



AVMED EMPLOYER PLANS 5-TIER PRESCRIPTION DRUG FORMULARY

(Effective April – June 2025)

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

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

INTRODUCTION

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT COVERAGE AND LIMITATIONS

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

Coverage

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

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

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

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

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

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

Prior Authorization Process

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

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

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

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

Step Therapy

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

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

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

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

What's Not Covered: Common Exclusions

Certain items may be excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing.
- Experimental medication products or any medication product used in an experimental manner.
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA).
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill, unless otherwise specified in the member's specific benefit plan.
- Fertility drugs, unless otherwise specified in the member's specific benefit plan.
- Medications or devices for the diagnosis or treatment of sexual dysfunction, unless otherwise specified in the member's specific benefit plan.
- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins.
- Nutritional supplements and Medical Foods.
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun

damage and anti-wrinkle medications.

- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss, unless otherwise specified in the member's specific benefit plan.
- Compounded prescriptions, except pediatric preparations.
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations, allergy serums, medical supplies (including therapeutic devices, dressings, appliances, and support garments), medications administered by the attending physician to treat an acute phase of an illness, and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

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

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

Opioid Medication Management

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

How we help members safely use opioid medication

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

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But they may not work as well in the long-term to manage chronic pain. Plus, you're more

likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 or 4 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

MAIL-SERVICE PRESCRIPTIONS

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

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

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

CONTACT INFORMATION

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

NOTICE

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listings do not imply or constitute an endorsement, sponsorship, or recommendation by AvMed or Express Script. When viewing this formulary via the Internet, please be advised that this formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification

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

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	14
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	24
AUTONOMIC & CNS DRUGS, NEUROLOGY	58
CARDIOVASCULAR, HYPERTENSION & LIPIDS	59
DERMATOLOGICALS/TOPICAL THERAPY	71
DIAGNOSTICS & MISCELLANEOUS AGENTS	85
EAR, NOSE & THROAT MEDICATIONS	88
ENDOCRINE/DIABETES	89
GASTROENTEROLOGY	100
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	109
IMMUNOLOGY	113
MUSCULOSKELETAL & RHEUMATOLOGY	114
OBSTETRICS & GYNECOLOGY	118
OPHTHALMOLOGY	127
RESPIRATORY, ALLERGY, COUGH & COLD	132
UROLOGICALS	139
VITAMIN, HEMATINIC & ELECTROLYTES	141
VITAMINS, HEMATINICS & ELECTROLYTES	141
Index	145

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
FULVICIN P/G	CED	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 oral tablet 125 mg, 250 mg</i>	1	QL (3 per 1 day)
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	CED	PA
<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)

You can find information 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>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	4	QL (4 per 1 day)
SPORANOX ORAL SOLUTION	CED	PA; QL (40 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
TOLSURA	CED	PA; QL (4 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	CED	PA; QL (10 per 1 day)
VFEND ORAL TABLET 50 MG	4	QL (4 per 1 day)
VIVJOA	4	PA; QL (18 per 84 days)
<i>voriconazole oral suspension for reconstitution</i>	CED	PA; QL (10 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir</i>	1	SP
<i>abacavir-lamivudine</i>	2	SP
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	5	PA; SP; QL (1 per 1 day)
<i>amantadine hcl</i>	1	
APRETUDE	5	SP; ACA; QL (3 per 30 days)
APTIVUS	5	SP
<i>atazanavir</i>	2	SP
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 oral tablet</i>	2	SP
<i>efavirenz-emtricitabin-tenofov</i>	5	SP
<i>efavirenz-lamivu-tenofov disop</i>	1	SP
<i>emtricitabine</i>	2	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	SP; ACA
EMTRIVA	5	SP
<i>entecavir</i>	5	SP; QL (1 per 1 day)
EPCLUSA	5	PA; SP; QL (1 per 1 day)
EPIVIR	5	SP
<i>etravirine</i>	5	SP
EVOTAZ	5	SP
<i>famciclovir</i>	1	
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir</i>	2	SP
FUZEON SUBCUTANEOUS RECON SOLN	5	SP
GENVOYA	5	SP
HARVONI	5	PA; SP
INTELENCE	5	SP
ISENTRESS	5	SP
ISENTRESS HD	5	SP
JULUCA	5	SP
KALETRA	5	SP
<i>lamivudine oral solution</i>	1	SP
<i>lamivudine oral tablet 100 mg</i>	5	SP; QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SP
<i>lamivudine-zidovudine</i>	2	SP
LEDIPASVIR-SOFOSBUVIR	5	PA; SP
LIVTENCITY	5	PA; SP; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	SP

You can find information 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>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 PELLETS IN PACKET 120 MG	5	PA; SP; QL (2 per 1 day)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	5	PA; SP; QL (4 per 1 day)
PREVYMIS ORAL TABLET	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>ribavirin oral capsule</i>	5	SP
<i>ribavirin oral tablet 200 mg</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

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

Drug Name	Drug Tier	Requirements / Limits
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL (1 per 1 day)
SOVALDI	5	PA; SP
STRIBILD	5	SP
SUNLENCA ORAL	5	PA; SP; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	5	PA; SP; QL (3 per 126 days)
SYMFI	5	SP
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
VALTRES	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)

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

Drug Name	Drug Tier	Requirements / Limits
ZEPATIER	5	PA; SP
ZIAGEN ORAL SOLUTION	5	SP
<i>zidovudine</i>	1	SP
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<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	

You can find information 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>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	4	PA; QL (6 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA	4	
ARIKAYCE	5	PA; SP; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	4	PA
BETHKIS	5	SP
BILTRICIDE	4	
CAYSTON	5	SP; LA
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	4	
<i>cycloserine</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>dapsone oral</i>	1	
DARAPRIM	5	PA; SP; QL (3 per 1 day)
EMVERM	4	PA; 2 tablets per fill
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	CED	PA
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
METRONIDAZOLE ORAL TABLET 125 MG	CED	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT	4	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</i>	1	
PASER	4	
<i>pentamidine inhalation</i>	2	
PLAQUENIL	4	
<i>praziquantel</i>	2	
PRETOMANID	4	PA; QL (1 per 1 day)
PRIFTIN	4	
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>pyrimethamine</i>	5	PA; SP; QL (3 per 1 day)
QUALAQUIN	4	
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIRTURO	CED	PA; LA
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	CED	PA
<i>avidoxy</i>	1	
AVIDOXY DK	CED	PA
<i>demeclocycline</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	CED	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	CED	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	CED	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	CED	PA
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	CED	PA

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

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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
VISTOGARD	5	SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>abiraterone oral tablet 500 mg</i>	CED	PA; SP
AFINITOR	5	PA; SP; QL (1 per 1 day)
AFINITOR DISPERZ	5	PA; SP
AKEEGA	5	PA; SP; QL (2 per 1 day)
ALECENSA	5	PA; SP; QL (8 per 1 day)
ALKERAN	5	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; SP; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	5	PA; SP; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; SP; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
ARIMIDEX	4	
AROMASIN	4	

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

Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL	CED	PA; SP
AUGTYRO ORAL CAPSULE 160 MG	5	PA; SP; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; SP; QL (6 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

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

Drug Name	Drug Tier	Requirements / Limits
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	5	SP
<i>cyclosporine modified</i>	1	SP
<i>cyclosporine oral capsule</i>	1	SP
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	5	PA; SP; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	5	PA; SP; QL (2 per 1 day)
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 84 days)
ELIGARD (6 MONTH)	5	PA; SP; QL (1 per 126 days)
ENSPRYNG	5	PA; SP; QL (1 per 28 days)
ENVARUSUS XR	CED	PA; SP
ERIVEDGE	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	5	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	5	PA; SP
EULEXIN	5	PA; SP
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; SP; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; SP
<i>everolimus (immunosuppressive)</i>	5	SP
<i>exemestane</i>	1	ACA
FARESTON	5	PA; SP; QL (1 per 1 day)
FEMARA	4	
FENSOLVI	5	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	SP; QL (1 per 28 days)
FOTIVDA	5	PA; SP; QL (21 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
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; SP; QL (21 per 28 days)
GAVRETO	5	PA; SP; LA; QL (4 per 1 day)
<i>gefitinib</i>	2	PA; SP; QL (1 per 1 day)
<i>gengraf</i>	1	SP
GILOTRIF	5	PA; SP; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	5	PA; SP; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	5	PA; SP; QL (2 per 1 day)
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)
ITOVEBI ORAL TABLET 3 MG	5	PA; SP; QL (2 per 1 day)
ITOVEBI ORAL TABLET 9 MG	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)

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

Drug Name	Drug Tier	Requirements / Limits
JYLAMVO	CED	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP; QL (63 per 28 days)
KLISYRI	4	PA; QL (5 per 365 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; SP; QL (4 per 1 day)
KRAZATI	5	PA; SP; QL (6 per 1 day)
<i>lapatinib</i>	5	PA; SP; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	5	PA; SP; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	5	PA; SP; LA; QL (2 per 1 day)
<i>lenalidomide</i>	5	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; SP; QL (30 per 28 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; SP; QL (90 per 28 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 28 days)
<i>letrozole</i>	1	
LEUKERAN	5	PA; SP
LEUPROLIDE (3 MONTH)	5	PA; SP; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	5	PA; SP; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; SP; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	5	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	5	PA; SP; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 240 MG	5	PA; SP; QL (2 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	5	PA; SP; QL (3 per 1 day)
LUPKYNIS	5	PA; SP; QL (6 per 1 day)
LUPRON DEPOT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PA; SP; QL (1 per 63 days)

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

Drug Name	Drug Tier	Requirements / Limits
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)
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 oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	5	PA; SP; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	SP
<i>mycophenolate mofetil oral tablet</i>	1	SP
<i>mycophenolate sodium</i>	1	SP
MYFORTIC	4	SP
MYHIBBIN	5	PA for Age greater than 8 year(s); SP; QL (350 per 30 days)
MYLERAN	5	PA; SP
NEMLUVIO	5	PA; SP; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
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 28 days)
NUBEQA	5	PA; SP; LA; QL (4 per 1 day)
<i>octreotide, microspheres</i>	5	PA
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 ORAL SUSPENSION FOR RECONSTITUTION	5	PA; SP; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; SP; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; SP; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; SP; QL (24 per 28 days)
OJJAARA	5	PA; SP; QL (1 per 1 day)
ONUREG	5	PA; SP; QL (14 per 28 days)
ORGOVYX	5	PA; SP; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	5	PA; SP; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	5	PA; SP; QL (3 per 1 day)
<i>pazopanib</i>	5	PA; SP; QL (4 per 1 day)
PEMAZYRE	5	PA; SP; LA; QL (14 per 28 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 X 1-50 MG X 1), 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)

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

Drug Name	Drug Tier	Requirements / Limits
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
SCEMBLIX ORAL TABLET 100 MG	5	PA; SP; QL (4 per 1 day)
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 28 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)

