTA	92
EPCLUSA	14	<i>estradiol-norethindrone acet</i>		FABIOR	83
EPIDIOLEX	33	.....	128	FACTIVE	21
EPIDUO FORTE	83	ESTRATEST F.S.	128	<i>falmina (28)</i>	132
EPIFOAM	79	ESTRING	128	<i>famciclovir</i>	14
<i>epinastine</i>	138	ESTROGEL	128	<i>famotidine</i>	115
<i>epinephrine</i>	142	<i>estrogens-methyltestosterone</i>		FANAPT	56
EPINEPHRINE	142	.....	128	FARESTON	25
<i>epinephrine hcl</i>	144	<i>eszopiclone</i>	56	FARXIGA	104
EPIPEN	142	<i>ethacrynic acid</i>	69	FASENRA	144
EPIPEN JR	142	<i>ethambutol</i>	19	FASENRA PEN	144
<i>epitol</i>	33	<i>ethosuximide</i>	33	FC2 FEMALE CONDOM	127
EPIVIR	14	<i>ethynodiol diac-eth estradiol</i>		<i>febuxostat</i>	123
<i>eplerenone</i>	69	.....	132	<i>felbamate</i>	33
EPOGEN	116	<i>etodolac</i>	48	FELBATOL	33
EPRONTIA	33	<i>etonogestrel-ethinyl estradiol</i>		FELDENE	49
<i>eprosartan</i>	69	.....	129	<i>felodipine</i>	69
EPSOLAY	83	<i>etoposide</i>	25	FEMARA	25
EQUETRO	33	<i>etravirine</i>	14	FEMCAP	127
<i>ergocalciferol (vitamin d2)</i>	151	EUCRISA	80	FEMRING	128
<i>ergoloid</i>	56	EULEXIN	25	<i>fenofibrate</i>	76
ERGOMAR	38	EURAX	91	FENOFIBRATE	76
<i>ergotamine-caffeine</i>	38	<i>euthyrox</i>	107	<i>fenofibrate micronized</i>	75
ERIVEDGE	25	EVAMIST	128	FENOFIBRATE	
ERLEADA	25	EVEKEO	56	MICRONIZED	76
<i>erlotinib</i>	25	<i>everolimus (antineoplastic)</i>	25	<i>fenofibrate nanocrystallized</i>	76
ERMEZA	106	<i>everolimus</i>		<i>fenofibric acid</i>	76
<i>errin</i>	128	(immunosuppressive)	25	<i>fenofibric acid (choline)</i>	76
ERTACZO	86	EVISTA	123	FENOGLIDE	76
ERVEBO(PF)(NATIONAL		EVOCALIN	83	<i>fenopropfen</i>	49
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<i>fentanyl citrate</i>	44	<i>fluconazole</i>	12	<i>folitab</i>	151
FENTORA.....	44	<i>flucytosine</i>	12	<i>folivane-ob</i>	151
<i>ferocon</i>	151	<i>fludrocortisone</i>	96	<i>foltabs 800</i>	151
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<i>fesoterodine</i>	148	FLUMIST TRIVALENT		FORTEO.....	123
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FIASP FLEXTOUCH U-100		<i>fluocinolone</i>	89	<i>fosamprenavir</i>	14
INSULIN.....	100	<i>fluocinolone acetonide oil</i>	96	<i>fosfomycin tromethamine</i>	22
FIASP PENFILL U-100		<i>fluocinolone and shower cap</i>	89	<i>fosinopril</i>	69
INSULIN.....	100	<i>fluocinonide</i>	89	<i>fosinopril-hydrochlorothiazide</i>	
FIASP PUMPCART.....	100	<i>fluocinonide-e</i>	89	70
FIASP U-100 INSULIN.....	100	<i>fluoride (sodium)</i>	95, 151	FOSRENOL.....	108
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<i>flavoxate</i>	148	<i>fluticasone propion-salmeterol</i>		FULPHILA.....	116
<i>flecainide</i>	67	145	FURADANTIN.....	22
FLECTOR.....	49	FLUTICASONE PROPION-		FUROSCIX.....	70
FLEQSUVY.....	41	SALMETEROL.....	145	<i>furosemide</i>	70
FLEXICHAMBER.....	98	<i>fluvastatin</i>	76	FUZEON.....	14
FLOLIPID.....	76	<i>fluvoxamine</i>	57	<i>fyavolv</i>	128