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

Drug Name	Drug Tier	Requirements / Limits
TAGRISO	5	PA; SP; LA; QL (1 per 1 day)
TALZENNA	5	PA; SP; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TARCEVA ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
TARGRETIN	5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	5	PA; SP; QL (2 per 1 day)
TAZVERIK	5	PA; SP; LA; QL (8 per 1 day)
<i>temozolomide</i>	5	PA; SP
TEPMETKO	5	PA; SP; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP; QL (1 per 1 day)
TIBSOVO	5	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	5	PA; SP; QL (1 per 1 day)
<i>torpenz</i>	5	PA; SP; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PA; SP; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; SP; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PA; SP; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	5	PA; SP
TREXALL	CED	PA
TRIPTODUR	5	PA; SP; QL (1 per 126 days)
TRUQAP	5	PA; SP; QL (64 per 28 days)
TUKYSA	5	PA; SP; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	5	PA; SP; LA; QL (4 per 1 day)
TYKERB	5	PA; SP; LA; QL (6 per 1 day)
VANFLYTA	5	PA; SP; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	5	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	5	PA; SP; QL (42 per 365 days)
VERZENIO	5	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	5	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	5	PA; SP; LA; QL (10 per 1 day)
VIZIMPRO	5	PA; SP; QL (1 per 1 day)
VONJO	5	PA; SP; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	5	PA; SP; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	5	PA; SP; QL (1 per 1 day)
VOTRIENT	5	PA; SP; QL (4 per 1 day)
WELIREG	5	PA; SP; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	5	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; SP; QL (4 per 1 day)
XATMEP	CED	PA
XELODA ORAL TABLET 150 MG	5	PA; SP; QL (4 per 1 day)
XELODA ORAL TABLET 500 MG	5	PA; SP; QL (10 per 1 day)
XERMELO	5	PA; SP; LA
XOSPATA	5	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA; SP; LA; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA; SP; LA; QL (4 per 28 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)

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

Drug Name	Drug Tier	Requirements / Limits
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

APTIOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (2 per 1 day)
BANZEL	4	PA
BRIVIACT ORAL SOLUTION	4	PA; QL (20 per 1 day)
BRIVIACT ORAL TABLET	4	PA; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral suspension 200 mg/10 ml</i>	CED	PA
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	CED	PA
CARBATROL	4	PA
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIACOMIT ORAL CAPSULE 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; SP; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; SP; QL (6 per 1 day)
<i>diazepam rectal</i>	2	
DILANTIN	4	PA; QL (3 per 1 day)
DILANTIN EXTENDED	4	PA
DILANTIN INFATABS	4	PA
DILANTIN-125	4	PA
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
ELEPSIA XR	CED	PA
EPIDIOLEX	5	PA; SP; LA
<i>epitol</i>	1	
EPRONTIA	CED	PA
EQUETRO	4	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	PA
FELBATOL ORAL TABLET	4	PA
FINTEPLA	5	PA; SP; LA; QL (12 per 1 day)
FYCOMPA ORAL SUSPENSION	4	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	4	PA; QL (1 per 1 day)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	CED	PA
GABARONE	CED	PA; QL (3 per 1 day)
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

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ODT	CED	PA
LAMICTAL ODT STARTER (BLUE)	CED	PA
LAMICTAL ODT STARTER (GREEN)	CED	PA
LAMICTAL ODT STARTER (ORANGE)	CED	PA
LAMICTAL ORAL TABLET	4	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	PA
LAMICTAL STARTER (BLUE) KIT	CED	PA
LAMICTAL STARTER (GREEN) KIT	CED	PA
LAMICTAL STARTER (ORANGE) KIT	CED	PA
LAMICTAL XR	CED	PA
LAMICTAL XR STARTER (BLUE)	CED	PA
LAMICTAL XR STARTER (GREEN)	CED	PA
LAMICTAL XR STARTER (ORANGE)	CED	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	CED	PA
<i>lamotrigine oral tablet extended release 24hr</i>	CED	PA
<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 solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	CED	PA
LIBERVANT	4	PA; QL (10 per 30 days)
LYRICA	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	ST; QL (1 per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	ST; QL (2 per 1 day)
<i>methsuximide</i>	2	
MOTPOLY XR	CED	PA
MYSOLINE	4	PA
NAYZILAM	4	PA; QL (10 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
NEURONTIN	4	PA
ONFI	3	PA
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	PA; QL (2 per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	2	PA; QL (4 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	PA; QL (2 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (4 per 1 day)
<i>phenobarbital</i>	1	
PHENYTEK	4	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	ST; QL (1 per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	ST; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	CED	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	CED	PA; QL (2 per 1 day)
<i>roweepra oral tablet 500 mg</i>	CED	PA
<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

You can find information 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>subvenite starter (green) kit</i>	CED	PA
<i>subvenite starter (orange) kit</i>	CED	PA
SYMPAZAN	CED	PA
TEGRETOL ORAL SUSPENSION	4	PA
TEGRETOL ORAL TABLET	4	PA
TEGRETOL XR	4	PA
<i>tiagabine</i>	2	PA
TOPAMAX	4	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	CED	PA; QL (2 per 1 day)
<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
VIGAFYDE	5	PA; SP
<i>vigpoder</i>	5	PA; SP
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	4	PA
XCOPRI MAINTENANCE PACK	4	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	4	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	4	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	4	PA; 1 unit per day; 1 box in 365 days
ZARONTIN	4	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA
ZONISADE	CED	PA
<i>zonisamide</i>	1	
ZTALMY	5	PA; SP; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; SP; LA; QL (3 per 1 day)
<i>apomorphine</i>	5	PA; SP; QL (3 per 1 day)
AZILECT	4	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	4	PA; QL (6 per 1 day)
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	
NEUPRO	4	ST
NOURIANZ	5	PA; SP; LA; QL (1 per 1 day)
ONAPGO	CED	PA
ONGENTYS	4	PA; QL (1 per 1 day)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	CED	PA; SP
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	CED	PA
<i>rasagiline</i>	2	

You can find information 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>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY	4	PA
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
TASMAR ORAL TABLET 100 MG	4	PA; QL (6 per 1 day)
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	4	ST
ZELAPAR	CED	PA
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	4	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	4	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
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)

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

Drug Name	Drug Tier	Requirements / Limits
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	4	QL (12 per 30 days)
<i>migergot</i>	CED	PA
MIGRANAL	4	PA; QL (8 per 28 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	3	PA; QL (8 per 30 days)
ONZETRA XSAIL	CED	PA
QULIPTA	3	PA; QL (1 per 1 day)
RELPAX	4	QL (12 per 30 days)
REYVOW	4	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
<i>sumatriptan-naproxen</i>	CED	PA
TOSYMRA	CED	PA
TREXIMET	CED	PA
TRUDHESA	CED	PA; QL (8 per 30 days)
UBRELVY	4	PA; QL (10 per 30 days)
ZAVZPRET	5	PA; QL (1 per 30 days)
ZEMBRACE SYMTOUCH	CED	PA
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	4	ST; QL (12 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i>	CED	PA; QL (12 per 30 days)
ZOMIG NASAL	4	ST; QL (12 per 30 days)
ZOMIG ORAL	4	QL (12 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

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Drug Name	Drug Tier	Requirements / Limits
ADLARITY	CED	PA
AMPYRA	5	SP; LA; QL (2 per 1 day)
ARICEPT	4	
AUSTEDO	3	PA; SP; LA; QL (4 per 1 day)
AUSTEDO XR	3	PA; SP; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; SP; QL (28 per 365 days)
<i>dalfampridine</i>	5	SP; QL (2 per 1 day)
DAYBUE	5	PA; SP; QL (120 per 1 day)
<i>dichlorphenamide</i>	5	PA; SP; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI ORAL RECON SOLN	5	PA; SP; LA; QL (6.7 per 1 day)
EVRYSDI ORAL TABLET	5	PA; SP; LA; QL (1 per 1 day)
EXELON PATCH	4	
FIRDAPSE	5	PA; SP; LA; QL (10 per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	CED	PA
<i>galantamine oral tablet</i>	2	
HORIZANT	CED	PA
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	
<i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 28-10 mg</i>	CED	PA
NAMENDA TITRATION PAK	4	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	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
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	4	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	CED	PA
NUEDEXTA	5	PA; SP; QL (2 per 1 day)
NULIBRY	5	PA; SP
<i>ormalvi</i>	CED	PA; SP; QL (4 per 1 day)
RADICAVA ORS STARTER KIT SUSP	5	PA; SP
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	5	PA; SP; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; SP; QL (4 per 1 day)
WAINUA	5	PA; SP; QL (1 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	5	PA; SP; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	5	PA; SP; LA; QL (4 per 1 day)
ZEPOSIA	5	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; SP; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	CED	PA
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	CED	PA
<i>baclofen oral solution 5 mg/5 ml</i>	CED	PA
<i>baclofen oral suspension</i>	CED	PA; QL (16 per 1 day)
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	CED	PA
<i>baclofen oral tablet 5 mg</i>	2	QL (3 per 1 day)
<i>carisoprodol oral tablet 250 mg</i>	CED	PA; QL (3 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	CED	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	CED	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	CED	PA
DANTRIUM ORAL CAPSULE 25 MG	4	QL (3 per 1 day)
<i>dantrolene oral capsule 100 mg</i>	2	QL (4 per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	2	QL (3 per 1 day)
FEXMID	CED	PA
FLEQSUVY	CED	PA; QL (16 per 1 day)
LORZONE	CED	PA
LYVISPAH	CED	PA
<i>meprobamate</i>	1	
MESTINON ORAL	4	
MESTINON TIMESPAN	4	
<i>metaxalone oral tablet 400 mg</i>	CED	PA
<i>metaxalone oral tablet 800 mg</i>	2	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	CED	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC	CED	PA
NORGESIC FORTE	CED	PA
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	CED	PA
<i>orphengesic forte</i>	CED	PA
OZOBAX	CED	PA
OZOBAX DS	CED	PA
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SOMA ORAL TABLET 250 MG	CED	PA; QL (3 per 1 day)
SOMA ORAL TABLET 350 MG	4	QL (4 per 1 day)
<i>tanlor</i>	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
ZANAFLEX	4	
ZILBRYSQ	5	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	CED	PA
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet</i>	1	PA
<i>ascomp with codeine</i>	1	PA
BELBUCA	4	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	5	PA; SP; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	5	PA; SP; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	5	PA; SP; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	5	PA; SP; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	5	PA; SP; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	5	PA; SP; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	5	PA; SP; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<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
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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</i>	1	PA
<i>codeine-butalbital-asa-caff</i>	1	PA
DILAUDID	4	PA
<i>endocet</i>	1	PA
ESGIC ORAL TABLET	4	QL (6 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	CED	PA
FIORICET	CED	PA; QL (6 per 1 day)
FIORICET WITH CODEINE	CED	PA
<i>hydrocodone bitartrate</i>	2	PA
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	2	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA
<i>hydromorphone oral liquid</i>	1	PA
<i>hydromorphone oral tablet</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA
<i>hydromorphone rectal</i>	1	PA
HYSINGLA ER	4	PA
<i>levorphanol tartrate</i>	CED	PA
<i>meperidine oral solution</i>	1	PA
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>methadone oral tablet</i>	1	PA
<i>methadose oral concentrate</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA
<i>morphine oral capsule, er multiphase 24 hr</i>	CED	PA
<i>morphine oral capsule, extend. release pellets</i>	CED	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA
<i>morphine rectal</i>	2	PA
MS CONTIN	4	PA
NALOCET	CED	PA
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY	CED	PA
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	CED	PA
<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, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	CED	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	PA
<i>oxymorphone oral tablet</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA
PERCOCET	4	PA
PRIMLEV	CED	PA
PROLATE ORAL SOLUTION	CED	PA
<i>prolate oral tablet</i>	CED	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	PA
ROXYBOND	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
SEGLENTIS	CED	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	PA; SP; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
TREZIX	CED	PA
XTAMPZA ER	4	PA
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
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
COXANTO	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
DAYPRO	4	QL (2 per 1 day)
DICLOFENAC EPOLAMINE	4	PA; QL (2 per 1 day)
<i>diclofenac potassium oral capsule</i>	CED	PA; QL (4 per 1 day)
<i>diclofenac potassium oral powder in packet</i>	CED	PA; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	CED	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	CED	PA; QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	CED	PA; QL (224 per 30 days)
DICLOFENAC SUBMICRONIZED	CED	PA; QL (3 per 1 day)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
DICLOFEX DC	CED	PA
DICLOPR	CED	PA
DICLOSAICIN	CED	PA
DICLOTRAL	CED	PA
<i>diflunisal</i>	2	QL (3 per 1 day)
DIMENTHO	CED	PA
DISALCID	4	
DITHOL	CED	PA
DOLOBID	CED	PA
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)

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Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
FENOPROFEN ORAL CAPSULE 200 MG	CED	PA; QL (6 per 1 day)
<i>fenopropfen oral capsule 400 mg</i>	CED	PA; QL (4 per 1 day)
<i>fenopropfen oral tablet</i>	CED	PA; QL (4 per 1 day)
FENOPRON	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)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
<i>kiprofen</i>	CED	PA; QL (4 per 1 day)
KLOXXADO	3	2 sprays per fill
LICART	CED	PA; QL (1 per 1 day)
LIFEMS NALOXONE	4	
LODINE ORAL TABLET	4	QL (2 per 1 day)
<i>lofena</i>	CED	PA
<i>lofexidine</i>	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
LUCEMYRA	CED	PA
<i>meclofenamate</i>	CED	PA; QL (4 per 1 day)
<i>mefenamic acid</i>	2	29 capsules per fill
MELOXICAM ORAL SUSPENSION	4	
<i>meloxicam oral tablet</i>	1	
<i>meloxicam submicronized</i>	CED	PA; QL (1 per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
NALFON ORAL CAPSULE 400 MG	CED	PA; QL (4 per 1 day)
NALFON ORAL TABLET	CED	PA; QL (4 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<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
NUCYNTA ER	4	PA
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)

You can find information 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>pentazocine-naloxone</i>	2	PA
<i>piroxicam</i>	1	QL (1 per 1 day)
PROFINAC	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)
TOLECTIN 600	CED	PA
<i>tolmetin oral capsule</i>	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	CED	PA
TRAMADOL ORAL SOLUTION	CED	PA
<i>tramadol oral tablet 100 mg</i>	CED	PA
TRAMADOL ORAL TABLET 25 MG, 75 MG	CED	PA
<i>tramadol oral tablet 50 mg</i>	1	PA
<i>tramadol oral tablet extended release 24 hr</i>	2	PA
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA
<i>tramadol-acetaminophen</i>	1	PA
VAROPHEN (DICLOFENAC)	CED	PA
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	CED	PA; QL (2 per 1 day)
VIVITROL	5	SP
VIVLODEX	CED	PA; QL (1 per 1 day)
ZICLOPRO	CED	PA
ZIMHI	4	1 ml per fill
ZIPSOR	CED	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZORVOLEX	4	PA; QL (3 per 1 day)
ZUBSOLV	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	CED	PA for age 17 and younger; QL (2.4 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	CED	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	3	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	CED	PA
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	4	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	4	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	4	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 intensol</i>	2	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	2	
AMBIEN	4	QL (1 per 1 day)
AMBIEN CR	4	QL (1 per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
<i>amphetamine sulfate oral tablet 10 mg</i>	2	PA; QL (6 per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	2	PA; QL (3 per 1 day)
ANAFRANIL	4	
APLENZIN	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
APTENSIO XR	4	PA; QL (1 per 1 day)
<i>aripiprazole oral solution</i>	CED	PA for age 17 and younger; QL (30 per 1 day)
<i>aripiprazole oral tablet</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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>buspirone</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	4	PA for age 18 and older
CAPLYTA ORAL CAPSULE 42 MG	4	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>	2	
<i>clozapine oral tablet 100 mg</i>	2	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg</i>	CED	PA; QL (9 per 1 day)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	CED	PA; QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 150 mg</i>	CED	PA; QL (6 per 1 day)
<i>clozapine oral tablet, disintegrating 200 mg</i>	CED	PA; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	4	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	4	PA for age 17 and younger; QL (3 per 1 day)
COBENFY	4	QL (2 per 1 day)
COBENFY STARTER PACK	4	QL (56 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
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	4	PA for age 19 and older; QL (2 per 1 day)
COTEMPLA XR-ODT	4	PA; QL (2 per 1 day)
CYMBALTA	4	QL (2 per 1 day)
DAYTRANA	4	PA; QL (1 per 1 day)
DAYVIGO	4	ST; QL (1 per 1 day)
<i>desipramine</i>	2	
DESOXYN	CED	PA for age 19 and older; QL (5 per 1 day)
DESVENLAFAXINE	CED	PA; QL (1 per 1 day)
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	PA for age 19 and older; QL (4 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	CED	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	CED	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA; QL (1 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	CED	PA
<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)

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

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; QL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	PA; QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	CED	PA; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluoxetine oral tablet 60 mg</i>	2	PA; QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for age 17 and younger; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral capsule, extended release 24hr</i>	CED	PA; QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 1 day)
FOCALIN	4	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	4	PA for age 19 and older; QL (1 per 1 day)
FORFIVO XL	4	
GEODON ORAL	4	PA for age 17 and younger; QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	4	QL (1 per 1 day)
HALDOL DECANOATE	4	PA for age 17 and younger
<i>haloperidol decanoate</i>	2	PA for age 17 and younger
<i>haloperidol lactate injection</i>	1	PA for age 17 and younger
<i>haloperidol lactate intramuscular</i>	1	PA for age 17 and younger

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

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate oral</i>	1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	5	PA; SP; QL (1 per 1 day)
HETLIOZ LQ	5	PA; SP
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	CED	PA
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)

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

Drug Name	Drug Tier	Requirements / Limits
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 oral capsule</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	2	
LITHOBID	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
LOREEV XR	CED	PA; QL (1 per 1 day)
<i>loxapine succinate oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	2	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	5	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK	5	PA; SP; QL (28 per 365 days)
LUNESTA	4	QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
LYBALVI	CED	PA; QL (1 per 1 day)
MARPLAN	4	
METADATE CD	4	PA for age 19 and older; QL (1 per 1 day)
<i>methamphetamine</i>	CED	PA for age 19 and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	4	PA for age 19 and older; QL (30 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
METHYLIN ORAL SOLUTION 5 MG/5 ML	4	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	CED	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for age 19 and older; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for age 19 and older; QL (60 per 1 day)
<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	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 extended release 24hr 72 mg</i>	CED	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (1 per 1 day)
<i>mirtazapine oral tablet,disintegrating</i>	2	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>molindone</i>	2	
MYDAYIS	4	PA; QL (1 per 1 day)
NARDIL	4	

You can find information 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>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)
<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
ONYDA XR	CED	PA; QL (4 per 1 day)
<i>oxazepam</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
PAMELOR	4	
PARNATE	4	QL (6 per 1 day)
<i>paroxetine hcl oral suspension</i>	CED	PA; QL (30 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	CED	PA; QL (2 per 1 day)
<i>paroxetine mesylate(menop.sym)</i>	CED	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	CED	PA; QL (2 per 1 day)
PAXIL ORAL SUSPENSION	CED	PA; QL (30 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	4	QL (1.5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
PAXIL ORAL TABLET 20 MG	4	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	4	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for age 17 and younger
PERSERIS	3	PA for age 17 and younger; QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	2	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	2	QL (5 per 1 day)
PRISTIQ	4	QL (1 per 1 day)
<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)

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

Drug Name	Drug Tier	Requirements / Limits
QUVIVIQ	4	ST
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	4	QL (1 per 1 day)
REMERON SOLTAB	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	CED	PA; QL (1 per 1 day)
REXULTI ORAL TABLET	4	PA; QL (1 per 1 day)
RISPERDAL CONSTA	4	PA for age 17 and younger; QL (2 per 28 days)
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)

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

Drug Name	Drug Tier	Requirements / Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SERTRALINE ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>sertraline oral concentrate</i>	2	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SILENOR	CED	PA
SODIUM OXYBATE	5	PA; SP; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; SP; QL (8 per 28 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; SP
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 6-25 MG	CED	PA for age 17 and younger
<i>tasimelteon</i>	5	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	2	PA for age 17 and younger; QL (4 per 1 day)

You can find information 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>trimipramine</i>	2	
TRINTELLIX	4	PA; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	3	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	3	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	3	PA for age 17 and younger; QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	3	PA for age 17 and younger; QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	3	PA for age 17 and younger; QL (0.7 per 28 days)
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	PA; QL (1 per 1 day)
<i>vilazodone</i>	2	PA; 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 ORAL CAPSULE	3	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
VYVANSE ORAL TABLET,CHEWABLE	4	PA for age 19 and older; QL (1 per 1 day)
WAKIX	5	PA; SP; LA; QL (2 per 1 day)
WELLBUTRIN SR	4	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	QL (1 per 1 day)
XANAX	4	
XANAX XR	4	
XELSTRYM	4	PA for age 19 and older; QL (1 per 1 day)
XYREM	CED	PA; SP; LA; QL (18 per 1 day)
XYWAV	5	PA; SP; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 15 MG, 20 MG	CED	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	4	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 30 MG	CED	PA for age 19 and older; QL (2 per 1 day)
<i>ziprasidone hcl</i>	2	PA for age 17 and younger; QL (2 per 1 day)
ZOLOFT ORAL 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)

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

Drug Name	Drug Tier	Requirements / Limits
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)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	5	SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	SP
AVONEX INTRAMUSCULAR SYRINGE KIT	5	SP
BAFIERTAM	5	PA; SP; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	5	SP
COPAXONE SUBCUTANEOUS SYRINGE	5	SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	5	SP; QL (2 per 1 day)
<i>fingolimod</i>	5	SP
GILENYA ORAL CAPSULE 0.25 MG	CED	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP
<i>glatiramer</i>	5	SP
<i>glatopa</i>	5	SP
KESIMPTA PEN	5	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA

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

Drug Name	Drug Tier	Requirements / Limits
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)
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)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

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Drug Name	Drug Tier	Requirements / Limits
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	2	QL (2 per 1 day)
<i>flecainide</i>	1	
<i>mexiletine</i>	2	
MULTAQ	3	
NORPACE	4	
NORPACE CR	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	CED	PA
TIKOSYN	4	QL (2 per 1 day)
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	
ACCURETIC	4	
<i>acebutolol</i>	1	
ALDACTONE	4	
<i>aliskiren</i>	2	ST; QL (1 per 1 day)
ALTACE	4	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiiazid</i>	CED	PA
ATACAND	4	ST; QL (1 per 1 day)
ATACAND HCT	4	ST
<i>atenolol</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>atenolol-chlorthalidone</i>	1	
AVALIDE	4	
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 ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	CED	PA
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	

You can find information 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>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
CONSENSI	CED	PA
COREG	4	
COREG CR	CED	PA; QL (1 per 1 day)
COZAAR	4	
DEMSER	4	PA
DIBENZYLINE	4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	CED	PA
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL	4	
<i>doxazosin</i>	1	
DYRENIUM	4	
EDARBI	4	ST
EDARBYCLOR	4	ST
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