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<i>gavilax</i>	111	GOLYTELY.....	111	HORIZANT.....	40
<i>gavilyte-c</i>	111	GONITRO	78	HULIO(CF)	125
<i>gavilyte-g</i>	111	GRALISE	34	HULIO(CF) PEN.....	125
<i>gavilyte-n</i>	111	<i>granisetron hcl</i>	111	HUMALOG JUNIOR	
GAVRETO.....	25	GRANIX	117	KWIKPEN U-100	100
<i>gefitinib</i>	25	GRASTEK.....	121	HUMALOG KWIKPEN	
GELCLAIR	95	<i>griseofulvin microsize</i>	12	INSULIN	100
<i>gemfibrozil</i>	76	<i>griseofulvin ultramicrosize</i> ...	12	HUMALOG MIX 50-50	
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GEMTESA	148	GVOKE	98	HUMALOG MIX 75-25	
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<i>gengraf</i>	25	98	HUMALOG MIX 75-25(U-	
GENOTROPIN	118	GVOKE PFS 2-PACK		100)INSULN	100
GENOTROPIN MINIQUICK		SYRINGE.....	98	HUMALOG TEMPO PEN(U-	
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.....	111	PUSHTOUCH.....	125	STARTING WITH 00074)	
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GENVOYA	14	<i>hailey</i>	132	HUMIRA PEN (ONLY NDCS	
GEODON	57	<i>hailey 24 fe</i>	132	STARTING WITH 00074)	
GILENYA	119	<i>hailey fe 1.5/30 (28)</i>	132	.....	125
GILOTRIF.....	26	<i>hailey fe 1/20 (28)</i>	132	HUMIRA(CF) (ONLY NDCS	
GIMOTI	111	<i>halcinonide</i>	89	STARTING WITH 00074)	
<i>glatiramer</i>	119	HALCION	57	.....	125
<i>glatopa</i>	119	HALDOL DECANOATE	57	HUMIRA(CF) PEN (ONLY	
GLEEVEC.....	26	<i>halobetasol propionate</i>	89	NDCS STARTING WITH	
GLEOSTINE.....	26	<i>haloette</i>	129	00074).....	125
<i>glimepiride</i>	104	HALOG	89	HUMIRA(CF) PEN	
<i>glipizide</i>	104	<i>haloperidol</i>	57	CROHNS-UC-HS (ONLY	
GLIPIZIDE.....	104	<i>haloperidol decanoate</i>	57	NDCS STARTING WITH	
<i>glipizide-metformin</i>	104	<i>haloperidol lactate</i>	57	00074).....	125
GLOPERBA.....	123	HARVONI.....	14	HUMIRA(CF) PEN	
GLUCAGON (HCL)		HAVRIX (PF)	121	PEDIATRIC UC (ONLY	
EMERGENCY KIT	98	<i>heather</i>	128	NDCS STARTING WITH	
<i>glucagon emergency kit</i>		HEMADY	96	00074).....	125
(<i>human</i>)	98	HEMANGEOL.....	70	HUMIRA(CF) PEN PSOR-	
GLUCOTROL XL	104	<i>hemmorex-hc</i>	111	UV-ADOL HS (ONLY	
GLUMETZA.....	104	<i>heparin (porcine)</i>	74	NDCS STARTING WITH	
<i>glutamine (sickle cell)</i>	92	<i>heparin, porcine (pf)</i>	74	00074).....	125
<i>glyburide</i>	104	HEPARIN, PORCINE (PF) .	74	HUMULIN 70/30 U-100	
<i>glyburide micronized</i>	104	HEPLISAV-B (PF).....	121	INSULIN	100
<i>glyburide-metformin</i>	104	<i>her style</i>	132	HUMULIN 70/30 U-100	
GLYCATE	107	HETLIOZ	57	KWIKPEN.....	100

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HUMULIN N NPH INSULIN		INGREZZA INITIATION
KWIKPEN	100	PK(TARDIV)
HUMULIN N NPH U-100		INGREZZA SPRINKLE
INSULIN	100	INLYTA
HUMULIN R REGULAR U-		INNOPRAN XL
100 INSULN	100	INPEFA
HUMULIN R U-500 (CONC)		INQOVI
INSULIN	100	INREBIC
HUMULIN R U-500 (CONC)		INSPIRA
KWIKPEN	100	INSULIN ASP PRT-INSULIN
HYCANTIN	26	ASPART
HYCODAN (WITH		INSULIN ASPART U-100.100
HOMATROPINE)	142	INSULIN DEGLUDEC.....