You can find information 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>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	
<i>fosinopril-hydrochlorothiazide</i>	1	
FUROSCIX	4	PA; 2 kits per fill
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	4	
<i>indapamide</i>	1	
INDERAL LA	4	
INDERAL XL	CED	PA
INNOPRAN XL	CED	PA
INSPRA	4	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	2	
<i>isradipine</i>	2	
KAPSPARGO SPRINKLE	CED	PA
KATERZIA	CED	PA
KERENDIA	4	PA; QL (1 per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL ORAL TABLET 400 MG	CED	PA
LASIX	4	
LEVAMLODIPINE	CED	PA
<i>lisinopril</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>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 oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 420 mg</i>	CED	PA
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
MICARDIS	4	
MICARDIS HCT	CED	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
NEXICLON XR	CED	PA
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	2	
<i>nimodipine oral solution</i>	CED	PA
<i>nisoldipine</i>	2	
NORLIQVA	CED	PA
NORVASC	4	
NYMALIZE	CED	PA
<i>olmesartan</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>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	
<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	
SOAANZ ORAL TABLET 40 MG	CED	PA
<i>spironolactone oral suspension</i>	CED	PA
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	
TEKTURNA	4	ST; QL (1 per 1 day)
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	CED	PA
<i>telmisartan-hydrochlorothiazid</i>	CED	PA
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	
<i>terazosin</i>	1	
THALITONE	CED	PA
<i>tiadylt er</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
TIAZAC	4	
<i>timolol maleate oral</i>	2	
TOPROL XL	4	
<i>torseamide 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	
<i>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	4	
VASOTEC	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	CED	PA
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	CED	PA
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM	CED	PA
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

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Drug Name	Drug Tier	Requirements / Limits
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	
BRILINTA	3	
CABLIVI INJECTION KIT	5	PA; SP; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	5	PA; SP; LA; QL (2 per 1 day)
EFFIENT	4	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	5	SP
<i>fondaparinux</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	4	
<i>jantoven</i>	1	
LOVENOX	5	SP
MULPLETA	5	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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 hcl</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	5	PA; SP; LA; QL (2 per 1 day)
SAVAYSA	4	PA
TAVALISSE	5	PA; SP; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (20 per 1 day)
XARELTO ORAL TABLET	3	
YOSPRALA	4	PA
ZONTIVITY	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	CED	PA
<i>amlodipine-atorvastatin</i>	2	
ATORVALIQ	CED	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	4	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
COLESTID ORAL GRANULES	4	
COLESTID ORAL TABLET	4	
<i>colestipol</i>	1	
CRESTOR	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	
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 ORAL TABLET 105 MG	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)

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

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Drug Name	Drug Tier	Requirements / Limits
CORLANOR ORAL TABLET	4	QL (2 per 1 day)
ENTRESTO	3	
ENTRESTO SPRINKLE	CED	PA; QL (8 per 1 day)
FILSPARI	5	PA; SP; QL (1 per 1 day)
<i>ivabradine</i>	2	QL (2 per 1 day)
LODOCO	4	PA; QL (1 per 1 day)
<i>ranolazine</i>	2	
TRYVIO	5	PA; SP; QL (1 per 1 day)
VERQUVO	4	PA; QL (1 per 1 day)
VYNDAMAX	5	PA; SP; QL (1 per 1 day)
VYNDAQEL	5	PA; SP; QL (4 per 1 day)
NITRATES		
GONITRO	CED	PA
ISORDIL	CED	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	CED	PA
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR	4	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	2	
NITROLINGUAL	4	
NITROMIST	CED	PA
NITROSTAT	4	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
ANALPRAM-HC TOPICAL	4	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	5	PA; QL (1 per 28 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	5	PA; QL (2 per 42 days)

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

Drug Name	Drug Tier	Requirements / Limits
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	5	PA; SP; QL (1 per 28 days)
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	5	PA; SP; QL (2 per 42 days)
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
CALCIPOTRIENE TOPICAL FOAM	CED	PA
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone topical ointment</i>	CED	PA
<i>calcipotriene-betamethasone topical suspension</i>	2	
<i>calcitriol topical</i>	2	
COSENTYX (2 SYRINGES)	5	PA; SP; QL (2 per 28 days)
COSENTYX PEN	5	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	5	PA; SP; QL (2 per 28 days)
ENSTILAR	CED	PA
EPIFOAM	CED	PA
ILUMYA	5	PA; SP; QL (1 per 63 days)
PRAMOSONE TOPICAL CREAM 1-1 %	CED	PA
PRAMOSONE TOPICAL LOTION	4	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SILIQ	5	PA; SP; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 63 days)
SORILUX	CED	PA
SOTYKTU	5	PA; SP; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	5	PA; SP; QL (2 per 28 days)
STELARA INTRAVENOUS	5	PA; SP; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; SP; QL (0.5 per 63 days)

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

Drug Name	Drug Tier	Requirements / Limits
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	
TALTZ AUTOINJECTOR	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; SP; QL (1 per 28 days)
TREMFYA PEN	5	PA; SP; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	5	PA; SP; QL (2 per 28 days)
VECTICAL	4	
VTAMA	4	PA; QL (1 per 30 days)
WYNZORA	CED	PA
ZORYVE TOPICAL CREAM	4	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	4	PA; SP; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	4	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
KERALYT RX	CED	PA
KERALYT SCALP	CED	PA
<i>keralyt topical shampoo</i>	CED	PA
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; SP; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
CARAC	CED	PA; QL (30 per 365 days)
CIBINQO	5	PA; SP; QL (1 per 1 day)
CONDYLOX TOPICAL GEL	4	

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

Drug Name	Drug Tier	Requirements / Limits
CORTANE-B	CED	PA
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
<i>doxepin topical</i>	CED	PA
DRYSOL DAB-O-MATIC	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
EFUDEX TOPICAL CREAM	4	QL (40 per 365 days)
ELIDEL	4	ST
EUCRISA	4	ST; QL (1 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	CED	PA; QL (30 per 365 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	5	PA; SP; QL (3 per 30 days)
<i>methoxsalen</i>	5	SP
OPZELURA	5	PA; SP; QL (60 per 30 days)
PANRETIN	5	PA; SP
<i>pimecrolimus</i>	2	ST
<i>podofilox topical gel</i>	2	
<i>podofilox topical solution</i>	1	
<i>pradoxin</i>	CED	PA
QBREXZA	4	PA; QL (30 per 30 days)
QUTENZA	CED	PA; SP
REGRANEX	4	QL (15 per 720 days)
SOFDRA	CED	PA; QL (1 per 30 days)
<i>tacrolimus topical</i>	1	
TOLAK	4	
VALCHLOR	5	PA; SP; QL (60 per 30 days)
VEREGEN	CED	PA
ZONALON	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
THERAPY FOR ACNE		
ABSORICA LD	CED	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	CED	PA
ACANYA TOPICAL GEL WITH PUMP	CED	PA
<i>accutane</i>	1	
ACZONE TOPICAL GEL	4	PA
ACZONE TOPICAL GEL WITH PUMP	CED	PA
<i>adapalene topical cream</i>	2	PA for age 29 and older
<i>adapalene topical gel 0.3 %</i>	2	PA for age 29 and older
<i>adapalene topical gel with pump</i>	CED	PA; 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</i>	2	
AKLIEF	4	QL (45 per 30 days)
ALTRENO	CED	PA
<i>amnesteem</i>	1	
AMZEEQ	4	PA; QL (30 per 30 days)
ARAZLO	CED	PA
ATRALIN	CED	PA for age 29 and older
<i>avar</i>	1	
<i>azelaic acid</i>	2	
AZELEX	4	
BENZAMYCIN	4	ST
BENZEPRO (MICROSPHERES)	4	
<i>benzepro topical towelette</i>	CED	PA
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
CABTREO	CED	PA
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	4	
<i>clindacin</i>	CED	PA
CLINDACIN ETZ TOPICAL KIT	CED	PA

You can find information 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>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	CED	PA
CLINDAGEL	CED	PA
<i>clindamycin phosphate topical foam</i>	CED	PA
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical gel, once daily</i>	CED	PA
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	CED	PA
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	CED	PA
<i>clindamycin-tretinoin</i>	CED	PA
<i>dapsone topical gel</i>	2	PA
<i>dapsone topical gel with pump</i>	CED	PA
DIFFERIN TOPICAL CREAM	4	PA for age 29 and older
DIFFERIN TOPICAL GEL WITH PUMP	CED	PA; PA for age 29 and older
DIFFERIN TOPICAL LOTION	CED	PA for age 29 and older; QL (1 per 30 days)
EPIDUO FORTE	4	
EPSOLAY	CED	PA
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	ST
EVOCLIN	CED	PA
FABIOR	4	
FINACEA TOPICAL FOAM	CED	PA
<i>isotretinoin</i>	CED	PA
<i>ivermectin topical cream</i>	2	PA
METROCREAM	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
METROGEL TOPICAL GEL 1 %	4	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>metronidazole topical lotion</i>	CED	PA
MIRVASO	4	PA; QL (30 per 30 days)
<i>neuac</i>	2	
NEUAC KIT	CED	PA
NORITATE	CED	PA
ONEXTON TOPICAL GEL WITH PUMP	CED	PA
RETIN-A MICRO	CED	PA for Age greater than or equal to 29 year(s)
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	PA
RETIN-A TOPICAL CREAM	4	PA for age 29 and older
RETIN-A TOPICAL GEL	CED	PA for age 29 and older
RHOFADE	4	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
ROSADAN TOPICAL KIT, CLEANSER AND GEL	CED	PA
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	4	PA
ROSULA	4	
SOOLANTRA	4	PA
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream 0.05 %</i>	CED	PA
<i>tazarotene topical cream 0.1 %</i>	2	
TAZAROTENE TOPICAL FOAM	4	

You can find information 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>tazarotene topical gel</i>	CED	PA
TAZORAC TOPICAL CREAM 0.05 %	CED	PA
TAZORAC TOPICAL CREAM 0.1 %	4	
TAZORAC TOPICAL GEL	CED	PA
<i>tretinoin microspheres topical gel</i>	CED	PA for Age greater than or equal to 29 year(s)
<i>tretinoin microspheres topical gel with pump</i>	2	PA for age 29 and older
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	1	PA for age 29 and older
<i>tretinoin topical cream 0.1 %</i>	2	PA for age 29 and older
<i>tretinoin topical gel</i>	CED	PA for age 29 and older
TWYNEO	CED	PA
VELTIN	CED	PA
WINLEVI	4	QL (60 per 30 days)
<i>zenatane</i>	1	
ZIANA	CED	PA
ZILXI	4	PA; QL (30 per 30 days)
TOPICAL ANESTHETICS		
ANODYNE LPT	CED	PA
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
DOLOTRANZ	CED	PA
<i>lidocaine hcl laryngotracheal</i>	CED	PA
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	CED	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocaine-prilocaine topical kit</i>	CED	PA
LIDOCAINE-TETRACAINE	4	PA
<i>lidocan iii</i>	3	QL (3 per 1 day)
<i>lidocan iv</i>	2	QL (3 per 1 day)
<i>lidocan v</i>	2	QL (3 per 1 day)
LIDODERM	4	QL (3 per 1 day)
<i>lidopin topical cream 3 %</i>	1	