<i>hydralazine</i>	70	INSULIN GLARGINE U-300
HYDREA	26	CONC
<i>hydrochlorothiazide</i>	70	INSULIN GLARGINE-YFGN
<i>hydrocodone bitartrate</i>	44	.....
<i>hydrocodone-acetaminophen</i>	44	INSULIN LISPRO
<i>hydrocodone-</i>		INSULIN LISPRO
<i>chlorpheniramine</i>	142	PROTAMIN-LISPRO ...
<i>hydrocodone-homatropine</i> .	142	INSULIN SYRINGE-
<i>hydrocodone-ibuprofen</i>	44	NEEDLE U-100
<i>hydrocortisone</i>	90, 96, 111	INTELENCE
<i>hydrocortisone acetate</i>	111	INTRAROSA
<i>hydrocortisone butyrate</i> .	89, 90	INTUNIV ER
<i>hydrocortisone valerate</i>	90	INVEGA.....
<i>hydrocortisone-acetic acid</i> ...	96	INVEGA HAFYERA
<i>hydrocortisone-pramoxine</i> .	111	INVEGA SUSTENNA
<i>hydromet</i>	143	INVEGA TRINZA
<i>hydromorphone</i>	44	INVELTYS.....
<i>hydroxychloroquine</i>	19	INVOKAMET.....
<i>hydroxyurea</i>	26	INVOKAMET XR
<i>hydroxyzine hcl</i>	142	INVOKANA.....
<i>hydroxyzine pamoate</i>	142	IOPIDINE.....
HYFTOR.....	80	IPOL
<i>hyoscyamine sulfate</i>	107, 108	<i>ipratropium bromide</i>
<i>hyosyne</i>	108	<i>ipratropium-albuterol</i>
HYPER-SAL.....	145	IQIRVO
HYRIMOZ	125	<i>irbesartan</i>
HYRIMOZ PEN.....	125	<i>irbesartan-hydrochlorothiazide</i>
HYRIMOZ PEN CROHN'S-		.....
UC STARTER.....	125	IRESSA
HYRIMOZ PEN PSORIASIS		ISENTRESS
STARTER	125	ISENTRESS HD
HYRIMOZ(CF).....	125	<i>isibloom</i>
HYRIMOZ(CF) PEDI		<i>isoniazid</i>
CROHN STARTER	125	ISORDIL
HYRIMOZ(CF) PEN	125	ISORDIL TITRADOSE
HYSINGLA ER	44	<i>isosorbide dinitrate</i>
HYZAAR	70	<i>isosorbide mononitrate</i>
I		
<i>ibandronate</i>	123	
IBRANCE	26	
IBSRELA	111	
<i>ibu</i>	49	
<i>ibuprofen</i>	49	
<i>ibuprofen-famotidine</i>	49	
<i>icatibant</i>	145	
<i>iclevia</i>	132	
ICLOFENAC CP.....	49	
ICLUSIG	26	
<i>icosapent ethyl</i>	76	
IDACIO(CF)	125	
IDACIO(CF) PEN.....	125	
IDACIO(CF) PEN CROHN-		
UC STARTR	125	
IDACIO(CF) PEN		
PSORIASIS START	125	
IDHIFA	26	
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ILUMYA	79	
<i>imatinib</i>	26	
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INDERAL LA	70	
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INDOCIN	49	
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<i>isotretinoin</i>	83	KATERZIA	70	KYZATREX.....	102
<i>isradipine</i>	70	KAZANO	105	L	
ISTALOL	137	<i>kelnor 1/35 (28)</i>	132	<i>l norgest/e.estradiol-e.estrad</i>	
ISTURISA.....	102	<i>kelnor 1/50 (28)</i>	132	.....	132
<i>itraconazole</i>	12	KENALOG.....	90	<i>labetalol</i>	70
<i>ivabradine</i>	77	KEPPRA.....	34	<i>lacosamide</i>	34
<i>ivermectin</i>	19, 83	KEPPRA XR	34	<i>lactulose</i>	111
IWILFIN.....	26	<i>keralyt</i>	80	LAGEVRIO (EUA).....	14
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J		KERALYT SCALP	80	LAMICTAL ODT	34
JADENU	92	KERENDIA.....	70	LAMICTAL ODT STARTER	
JADENU SPRINKLE	92	KESIMPTA PEN	119	(BLUE).....	34
<i>jaimiess</i>	132	<i>ketoconazole</i>	12, 86	LAMICTAL ODT STARTER	
JAKAFI.....	26	<i>ketodan</i>	86	(GREEN).....	34
<i>jantoven</i>	74	<i>ketodan kit</i>	86	LAMICTAL ODT STARTER	
JANUMET	105	<i>ketoprofen</i>	49	(ORANGE).....	34
JANUMET XR.....	105	<i>ketorolac</i>	49, 139	LAMICTAL STARTER	
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JARDIANCE.....	105	<i>ketotifen fumarate</i>	138	LAMICTAL STARTER	
<i>jasmiel (28)</i>	132	KEVEYIS	40	(GREEN) KIT	34
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<i>javygtor</i>	102	KINERET	126	(ORANGE) KIT	34
JAYPIRCA.....	26	KINRIX (PF).....	121	LAMICTAL XR.....	34
<i>jencycla</i>	128	<i>kiprofen</i>	49	LAMICTAL XR STARTER	
JENTADUETO	105	KISQALI.....	26	(BLUE).....	34
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<i>jinteli</i>	128	KLARON	85	(GREEN).....	34
JOENJA.....	92	<i>klayesta</i>	86	LAMICTAL XR STARTER	
<i>jolessa</i>	132	KLISYRI	26	(ORANGE).....	34
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<i>joyeaux</i>	132	<i>klor-con</i>	150	<i>lamivudine-zidovudine</i>	14
JUBLIA	86	<i>klor-con 10</i>	150	<i>lamotrigine</i>	34
<i>juleber</i>	132	<i>klor-con 8</i>	150	LAMPIT	19
JULUCA.....	14	<i>klor-con m10</i>	150	LANCETS	99
<i>junel 1.5/30 (21)</i>	132	<i>klor-con m15</i>	150	LANCING DEVICE	99
<i>junel 1/20 (21)</i>	132	<i>klor-con m20</i>	150	LANOXIN.....	73
<i>junel fe 1.5/30 (28)</i>	132	<i>klor-con/ef</i>	150	<i>lansoprazole</i>	115
<i>junel fe 1/20 (28)</i>	132	KLOXXADO	49	<i>lanthanum</i>	108
<i>junel fe 24</i>	132	<i>kobee</i>	151	LANTUS SOLOSTAR U-100	
JUXTAPID.....	76	KONVOMEF	115	INSULIN	100
JYLAMVO.....	26	KORLYM.....	102	LANTUS U-100 INSULIN	100
JYNARQUE.....	102	KOSELUGO	27	<i>lapatinib</i>	27
K		<i>kourzeg</i>	95	<i>larin 1.5/30 (21)</i>	132
<i>kaitlib fe</i>	132	K-PHOS NO 2.....	149	<i>larin 1/20 (21)</i>	132
KALETRA	14	KRAZATI	27	<i>larin 24 fe</i>	132
<i>kalliga</i>	132	KRINTAFEL.....	19	<i>larin fe 1.5/30 (28)</i>	133
KALYDECO.....	145	KRISTALOSE.....	111	<i>larin fe 1/20 (28)</i>	133
KAPSPARGO SPRINKLE ..	70	K-TAB.....	150	LASIX	70
KARBINAL ER	142	<i>kurvelo (28)</i>	132	<i>latanoprost</i>	139

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<i>laxative (bisacodyl)</i>	111	LIALDA	111	LOESTRIN 1.5/30 (21)	133
<i>laxative peg 3350</i>	111	LIBERVANT	34	LOESTRIN 1/20 (21)	133
<i>layolis fe</i>	133	LIBRAX (WITH		LOESTRIN FE 1.5/30 (28-	
LEDIPASVIR-SOFOSBUVIR		CLIDINIUM)	108	DAY)	133
.....	14	LICART	49	LOESTRIN FE 1/20 (28-DAY)	
<i>leena 28</i>	133	<i>lidocaine</i>	85	.....	133
<i>leflunomide</i>	126	<i>lidocaine hcl</i>	85	<i>lofena</i>	49
<i>lenalidomide</i>	27	<i>lidocaine hcl-hydrocortison ac</i>		<i>lojaimiess</i>	133
LENVIMA	27	85, 111	LOKELMA	108
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<i>lessina</i>	133	<i>lidocaine-prilocaine</i>	85	LONSURF	27