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL CREAM 0.025 %	CED	PA
CORDRAN TOPICAL CREAM 0.05 %	4	
CORDRAN TOPICAL LOTION	4	
CORDRAN TOPICAL OINTMENT	4	
DERMA-SMOOTHIE/FS BODY OIL	4	
DERMA-SMOOTHIE/FS SCALP OIL	4	
DERMAWERX SDS	CED	PA
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	CED	PA
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
DESOWEN TOPICAL CREAM	4	
<i>desoximetasone topical cream 0.05 %</i>	CED	PA
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical gel</i>	CED	PA
<i>desoximetasone topical ointment 0.05 %</i>	CED	PA
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>desoximetasone topical spray, non-aerosol</i>	CED	PA
<i>diflorasone</i>	2	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	
DUOBRII	CED	PA
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i>	CED	PA
<i>fluocinonide topical gel</i>	CED	PA
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluocinonide-e</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
FLUOVIX	CED	PA
FLUOVIX PLUS	CED	PA
<i>flurandrenolide</i>	2	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	CED	PA
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical foam</i>	CED	PA
<i>halobetasol propionate topical ointment</i>	CED	PA
HALOG	CED	PA
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical lotion</i>	CED	PA
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	CED	PA
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	CED	PA
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	CED	PA
IMPOYZ	4	
KENALOG TOPICAL	4	
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

You can find information 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>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	
TOPICORT TOPICAL CREAM 0.05 %	CED	PA
TOPICORT TOPICAL CREAM 0.25 %	4	
TOPICORT TOPICAL GEL	CED	PA
TOPICORT TOPICAL OINTMENT 0.05 %	CED	PA
TOPICORT TOPICAL OINTMENT 0.25 %	4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL	CED	PA
<i>tovet emollient</i>	2	
TOVET KIT	CED	PA
<i>triamcinolone acetonide topical aerosol</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	CED	PA
<i>triderm topical cream 0.5 %</i>	1	
ULTRAVATE TOPICAL LOTION	CED	PA
VANOS	CED	PA
VERDESO	CED	PA
WHYTEDERM TDKIT	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)

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

Drug Name	Drug Tier	Requirements / Limits
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)
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MISCELLANEOUS AGENTS

<i>acamprosate</i>	2	
AGRYLIN	4	
<i>anagrelide</i>	1	
BUPHENYL	5	PA; SP
<i>caffeine citrate oral</i>	1	
CARBAGLU	5	PA; SP; LA
<i>carglumic acid</i>	5	PA; SP
CARNITOR (SUGAR-FREE)	4	
CARNITOR ORAL	4	
<i>cevimeline</i>	2	
CHEMET	4	PA for age 18 and older
CUVRIOR	5	PA; SP; QL (10 per 1 day)
<i>deferasirox</i>	5	PA; SP
<i>deferiprone</i>	5	PA; SP
<i>disulfiram</i>	2	
<i>droxidopa</i>	5	PA; SP
DUVYZAT	5	PA; SP; QL (3 per 32 days)
ENDARI	5	PA; SP; QL (6 per 1 day)
EVOXAC	4	
EXJADE	5	PA; SP; LA
FABHALTA	5	PA; SP; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX	5	PA; SP
FERRIPROX (2 TIMES A DAY)	CED	PA; SP
<i>glutamine (sickle cell)</i>	5	PA; SP; QL (6 per 1 day)
INCRELEX	5	PA; SP; LA
JADENU	5	PA; SP
JADENU SPRINKLE	5	PA; SP
JOENJA	5	PA; SP; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	5	PA; SP; QL (1 per 1 day)
LITHOSTAT	4	
<i>midodrine</i>	1	
<i>nitisinone</i>	5	PA; SP; LA
NITYR	5	PA; SP; LA
NORTHERA	5	PA; SP
OLPRUVA	5	PA; SP
ORFADIN	5	PA; SP; LA
PHEBURANE	5	PA; SP
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	
<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)

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

Drug Name	Drug Tier	Requirements / Limits
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)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	4	PA; QL (4 per 1 day)
<i>venxxiva</i>	5	PA; SP
VOYDEYA	5	PA; SP; LA; QL (180 per 30 days)
XURIDEN	5	SP
ZOKINVY	5	PA; SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
CHANTIX	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX CONTINUING MONTH BOX	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

You can find information 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>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 tartrate</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	4	15 units per fill
<i>ipratropium bromide nasal</i>	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
PERIDEX	4	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	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
PREVIDENT 5000 SENSITIVE	4	
PREVIDENT DENTAL GEL	4	
SALAGEN (PILOCARPINE)	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 acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
CETRAXAL	CED	PA
<i>ciprofloxacin hcl otic (ear)</i>	2	
DERMOTIC OIL	4	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE	4	PA
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	CED	PA
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; SP
ACTHAR SELFJECT	5	PA; SP
AGAMREE	4	PA; QL (200 per 26 days)
ALKINDI SPRINKLE	CED	PA
CORTEF	4	
<i>cortisone</i>	1	
CORTROPHIN GEL	5	PA; SP
<i>deflazacort</i>	5	PA; SP

You can find information 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>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	
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

You can find information 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>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN	1	OTC
ACCU-CHEK AVIVA PLUS TEST STRP	3	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 365 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 365 days)
ACCU-CHEK GUIDE TEST STRIPS	3	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	1	OTC
ACCU-CHEK SMARTVIEW TEST STRIP	3	OTC; QL (100 per 30 days)
DEXCOM G6 RECEIVER	4	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	4	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	4	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	4	PA; CGM; QL (1 per 720 days)
DEXCOM G7 SENSOR	4	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	3	PA; CGM; QL (2 per 28 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA TEST	3	OTC; QL (100 per 30 days)
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO TEST STRIPS	3	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MECHANICAL VENT	3	
AEROCHAMBER MINI	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
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	
<i>metformin oral tablet 750 mg</i>	CED	PA; QL (2 per 1 day)
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
RYBELSUS ORAL TABLET 1.5 MG	3	PA; QL (30 per 365 days)
RYBELSUS ORAL TABLET 4 MG, 9 MG	3	PA; QL (1 per 1 day)
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		
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
GENTEEL VACUUM LANCING DEVICE	1	OTC

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

Drug Name	Drug Tier	Requirements / Limits
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	3	QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
V-GO 20	3	QL (30 per 30 days)
V-GO 30	3	QL (30 per 30 days)
V-GO 40	3	QL (30 per 30 days)
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
ADMELOG U-100 INSULIN LISPRO	4	PA; QL (100 per 30 days)
AFREZZA	4	PA; QL (100 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
APIDRA U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR TEMPO PEN(U-100)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)

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

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 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)
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)

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Drug Name	Drug Tier	Requirements / Limits
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		
ANDROGEL	4	PA
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	5	PA; SP; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN	5	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>danazol</i>	2	
DDAVP ORAL	4	
DEPO-TESTOSTERONE	4	PA
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
GALAFOLD	5	PA; SP; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; LA; QL (4 per 1 day)
JATENZO	CED	PA
<i>javygtor</i>	5	PA; SP
JYNARQUE ORAL TABLET 15 MG	5	PA; SP; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	5	PA; SP; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; SP; LA; QL (56 per 28 days)
KORLYM	5	PA; SP; QL (4 per 1 day)
KUVAN	5	PA; SP
KYZATREX	4	PA; QL (2 per 1 day)
METHITEST	CED	PA

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

You can find information 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>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)
UNDECATREX	CED	PA; QL (2 per 1 day)
VOGELXO	4	PA
VOXZOGO	5	PA; SP; QL (1 per 1 day)
XYOSTED	CED	PA
YORVIPATH	5	PA; SP; QL (2 per 28 days)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	4	
ACTOS	4	
ALOGLIPTIN	4	ST
ALOGLIPTIN-METFORMIN	4	ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST
BRENZAVVY	4	ST; QL (1 per 1 day)
BYDUREON BCISE	4	PA
CYCLOSET	4	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	CED	PA; QL (1 per 1 day)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	CED	PA; QL (2 per 1 day)
DAPAGLIFLOZIN PROPANEDIOL	CED	PA; QL (1 per 1 day)
DUETACT	CED	PA
FARXIGA	3	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	CED	PA; QL (1 per 1 day)
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	CED	PA

You can find information 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>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL	4	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	3	
INPEFA	4	PA; QL (1 per 1 day)
INVOKAMET	4	ST; QL (2 per 1 day)
INVOKAMET XR	4	ST; QL (2 per 1 day)
INVOKANA	4	ST; QL (1 per 1 day)
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KAZANO	4	ST
<i>liraglutide</i>	2	PA; QL (9 per 28 days)
<i>metformin oral solution</i>	CED	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	CED	PA
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24hr</i>	CED	PA
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	CED	PA; QL (2 per 1 day)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	CED	PA
<i>miglitol</i>	2	
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
NESINA ORAL TABLET 12.5 MG, 25 MG	4	ST
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	CED	PA
<i>pioglitazone-metformin</i>	1	
PRECOSE	4	
QTERN	4	ST
<i>repaglinide</i>	2	
RIOMET	CED	PA
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (30 per 365 days)
<i>saxagliptin</i>	2	ST
<i>saxagliptin-metformin</i>	2	ST
SEGLUROMET	4	ST
SITAGLIPTIN	CED	PA
SITAGLIPTIN-METFORMIN	CED	PA; QL (2 per 1 day)
STEGLATRO	4	ST
STEGLUJAN	4	ST
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 per 1 day)
TRULICITY	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK	4	PA; QL (9 per 28 days)
VICTOZA 3-PAK	4	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZITUVIMET	CED	PA; QL (2 per 1 day)
ZITUVIMET XR	CED	PA
ZITUVIO	CED	PA
THYROID HORMONES		
ARMOUR THYROID	4	
CYTOMEL	4	
ERMEZA	CED	PA
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE ORAL CAPSULE	4	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	4	
THYQUIDITY	CED	PA
<i>thyroid (pork)</i>	2	
TIROSINT	4	
TIROSINT-SOL	CED	PA
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
CUVPOSA	4	PA
DARTISLA	CED	PA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	CED	PA; QL (40 per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
GLYCATE	CED	PA
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	CED	PA
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral drops</i>	CED	PA
<i>hyosyne oral elixir</i>	1	
LEVBIID	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 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	

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

Drug Name	Drug Tier	Requirements / Limits
ANTIVERT ORAL TABLET 50 MG	4	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	4	
ANUSOL-HC TOPICAL	4	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	2	QL (15 per 28 days)
APRISO	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide</i>	1	
<i>betaine</i>	5	SP
BONJESTA	CED	PA
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; SP; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; SP; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	5	PA; SP; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	5	PA; SP; LA; QL (4 per 1 day)
CANASA	4	QL (1 per 1 day)
CHENODAL	5	PA; SP; LA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	5	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	5	PA; SP; QL (4 per 1 day)
CIMZIA POWDER FOR RECONST	5	PA; SP; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; SP; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
COLAZAL	4	
COMPAZINE	4	

You can find information 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>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)
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>	9	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	

You can find information 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 acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
IBSRELA	4	PA; QL (2 per 1 day)
IQIRVO	5	PA; SP; QL (1 per 1 day)
KRISTALOSE	CED	PA
<i>lactulose oral packet</i>	CED	PA
<i>lactulose oral solution</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)
LIVDELZI	5	PA; SP; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; SP; LA; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; SP; LA; QL (3 per 1 day)
LOTRONEX	4	PA; QL (2 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
MARINOL	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	CED	PA
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>mesalamine with cleansing wipe</i>	CED	PA