LETAIRIS	145	LIDOCAINE-TETRACAINE		LOPID	76
<i>letrozole</i>	27	85	<i>lopinavir-ritonavir</i>	15
<i>leucovorin calcium</i>	23	<i>lidocan iii</i>	85	LOPRESSOR	70
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<i>leuprolide</i>	27	<i>lidocort</i>	85	<i>lorazepam</i>	59
LEUPROLIDE (3 MONTH) 27		LIDODERM	85	<i>lorazepam intensol</i>	59
<i>levabuterol hcl</i>	145	LIDOLITE	85	LORBRENA	27
LEVALBUTEROL		<i>lidopin</i>	85	LOREEV XR	59
TARTRATE	145	LIDO-PRILO CAINE PACK		<i>loryna (28)</i>	133
LEVAMLODIPINE	70	.....	85	LORZONE	41
LEVVID	108	LIDOSOL	85	<i>losartan</i>	70
LEVEMIR FLEXPEN	100	LIFEMS NALOXONE	49	<i>losartan-hydrochlorothiazide</i>	
LEVEMIR U-100 INSULIN		LIKMEZ	19	.....	70
.....	101	<i>linezolid</i>	19	LOTEMAX	140
<i>levetiracetam</i>	34	LINZESS	111	LOTEMAX SM	140
<i>levobunolol</i>	137	<i>liothyronine</i>	107	LOTENSIN	70
<i>levocarnitine</i>	92	LIPITOR	76	LOTENSIN HCT	70
<i>levocarnitine (with sugar)</i> ...	92	LIPOFEN	76	<i>loteprednol etabonate</i>	140
<i>levocetirizine</i>	142	LIQREV	145	LOTREL	70
<i>levofloxacin</i>	21, 136	LIRAGLUTIDE	105	LOTRONEX	111
<i>levonest (28)</i>	133	<i>lisdexamfetamine</i>	58	<i>lovastatin</i>	76
<i>levonorgest-eth.estradiol-iron</i>		<i>lisinopril</i>	70	LOVAZA	76
.....	133	<i>lisinopril-hydrochlorothiazide</i>		LOVENOX	74
<i>levonorgestrel</i>	133	.....	70	<i>low-ogestrel (28)</i>	133
<i>levonorgestrel-ethinyl estrad</i>		LITFULO	92	<i>loxapine succinate</i>	59
.....	133	<i>lithium carbonate</i>	58	<i>lo-zumandimine (28)</i>	133
<i>levonorg-eth estrad triphasic</i>		<i>lithium citrate</i>	58	<i>lubiprostone</i>	111
.....	133	LITHOBID	59	LUCEMYRA	49
<i>levora-28</i>	133	LITHOSTAT	92	<i>ludent fluoride</i>	151
<i>levorphanol tartrate</i>	44	LIVALO	76	LULICONAZOLE	86
<i>levo-t</i>	107	LIVMARLI	111	LUMAKRAS	27
<i>levothyroxine</i>	107	LIVTENCITY	15	LUMIGAN	139
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<i>levoxyl</i>	107	LOCOID	90	LUNESTA	59
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LUPRON DEPOT (4 MONTH).....	27	MAVENCLAD (7 TABLET PACK).....	119	METADATE CD.....	59
LUPRON DEPOT (6 MONTH).....	27	MAVENCLAD (8 TABLET PACK).....	119	<i>metaxalone</i>	41
LUPRON DEPOT-PED	27	MAVENCLAD (9 TABLET PACK).....	119	<i>metformin</i>	105
LUPRON DEPOT-PED (3 MONTH).....	27	MAVYRET	15	METFORMIN	105
<i>lurasidone</i>	59	MAXALT	38	<i>methadone</i>	44, 45
<i>lutea</i> (28).....	133	MAXALT-MLT	38	<i>methadose</i>	45
LUZU	86	MAXIDEX	140	<i>methamphetamine</i>	59
LYBALVI	59	MAXITROL.....	140	<i>methazolamide</i>	139
<i>lyleq</i>	128	<i>maxi-tuss ac</i>	143	<i>methenamine hippurate</i>	22
<i>lyllana</i>	128	MAYZENT	119	<i>methenamine mandelate</i>	22
LYNPARZA.....	27	MAYZENT STARTER(FOR 1MG MAINT)	119	<i>methimazole</i>	97