You can find information 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>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	
OALIVA	5	PA; SP; LA; QL (1 per 1 day)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	5	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	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
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	

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

Drug Name	Drug Tier	Requirements / Limits
PERTZYE	4	ST
<i>phosphate laxative</i>	9	ACA; OTC
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)
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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)

You can find information 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>dexlansoprazole</i>	2	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for age 9 and older; QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEF	CED	PA
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	2	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM	4	QL (2 per 1 day)
NEXIUM PACKET	4	PA for age 9 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK	CED	PA
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	CED	PA
<i>omeprazole-sodium bicarbonate oral packet</i>	CED	PA
<i>pantoprazole oral granules dr for susp in packet</i>	CED	PA; QL (1 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	4	
PREVACID	4	QL (2 per 1 day)
PREVACID SOLUTAB	4	PA for age 8 and older; QL (1 per 1 day)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	CED	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	CED	PA; QL (1 per 1 day)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC)	4	QL (2 per 1 day)
PYLERA	CED	PA; QL (240 per 365 days)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	CED	PA; QL (1 per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<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)

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

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
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	PA; SP; QL (3 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 (1.5 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)

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

Drug Name	Drug Tier	Requirements / Limits
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
UDENYCA AUTOINJECTOR	5	PA; SP
UDENYCA ONBODY	5	PA; SP
XOLREMDI	5	PA; SP; QL (4 per 1 day)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
ZIEXTENZO	5	PA; SP
GROWTH HORMONES		
EGRIFTA SV	5	PA; SP
GENOTROPIN	5	PA; SP
GENOTROPIN MINIQUICK	5	PA; SP
HUMATROPE INJECTION CARTRIDGE	5	PA; SP
NGENLA	5	PA; SP
NORDITROPIN FLEXPRO	5	PA; SP
NUTROPIN AQ NUSPIN	5	PA; SP
OMNITROPE	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
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
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA TRIV 2024-2025	9	ACA
AFLURIA TRIV 2024-2025 (PF)	9	ACA
AREXVY (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
CAPVAXIVE	9	ACA
COMIRNATY 2024-25 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DENGVAXIA (PF)	9	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD TRIV 2024-25(65Y UP)(PF)	9	ACA
FLUARIX TRIV 2024-2025 (PF)	9	ACA
FLUBLOK TRIV 2024-2025 (PF)	9	ACA
FLUCELVAX TRIV 2024-2025	9	ACA
FLUCELVAX TRIV 2024-2025 (PF)	9	ACA
FLULAVAL TRIV 2024-2025 (PF)	9	ACA
FLUMIST TRIVALENT 2024-2025	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE TRIV 24-25	9	ACA
FLUZONE TRIV 2024-2025	9	ACA
FLUZONE TRIV 2024-2025 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	4	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF)	9	ACA
IPOL	9	ACA
JYNNEOS (PF)	9	ACA
KINRIX (PF)	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF)	9	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 24-25(6M-11Y)PF	9	ACA
MRESVIA (PF)	9	PA for age 59 and younger; ACA; QL (1 per 720 days)
NOVAVAX COVID 2024-25(PF)(EUA)	9	ACA
ODACTRA	4	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 0)	5	PA; SP; QL (7 per 365 days)
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 (1-3 YRS)	5	PA; SP; QL (15 per 365 days)
PALFORZIA INITIAL (4-17 YRS)	5	PA; SP; QL (15 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA LEVEL 11 MAINTENANCE	5	PA; SP; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	9	ACA
PFIZER COVID 2024-25(5Y-11Y)PF	9	ACA
PFIZER COVID 2024-25(6MO-4Y)PF	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	4	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	9	ACA
TDVAX	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
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)

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

Drug Name	Drug Tier	Requirements / Limits
ZYCLARA TOPICAL CREAM IN PACKET	4	PA; QL (56 per 365 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	CED	PA
<i>colchicine oral capsule</i>	CED	PA
<i>colchicine oral tablet</i>	1	
COLCRYS	4	
<i>febuxostat</i>	1	ST
GLOPERBA	CED	PA
MITIGARE	CED	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	4	ST
ZYLOPRIM ORAL TABLET 100 MG	4	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate oral solution</i>	CED	PA
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ATELVIA	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)

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

Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	CED	PA; SP; QL (2 per 28 days)
ABRILADA(CF) PEN	CED	PA; SP; QL (2 per 28 days)
ACTEMRA ACTPEN	5	PA; SP; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; SP; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS	CED	PA; SP; QL (3 per 365 days)
ADALIMUMAB-AACF(CF) PEN PS-UV	CED	PA; SP; QL (2 per 365 days)
ADALIMUMAB-AATY	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADBM	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	CED	PA; SP; QL (6 per 365 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	CED	PA; SP; QL (4 per 365 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-RYVK	CED	PA; SP; QL (2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
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)

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

Drug Name	Drug Tier	Requirements / Limits
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ARAVA	4	
BENLYSTA SUBCUTANEOUS	5	PA; SP; QL (4 per 28 days)
CUPRIMINE	5	PA; SP; QL (16 per 1 day)
CYLTEZO(CF)	5	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN	5	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; SP; QL (4 per 365 days)
DEPEN TITRATABS	5	PA; SP; QL (16 per 1 day)
ENBREL MINI	5	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	5	PA; SP; QL (4 per 28 days)
HADLIMA	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA PUSHTOUCH	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA(CF)	CED	PA; SP; QL (0.8 per 28 days)
HADLIMA(CF) PUSHTOUCH	CED	PA; SP; QL (0.8 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; SP; QL (3 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)

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

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ PEN CROHN'S-UC STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
IDACIO(CF)	CED	PA; SP; QL (1 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	CED	PA; SP; QL (3 per 365 days)
IDACIO(CF) PEN PSORIASIS START	CED	PA; SP; QL (2 per 365 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
KEVZARA	5	PA; SP; QL (2.28 per 28 days)
KINERET	5	PA; SP; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	5	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; SP; QL (2.8 per 28 days)
OTEZLA	5	PA; SP; QL (2 per 1 day)
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
<i>penicillamine</i>	5	PA; SP; QL (16 per 1 day)
RASUVO (PF)	4	ST
RIDAURA	4	SP
RINVOQ LQ	5	PA; SP; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
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)	CED	PA; SP; QL (2 per 28 days)
SIMLANDI(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	5	PA; SP; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; SP; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET	5	PA; SP; QL (2 per 1 day)
XELJANZ XR	5	PA; SP; QL (1 per 1 day)
YUFLYMA(CF)	5	PA; SP; QL (2 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	5	PA; SP; QL (3 per 365 days)
YUFLYMA(CF) AUTOINJECTOR	5	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	9	ACA; OTC
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
WIDE-SEAL DIAPHRAGM	9	ACA

ESTROGENS & PROGESTINS

ACTIVELLA	4	
ANGELIQ	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
BIJUVA	4	QL (1 per 1 day)
<i>camila</i>	1	ACA
CLIMARA	4	
CLIMARA PRO	4	
COMBIPATCH	4	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	4	PA
<i>deblitane</i>	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	PA
DIVIGEL	4	
<i>dotti</i>	1	
DUAVEE	4	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ELESTRIN	4	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
ESTRACE	4	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	2	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	1	
ESTRATEST F.S.	4	
ESTRATEST H.S.	4	
ESTRING	4	
ESTROGEL	4	
<i>estrogens-methyltestosterone</i>	2	
EVAMIST	4	
FEMRING	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>fyavolv</i>	2	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
IMVEXXY MAINTENANCE PACK	4	
IMVEXXY STARTER PACK	4	
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
MENEST	4	
MENOSTAR	4	
<i>mimvey</i>	2	
MINIVELLE	4	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
VIVELLE-DOT	4	
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	4	QL (1 per 365 days)
CLEOCIN VAGINAL	4	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	4	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX	4	
<i>mifepristone oral tablet 200 mg</i>	2	
MYFEMBREE	4	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVARING	4	PA
NUVESSA	4	
ORIAHNN	4	PA; QL (2 per 1 day)
OSPHENA	4	PA
PHEXXI	CED	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
TWIRLA	CED	PA
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	CED	PA; OTC
VCF CONTRACEPTIVE GEL	CED	PA; ACA; OTC
VEOZAH	4	PA; QL (1 per 1 day)
XACIATO	4	
<i>xulane</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
AFTERA	CED	PA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
BALCOLTRA	4	PA
<i>balziva (28)</i>	1	ACA
BEYAZ	4	PA
<i>blisovi 24 fe</i>	1	ACA
<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

You can find information 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>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	4	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>feirza</i>	1	ACA
FEMLYV	CED	PA
<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

You can find information 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>jolessa</i>	1	ACA
<i>joyeaux</i>	1	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.estrad</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	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

You can find information 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>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	PA; ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>minzoya</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
NATAZIA	4	
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
NEXTSTELLIS	4	
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	CED	PA; ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</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

You can find information 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>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
PLAN B ONE-STEP	CED	PA; OTC
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
SAFYRAL	4	PA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
SLYND	4	
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	CED	PA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
TAYTULLA	CED	PA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA

You can find information 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>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
TYBLUME	CED	PA
<i>valtya</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
YASMIN (28)	4	PA
YAZ (28)	4	PA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA

OXYTOCICS

methylergonovine oral

2

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE

4

bacitracin ophthalmic (eye)

2

bacitracin-polymyxin b

1

BESIVANCE

4

BETADINE OPHTHALMIC PREP

4

CILOXAN OPHTHALMIC (EYE) OINTMENT

4

ciprofloxacin hcl ophthalmic (eye)

1

erythromycin ophthalmic (eye)

1

gatifloxacin

2

gentamicin ophthalmic (eye) drops

1

levofloxacin ophthalmic (eye) drops 1.5 %

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>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>tobramycin ophthalmic (eye)</i>	1	
TOBEX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	4	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
BETIMOL	4	ST
BETOPTIC S	4	ST
<i>carteolol</i>	2	
ISTALOL	CED	PA
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol</i>	2	ST
<i>timolol maleate (pf)</i>	CED	PA
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	CED	PA
<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	

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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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

Drug Name	Drug Tier	Requirements / Limits
TYRVAYA	4	ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS
VERKAZIA	CED	PA
VEVYE	CED	PA
XDEMVIY	5	PA; SP; QL (10 per 365 days)
XIIDRA	3	QL (2 per 1 day)
ZERVIATE	4	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	
ACULAR LS	4	
ACUVAIL (PF)	CED	PA
<i>bromfenac</i>	2	
BROMSITE	4	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	4	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
IYUZEH (PF)	CED	PA
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	ST
<i>tafluprost (pf)</i>	2	ST
TRAVATAN Z	4	ST
<i>travoprost</i>	2	ST
VYZULTA	4	ST; QL (5 per 30 days)
XALATAN	4	
XELPROS	CED	PA
ZIOPTAN (PF)	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	4	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	CED	PA
TOBRADEX ST	CED	PA
<i>tobramycin-dexamethasone</i>	1	
ZYLET	4	
STEROIDS		
ALREX	4	
CLOBETASOL OPHTHALMIC (EYE)	CED	PA
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	CED	PA
FLAREX	4	
<i>fluorometholone</i>	1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	PA
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	CED	PA
<i>carbinoxamine maleate oral liquid</i>	CED	PA; QL (40 per 1 day)
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR	CED	PA; QL (40 per 1 day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	4	
<i>clemastine oral syrup</i>	CED	PA; QL (60 per 1 day)
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet, disintegrating</i>	CED	PA
<i>dexchlorpheniramine maleate oral solution</i>	CED	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	CED	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
EPIPEN	4	
EPIPEN JR	4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	CED	PA
<i>levocetirizine</i>	1	
NEFFY	CED	PA
<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	

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

Drug Name	Drug Tier	Requirements / Limits
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	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
TUXARIN ER	4	QL (24 per 30 days)
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
ACCOLATE	4	
<i>acetylcysteine</i>	1	
ADCIRCA	5	PA; SP; QL (2 per 1 day)
ADEMPAS	5	PA; SP; LA; QL (3 per 1 day)
ADVAIR DISKUS	4	PA
ADVAIR HFA	3	
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)

You can find information 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>ambrisentan</i>	5	PA; SP; LA; QL (1 per 1 day)
ANORO ELLIPTA	3	
<i>arformoterol</i>	2	
ARNUITY ELLIPTA	3	
ASMANEX HFA	4	ST
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	ST
ATROVENT HFA	4	
<i>azelastine-fluticasone</i>	2	ST
BEVESPI AEROSPHERE	4	ST
<i>bosentan</i>	5	PA; SP; QL (2 per 1 day)
BREO ELLIPTA	3	
<i>breyna</i>	2	
BREZTRI AEROSPHERE	4	ST; QL (1 per 30 days)
BRONCHITOL	5	PA; 20 capsules per day; 10 capsules per 365 days; SP
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	PA; QL (1 per 1 day)
DUAKLIR PRESSAIR	4	ST; QL (1 per 30 days)
DULERA	3	
DYMISTA	4	ST
ELIXOPHYLLIN	CED	PA
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)

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

Drug Name	Drug Tier	Requirements / Limits
FASENRA PEN	5	PA; SP; QL (1 per 42 days)
FIRAZYR	5	PA; SP; QL (9 per 28 days)
<i>flunisolide</i>	2	ST
FLUTICASONE FUROATE-VILANTEROL	4	PA
FLUTICASONE PROPIONATE INHALATION	4	ST
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	4	PA
<i>formoterol fumarate</i>	2	
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)
OHTUVAYRE	5	PA; SP; QL (5 per 1 day)
OMNARIS	4	ST
OPSUMIT	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
OPSYNVI	5	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	5	PA; SP; QL (4 per 1 day)
ORLADEYO	5	PA; SP; LA; QL (1 per 1 day)
PERFOROMIST	4	
<i>pirfenidone oral capsule</i>	5	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; SP; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (3 per 1 day)
PROAIR DIGIHALER	4	PA
PROAIR RESPICLICK	4	PA
PULMICORT	4	
PULMICORT FLEXHALER	3	
<i>pulmosal</i>	1	
PULMOZYME	5	PA; SP; QL (5 per 1 day)
QNASL	4	ST
QVAR REDIHALER	3	
REVATIO ORAL TABLET	5	PA; SP; QL (3 per 1 day)
<i>roflumilast</i>	2	PA; QL (1 per 1 day)
RUCONEST	5	PA; SP; QL (2 per 28 days)
RYALTRIS	CED	PA; QL (3 per 90 days)
<i>sajazir</i>	5	PA; SP; QL (9 per 28 days)
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)

You can find information 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>tadalafil (pulm. hypertension)</i>	5	PA; SP; QL (2 per 1 day)
TADLIQ	5	PA; SP; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; SP; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; SP; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	5	PA; SP; QL (1.91 per 28 days)
THEO-24	4	
<i>theophylline oral elixir</i>	CED	PA
<i>theophylline oral solution</i>	CED	PA
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	CED	PA
TRACLEER ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; SP; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; SP; QL (3 per 1 day)
TUDORZA PRESSAIR	4	ST
TYVASO	5	PA; SP; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	5	PA; SP; QL (1 per 365 days)
TYVASO REFILL KIT	5	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	5	PA; SP; QL (1 per 365 days)
VENTAVIS	5	PA; SP; QL (9 per 1 day)
VENTOLIN HFA	1	
WINREVAIR	5	PA; SP; QL (1 per 20 days)
<i>wixela inhub</i>	1	

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

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

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
OXYTROL	CED	PA
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
TOVIAZ	4	ST
<i>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	1	
VESICARE	4	
VESICARE LS	CED	PA
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
AVODART	4	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
ENTADFI	CED	PA; QL (1 per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	4	
PROSCAR	4	
RAPAFLO	4	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>tamsulosin</i>	1	
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	

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

Drug Name	Drug Tier	Requirements / Limits
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	4	
VITAMIN, HEMATINIC & ELECTROLYTES		
ELECTROLYTES		
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)
REVELA ORAL POWDER IN PACKET 0.8 GRAM	CED	PA; QL (17 per 1 day)
REVELA ORAL POWDER IN PACKET 2.4 GRAM	CED	PA; QL (5 per 1 day)
REVELA ORAL TABLET	4	QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	CED	PA; QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	CED	PA; QL (5 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	CED	PA; QL (32 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	CED	PA; QL (16 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	2	
VELPHORO	4	ST; QL (6 per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	PA; QL (1 per 1 day)
XPHOZAH	4	PA; QL (2 per 1 day)
VITAMINS, HEMATINICS & ELECTROLYTES		
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	

You can find information 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>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	
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	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	CED	PA
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; SP; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	

You can find information 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>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
<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

You can find information 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-u</i>	1	
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19</i>	1	
<i>se-natal 19 chewable</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	

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

Index

2		
24 hour nasal allergy	134	
A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
ABILIFY	43	
ABILIFY ASIMTUFII.....	43	
ABILIFY MAINTENA.....	43	
ABILIFY MYCITE MAINTENANCE KIT	43	
ABILIFY MYCITE STARTER KIT	43	
<i>abiraterone</i>	14	
ABRILADA(CF).....	115	
ABRILADA(CF) PEN	115	
ABRYSVO (PF).....	111	
ABSORICA.....	75	
ABSORICA LD	75	
<i>acamprosate</i>	85	
ACANYA.....	75	
<i>acarbose</i>	97	
ACCOLATE.....	134	
ACCU-CHEK AVIVA CONTROL SOLN.....	91	
ACCU-CHEK AVIVA PLUS TEST STRP.....	91	
ACCU-CHEK GUIDE GLUCOSE METER.....	91	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	91	
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	91	
ACCU-CHEK GUIDE TEST STRIPS.....	91	
ACCU-CHEK SMARTVIEW CONTRL SOL	91	
ACCU-CHEK SMARTVIEW TEST STRIP	91	
ACCUPRIL	60	
ACCURETIC	60	
<i>accutane</i>	75	
<i>acebutolol</i>	60	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	35	
<i>acetaminophen-codeine</i>	35	
<i>acetazolamide</i>	130	
<i>acetic acid</i>	89	
<i>acetylcysteine</i>	134	
ACIPHEX.....	107	
<i>acitretin</i>	71	
ACTEMRA	115	
ACTEMRA ACTPEN.....	115	
ACTHAR.....	89	
ACTHAR SELFJECT	89	
ACTHIB (PF).....	111	
ACTICLATE.....	12	
ACTIMMUNE	111	
ACTIVELLA.....	118	
ACTONEL	114	
ACTOPLUS MET	97	
ACTOS	97	
ACULAR.....	130	
ACULAR LS.....	130	
ACUVAIL (PF).....	130	
<i>acyclovir</i>	4, 80	
ACZONE.....	75	
ADACEL(TDAP ADOLESN/ADULT)(PF)	111	
ADALIMUMAB-AACF	115	
ADALIMUMAB-AACF(CF) PEN CROHNS	115	
ADALIMUMAB-AACF(CF) PEN PS-UV	115	
ADALIMUMAB-AATY....	115	
ADALIMUMAB-ADAZ....	115	
ADALIMUMAB-ADBM... 115		
ADALIMUMAB-ADBM(CF) PEN CROHNS	115	
ADALIMUMAB-ADBM(CF) PEN PS-UV	115	
ADALIMUMAB-FKJP.....	115	
ADALIMUMAB-RYVK ... 115		
<i>adapalene</i>	75	
ADAPALENE.....	75	
<i>adapalene-benzoyl peroxide</i> . 75		
ADASUVE.....	43	
ADBRY	73	
ADCIRCA	134	
ADDERALL	43	
ADDERALL XR.....	43	
ADDYI.....	43	
<i>adefovir</i>	4	
ADEMPAS.....	134	
ADLARITY.....	32	
ADMELOG SOLOSTAR U- 100 INSULIN	93	
ADMELOG U-100 INSULIN LISPRO	93	
<i>adult aspirin regimen</i>	38	
ADVAIR DISKUS	134	
ADVAIR HFA.....	134	
ADZENYS XR-ODT	43	
AEROCHAMBER MECHANICAL VENT....	91	
AEROCHAMBER MINI	91	
AEROCHAMBER PLUS FLOW-VU.....	92	
AEROCHAMBER PLUS Z STAT	92	
AEROVENT PLUS.....	92	
AFINITOR	14	
AFINITOR DISPERZ	14	
<i>afirmelle</i>	122	
AFLURIA TRIV 2024-2025	111	
AFLURIA TRIV 2024-2025 (PF).....	111	
AFREZZA	93	
<i>after pill</i>	122	
AFTERA.....	122	
AGAMREE	89	
AGRYLIN	85	
AIMOVIG AUTOINJECTOR	30	
AIRDUO RESPICLICK....	134	
AIRSUPRA	134	
AJOVY AUTOINJECTOR..	30	
AJOVY SYRINGE.....	30	
AKEEGA.....	14	
AKLIEF	75	
AKTEN (PF)	129	
AKYNZEO (NETUPITANT)	101	
ALA-SCALP	81	
<i>albendazole</i>	9	
<i>albuterol sulfate</i>	134	
ALCAINE.....	129	
<i>alclometasone</i>	81	
ALDACTONE.....	60	
ALECENSA	14	