LYRICA	34	MAYZENT STARTER(FOR 2MG MAINT)	119	METHITEST	102
LYRICA CR.....	34, 35	<i>meclizine</i>	112	<i>methocarbamol</i>	42
LYSODREN.....	27	MECLIZINE	112	<i>methotrexate sodium</i>	28
LYTGOBI	27, 28	<i>meclofenamate</i>	49	<i>methotrexate sodium (pf)</i>	28
LYUMJEV KWIKPEN U-100 INSULIN.....	101	MEDROL	97	<i>methoxsalen</i>	80
LYUMJEV KWIKPEN U-200 INSULIN.....	101	MEDROL (PAK)	96	<i>methscopolamine</i>	108
LYUMJEV TEMPO PEN(U-100)INSULN.....	101	<i>medroxyprogesterone</i>	128	<i>methsuximide</i>	35
LYUMJEV U-100 INSULIN	101	<i>mefenamic acid</i>	49	<i>methyl dopa</i>	71
LYVISPAH	41	<i>mefloquine</i>	19	<i>methyl dopa- hydrochlorothiazide</i>	71
<i>lyza</i>	128	<i>megestrol</i>	28	<i>methylergonovine</i>	136
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MACROBID	22	MEKTOVI.....	28	<i>methylphenidate</i>	59
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<i>mafenide acetate</i>	85	MELOXICAM	50	METHYLPHENIDATE HCL	60
<i>magnesium citrate</i>	111	<i>meloxicam submicronized</i>	50	<i>methylprednisolone</i>	97
MALARONE	19	<i>memantine</i>	40	<i>methyltestosterone</i>	102
MALARONE PEDIATRIC .	19	MEMANTINE.....	40	<i>metoclopramide hcl</i>	112
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<i>soluvita</i>	152	<i>subvenite</i>	35	SYMPROIC.....	114
<i>soluvita a,c,d with fluoride</i> .	152	<i>subvenite starter (blue) kit</i>	35	SYMTUZA.....	16
SOMA	42	<i>subvenite starter (green) kit</i> .	35	SYNAGIS.....	16
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<i>sorafenib</i>	30	<i>sucralfate</i>	116	SYNALAR OINTMENT KIT	90
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<i>sotalol</i>	67	SULAR.....	72	SYNAREL.....	103
<i>sotalol af</i>	67	SULCONAZOLE.....	87	SYNDROS	114
SOTYKTU	79	<i>sulfacetamide sodium</i>	141	SYNJARDY	106
SOTYLIZE.....	67	<i>sulfacetamide sodium (acne)</i> 86		SYNJARDY XR.....	106
SOVALDI	15	<i>sulfacetamide sodium-sulfur</i> .84		SYNTHROID	107
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<i>spironolactone</i>	72	<i>sulfatrim</i>	21	<i>tadalafil</i>	149
<i>spironolacton-</i> <i>hydrochlorothiaz</i>	72	<i>sulindac</i>	51	<i>tadalafil (pulm. hypertension)</i>	146
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<i>sprintec (28)</i>	134	<i>sumatriptan-naproxen</i>	39	<i>tafluprost (pf)</i>	139
SPRITAM.....	35	<i>sunitinib malate</i>	30	TAGRISSE.....	30
SPRIX.....	51	SUNLENCA.....	16	TAKE ACTION	135
SPRYCEL	30	SUNOSI.....	64	TAKHZYRO	146
<i>sps (with sorbitol)</i>	109	<i>super b maxi complex</i>	152	TALICIA	116
<i>sronyx</i>	135	<i>super b-50 complex</i>	152	TALTZ AUTOINJECTOR ..	79
<i>ssd</i>	80	<i>super quints</i>	152	TALTZ AUTOINJECTOR (2 PACK)	79
<i>st joseph aspirin</i>	51	SUPPRELIN LA	30	TALTZ AUTOINJECTOR (3 PACK)	79
<i>st. joseph aspirin</i>	51	SUPREP BOWEL PREP KIT	114	TALTZ SYRINGE	79
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STIMUFEND	117	<i>syeda</i>	135	<i>tamsulosin</i>	149
STIOLTO RESPIMAT	146	<i>symax fastabs</i>	108	<i>tanlor</i>	42
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<i>stop smoking aid</i>	94	<i>symax-sr</i>	108	TARCEVA	30
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TASIGNA	30	<i>theophylline</i>	147	TORPENZ	30
<i>tasimelteon</i>	64	THIOLA	93	<i>torseamide</i>	72
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<i>tavaborole</i>	87	<i>thioridazine</i>	64	TOUJEO MAX U-300	
TAVALISSE	75	<i>thiothixene</i>	64	SOLOSTAR	101
TAVNEOS	93	THYQUIDITY	107	TOUJEO SOLOSTAR U-300	
TAYTULLA.....	135	<i>thyroid (pork)</i>	107	INSULIN	101
<i>tazarotene</i>	84	<i>tiadylt er</i>	72	<i>tovet emollient</i>	91
TAZAROTENE	84	<i>tiagabine</i>	36	TOVET KIT	91
TAZORAC	84	TIAZAC	72	TOVIAZ	148
TAZVERIK.....	30	TIBSOVO.....	30	TRACLEER	147
TDVAX.....	122	TIGLUTIK	93	TRADJENTA	106
TECFIDERA.....	120	TIKOSYN	67	<i>tramadol</i>	51
TEGRETOL	36	<i>tilia fe</i>	135	TRAMADOL	51
TEGRETOL XR.....	36	<i>timolol maleate</i>	72, 137	<i>tramadol-acetaminophen</i>	51
TEKTRUNA	72	<i>timolol maleate (pf)</i>	137	<i>trandolapril</i>	72
<i>telmisartan</i>	72	TIMOPTIC OCUDOSE (PF)		<i>trandolapril-verapamil</i>	72
<i>telmisartan-amlodipine</i>	72	137	<i>tranexamic acid</i>	130
<i>telmisartan-hydrochlorothiazid</i>		<i>tinidazole</i>	20	TRANSDERM-SCOP	114
.....	72	<i>tiopronin</i>	93	<i>tranylcypromine</i>	64
<i>temazepam</i>	64	<i>tiotropium bromide</i>	147	TRAVATAN Z.....	139
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<i>temozolomide</i>	30	TIROSINT-SOL.....	107	<i>trazodone</i>	64
<i>tencon</i>	47	TIVICAY.....	16	TRECTOR	20
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TENORMIN.....	72	TOBI.....	20	100	101
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<i>terazosin</i>	72	TOBRADEX	140	200	101
<i>terbinafine hcl</i>	13	TOBRADEX ST.....	140	TRESIBA U-100 INSULIN	
<i>terbutaline</i>	147	<i>tobramycin</i>	20, 136	101
<i>terconazole</i>	130	<i>tobramycin in 0.225 % nacl</i> .	20	<i>tretinoin</i>	84
<i>teriflunomide</i>	120	TOBRAMYCIN WITH		<i>tretinoin (antineoplastic)</i>	31
<i>teriparatide</i>	123	NEBULIZER.....	20	<i>tretinoin microspheres</i>	84
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<i>tetracaine hcl</i>	138	TOLSURA.....	13	<i>triamterene-hydrochlorothiazid</i>	
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<i>tricon</i>	152	TURALIO	31	<i>valsartan-hydrochlorothiazide</i>	
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<i>triderm</i>	91	TWINRIX (PF).....	122	VALTRESX	16
<i>trientine</i>	93	TWIRLA	130	<i>vanadom</i>	42
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<i>trifluoperazine</i>	64	TYBOST	16	<i>vandazole</i>	130
<i>trifluridine</i>	136	<i>tydemy</i>	135	VANFLYTA.....	31
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<i>tri-linyah</i>	135	TYRVAYA	138	51
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<i>tri-lo-marzia</i>	135	TYVASO REFILL KIT.....	147	VASERETIC	73
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<i>tri-vylibra</i>	135	UROXATRAL	149	VENCLEXTA STARTING	
<i>tri-vylibra lo</i>	135	URSO FORTE.....	114	PACK	31
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TRULANCE.....	114	<i>valacyclovir</i>	16	VENTOLIN HFA	147
TRULICITY.....	106	VALCHLOR	81	VEOZAH.....	130
TRUMENBA	122	VALCYTE	16	<i>verapamil</i>	73
TRUQAP.....	31	<i>valganciclovir</i>	16	VERDESO.....	91
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CONDOMS.....	127	<i>valproic acid</i>	36	VERELAN PM.....	73
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VEVYE.....	138	VTAMA.....	79	XCOPRI.....	36
VFEND.....	13	VUITY.....	137	XCOPRI MAINTENANCE	
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VISTARIL.....	142	<i>wescap-c dha</i>	152	XOLEGEL.....	87
<i>vitamin b complex-folic acid</i>		<i>wesnatal dha complete</i>	152	XOLREMDI.....	118
.....	152	<i>westab plus</i>	152	XOPENEX HFA.....	148
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<i>volnea</i> (28).....	135	<i>women's gentle laxative(bisac)</i>		XYOSTED.....	103
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YUFLYMA(CF) AI	ZEPOSIA.....	zolpidem.....
CROHN'S-UC-HS.....	ZEPOSIA STARTER KIT (28-	ZOLPIDEM.....
YUFLYMA(CF)	DAY).....	ZOMACTON
AUTOINJECTOR.....	ZEPOSIA STARTER PACK	ZOMIG
YUPELRI.....	(7-DAY).....	ZONALON.....
YUSIMRY(CF) PEN	ZERVIAE	ZONEGRAN
<i>yuvafem</i>	ZESTORETIC	ZONISADE
Z	ZESTRIL	<i>zonisamide</i>
<i>zafemy</i>	ZETIA	ZONTIVITY.....
<i>zafirlukast</i>	ZETONNA	ZORTRESS
<i>zaleplon</i>	ZIAGEN	ZORVOLEX.....
ZANAFLEX.....	ZIANA.....	ZORYVE.....
<i>zarah</i>	ZICLOPRO	<i>zovia 1-35 (28)</i>
ZARONTIN	<i>zidovudine</i>	ZOVIRAX
ZARXIO.....	ZIEXTENZO.....	ZTALMY
<i>zatean-pn dha</i>	ZILBRYSQ	ZTLIDO.....
<i>zatean-pn plus</i>	<i>zileuton</i>	ZUBSOLV.....
ZAVZPRET	ZILXI.....	<i>zumandimine (28)</i>
ZCORT.....	ZIMHI	ZURZUVAE.....
ZEGALOGUE	ZIOPTAN (PF).....	ZYCLARA
AUTOINJECTOR.....	<i>ziprasidone hcl</i>	ZYDELIG.....
ZEGALOGUE SYRINGE ...	ZIPSOR	ZYFLO
ZEGERID.....	ZIRGAN.....	ZYKADIA.....
ZEJULA	ZITHROMAX	ZYLET
ZELAPAR.....	ZITHROMAX TRI-PAK	ZYLOPRIM.....
ZELBORAF	ZITHROMAX Z-PAK	ZYMFENTRA.....
ZEMBRACE SYMTOUCH.39	ZITUVIO.....	ZYPITAMAG.....
ZEMPLAR	ZOCOR	ZYPREXA.....
<i>zenatane</i>	ZOKINVY.....	ZYPREXA RELPREVV
ZENPEP	ZOLADEX	ZYPREXA ZYDIS
<i>zenzedi</i>	ZOLINZA.....	ZYTIGA
ZENZEDI.....	<i>zolmitriptan</i>	ZYVOX.....
ZEPATIER	ZOLOFT.....	

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