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

<i>alendronate</i>	114	<i>amitriptyline-chlordiazepoxide</i>		APRISO.....	102
ALFERON N.....	111	.....	43	APTENSIO XR.....	44
<i>alfuzosin</i>	140	AMJEVITA(CF)	115, 116	APTIOM.....	24
ALINIA.....	9	AMJEVITA(CF)		APTIVUS	4
<i>aliskiren</i>	60	AUTOINJECTOR	115	ARAKODA	9
ALKERAN.....	14	<i>amlodipine</i>	60	<i>aranelle (28)</i>	122
ALKINDI SPRINKLE	89	<i>amlodipine-atorvastatin</i>	68	ARANESP (IN	
<i>allergy eye (ketotifen)</i>	129	<i>amlodipine-benazepril</i>	60	POLYSORBATE).....	109
<i>allopurinol</i>	114	<i>amlodipine-olmesartan</i>	60	ARAVA.....	116
<i>almotriptan malate</i>	30	<i>amlodipine-valsartan</i>	60	ARAZLO.....	75
ALOGLIPTIN	97	<i>amlodipine-valsartan-hcthiiazid</i>		ARCALYST	109
ALOGLIPTIN-METFORMIN		.....	60	AREXVY (PF)	111
.....	97	<i>ammonium lactate</i>	73	<i>arformoterol</i>	135
ALOGLIPTIN-		<i>amnestem</i>	75	ARICEPT	32
PIOGLITAZONE.....	97	<i>amoxapine</i>	43	ARIKAYCE	9
<i>alosectron</i>	101	<i>amoxicil-clarithromy-</i>		ARIMIDEX	14
ALPHAGAN P.....	132	<i>lansopraz</i>	107	<i>aripiprazole</i>	44
<i>alprazolam</i>	43	<i>amoxicillin</i>	11	ARISTADA.....	44
<i>alprazolam intensol</i>	43	<i>amoxicillin-pot clavulanate</i> ..	11	ARISTADA INITIO.....	44
ALREX.....	131	<i>amphetamine sulfate</i>	43	ARIXTRA	67
ALTABAX.....	79	<i>ampicillin</i>	11	<i>armodafinil</i>	44
<i>altacaine</i>	129	AMPYRA.....	32	ARMOUR THYROID.....	100
ALTACE.....	60	AMRIX.....	33	ARNUITY ELLIPTA	135
<i>altavera (28)</i>	122	AMZEEQ	75	AROMASIN.....	14
ALTOPREV	68	ANAFRANIL.....	43	ARTHROTEC 50	38
ALTRENO	75	<i>anagrelide</i>	85	ARTHROTEC 75	38
ALUNBRIG	14	ANALPRAM-HC.....	71, 101	<i>ascomp with codeine</i>	35
ALVAIZ.....	67	ANAPROX DS.....	38	<i>asenapine maleate</i>	44
ALVESCO	134	<i>anas paz</i>	100	<i>ashlyna</i>	122
<i>alvimopan</i>	101	<i>anastrozole</i>	14	ASMANEX HFA	135
<i>alyacen 1/35 (28)</i>	122	ANCOBON	3	ASMANEX TWISTHALER	
<i>alyacen 7/7/7 (28)</i>	122	ANDROGEL	95	.....	135
<i>alyq</i>	134	ANGELIQ	118	<i>aspirin</i>	38
<i>amantadine hcl</i>	4	ANNOVERA.....	121	<i>aspirin childrens</i>	38
AMBIEN.....	43	ANODYNE LPT	78	<i>aspirin-dipyridamole</i>	67
AMBIEN CR.....	43	ANORO ELLIPTA.....	135	ASPRUZYO SPRINKLE.....	70
<i>ambrisentan</i>	135	ANTIVERT	102	ASTAGRAF XL.....	15
<i>amcinonide</i>	81	<i>anucort-hc</i>	102	ATACAND.....	60
<i>amethia</i>	122	ANUSOL-HC.....	102	ATACAND HCT.....	60
<i>amethyst (28)</i>	122	<i>apexicon e</i>	81	<i>atazanavir</i>	4
AMICAR.....	67	APIDRA SOLOSTAR U-100		ATELVIA.....	114
<i>amikacin</i>	9	INSULIN	93	<i>atenolol</i>	60
<i>amiloride</i>	60	APIDRA U-100 INSULIN..	93	<i>atenolol-chlorthalidone</i>	61
<i>amiloride-hydrochlorothiazide</i>		APLENZIN	43	ATIVAN.....	44
.....	60	APOKYN	29	<i>atomoxetine</i>	44
<i>aminocaproic acid</i>	67	<i>apomorphine</i>	29	ATORVALIQ.....	68
<i>amiodarone</i>	59	<i>apraclonidine</i>	132	<i>atorvastatin</i>	68
AMITIZA	101	<i>aprepitant</i>	102	<i>atovaquone</i>	9
<i>amitriptyline</i>	43	APRETUDE	4	<i>atovaquone-proguanil</i>	9
		<i>apri</i>	122	ATRALIN.....	75

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

<i>atropine</i>	128	B	<i>besser</i>	81
ATROPINE SULFATE (PF)		<i>b complex 1 (with folic acid)</i>	BESER KIT	81
.....	129	.....	BESIVANCE.....	127
ATROVENT HFA	135	<i>b complex-vitamin c-folic acid</i>	BESREMI.....	111
AUBAGIO	58	.....	BETADINE OPHTHALMIC	
<i>aubra</i>	122	<i>bacitracin</i>	PREP.....	127
<i>aubra eq</i>	122	<i>bacitracin-polymyxin b</i>	<i>betaine</i>	102
AUGMENTIN.....	11	<i>baclofen</i>	<i>betamethasone dipropionate</i>	81
AUGMENTIN ES-600.....	11	BACLOFEN.....	<i>betamethasone valerate</i>	81
AUGMENTIN XR	11	BACTRIM.....	<i>betamethasone, augmented</i> ...81	
AUGTYRO	15	BACTRIM DS.....	BETAPACE	59
<i>aurovela 1.5/30 (21)</i>	122	BAFIERTAM.....	BETAPACE AF	59
<i>aurovela 1/20 (21)</i>	122	<i>balanced b-100</i>	BETASERON.....	58
<i>aurovela 24 fe</i>	122	<i>bal-care dha</i>	<i>betaxolol</i>	61, 128
<i>aurovela fe 1.5/30 (28)</i>	122	BALCOLTRA	<i>bethanechol chloride</i>	140
<i>aurovela fe 1-20 (28)</i>	122	<i>balsalazide</i>	BETHKIS	9
AURYXIA	141	BALVERSA.....	BETIMOL	128
AUSTEDO	32	<i>balziva (28)</i>	BETOPTIC S.....	128
AUSTEDO XR.....	32	BANZEL	BEVESPI AEROSPHERE .	135
AUSTEDO XR TITRATION		BAQSIMI.....	<i>bexarotene</i>	15
KT(WK1-4).....	32	BARACLUDGE.....	BEXSERO.....	111
AUVELITY.....	44	BASAGLAR KWIKPEN U-	BEYAZ.....	122
AUVI-Q.....	133	100 INSULIN	<i>bicalutamide</i>	15
AVALIDE	61	BASAGLAR TEMPO PEN(U-	BIDIL	61
AVAPRO	61	100)INSLN.....	BIJUVA.....	119
<i>avar</i>	75	BAXDELA.....	BIKTARVY	4
<i>aviane</i>	122	<i>bayer low dose aspirin</i>	BILTRICIDE	9
<i>avidoxy</i>	12	<i>b-complex with vitamin c</i> ... 142	<i>bimatoprost</i>	130
AVIDOXY DK	12	BD INTEGRA NEEDLE	BIMZELX	72
AVODART	140	BD MICROTAINER	BIMZELX AUTOINJECTOR	
AVONEX	58	LANCET .....	.....	71
<i>ayuna</i>	122	BD SPECIALTY USE	BINOSTO.....	114
AYVAKIT.....	15	NEEDLES	<i>bismuth subcit k-metronidz-tcn</i>	
AZASAN.....	15	BELBUCA .....	.....	107
AZASITE	127	BELSOMRA	<i>bisoprolol fumarate</i>	61
<i>azathioprine</i>	15	<i>benazepril</i>	<i>bisoprolol-hydrochlorothiazide</i>	
<i>azelaic acid</i>	75	<i>benazepril-hydrochlorothiazide</i>	.....	61
<i>azelastine</i>	88, 129	.....	<i>blisovi 24 fe</i>	122
<i>azelastine-fluticasone</i>	135	BENICAR	<i>blisovi fe 1.5/30 (28)</i>	122
AZELEX	75	BENICAR HCT	<i>blisovi fe 1/20 (28)</i>	122
AZILECT	29	BENLYSTA	BONJESTA	102
<i>azithromycin</i>	8	BENZAMYCIN	BOOSTRIX TDAP.....	111
AZOPT	130	<i>benzepro</i>	<i>bosentan</i>	135
AZOR.....	61	BENZEPRO	BOSULIF	15
AZSTARYS	44	(MICROSPHERES).....	BRAFTOVI.....	15
AZULFIDINE	102	BENZNIDAZOLE	BRENZAVVY	97
AZULFIDINE EN-TABS ..	102	<i>benzonatate</i>	BREO ELLIPTA	135
<i>azurette (28)</i>	122	<i>benztropine</i>	BREXAFEMME	3
		<i>bepotastine besilate</i>	<i>breynga</i>	135
		BEPREVE	BREZTRI AEROSPHERE.	135

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

<i>briellyn</i>	122	<i>calcipotriene-betamethasone</i> 72	CARNITOR.....	85
BRILINTA	67	<i>calcitonin (salmon)</i>	CARNITOR (SUGAR-FREE)	
<i>brimonidine</i>	75, 132	<i>calcitriol</i> .....	.....	85
<i>brimonidine-timolol</i>	130	<i>calcium acetate(phosphat bind)</i>	CAROSPIR.....	61
<i>brinzolamide</i>	130	.....	<i>carteolol</i>	128
BRIVIACT	24	CALQUENCE	<i>cartia xt</i>	61
BRIXADI	35	(ACALABRUTINIB MAL)	<i>carvedilol</i>	61
BROMFED DM	134	.....	<i>carvedilol phosphate</i>	61
<i>bromfenac</i>	130	CAMBIA	CASODEX	15
<i>bromocriptine</i>	29	<i>camila</i>	CATAPRES-TTS-1	61
<i>brompheniramine-pseudoeph-</i>		<i>camrese</i>	CATAPRES-TTS-2.....	61
<i>dm</i>	134	<i>camrese lo</i>	CATAPRES-TTS-3.....	61
BROMSITE.....	130	CAMZYOS	CAYA CONTOURED	118
BRONCHITOL	135	CANASA.....	CAYSTON	9
BROVANA	135	<i>candesartan</i>	<i>caziant (28)</i>	122
BRUKINSA	15	<i>candesartan-</i>	<i>cefaclor</i>	8
BRYHALI	81	<i>hydrochlorothiazid</i>	<i>cefadroxil</i>	8
<i>budesonide</i>	102, 135	<i>capecitabine</i>	<i>cefdinir</i>	8
<i>budesonide-formoterol</i>	135	CAPEX.....	<i>cefixime</i>	8
<i>bumetanide</i>	61	CAPLYTA.....	<i>cefpodoxime</i>	8
BUPHENYL.....	85	CAPRELSA.....	<i>cefprozil</i>	8
<i>buprenorphine</i>	35	CAPSFENAC PAK.....	<i>cefuroxime axetil</i>	8
<i>buprenorphine hcl</i>	35	CAPSINAC	CELEBREX	38
<i>buprenorphine-naloxone</i>	38	<i>captopril</i>	<i>celecoxib</i>	38
<i>bupropion hcl</i>	44, 45	<i>captopril-hydrochlorothiazide</i>	CELEXA	45
BUPROPION HCL	44	.....	CELLCEPT	15
<i>bupropion hcl (smoking deter)</i>		CAPVAXIVE.....	CELONTIN	24
.....	87	CARAC	CENTANY	79
<i>buspirone</i>	45	CARAFATE.....	CENTANY AT.....	79
<i>butalbital-acetaminop-caf-cod</i>		CARBAGLU	<i>cephalexin</i>	8
.....	35	<i>carbamazepine</i>	CEQUA	129
<i>butalbital-acetaminophen</i>	35	CARBAMAZEPINE	CERDELGA.....	95
<i>butalbital-acetaminophen-caff</i>		CARBATROL.....	<i>cetirizine</i>	133
.....	35, 36	<i>carbidopa</i>	CETRAXAL.....	89
<i>butalbital-aspirin-caffeine</i>	36	<i>carbidopa-levodopa</i>	<i>cevimeline</i>	85
<i>butorphanol</i>	38	<i>carbidopa-levodopa-</i>	CHANTIX	87
BUTRANS	36	<i>entacapone</i>	CHANTIX CONTINUING	
BYDUREON BCISE	97	<i>carbinoxamine maleate</i>	MONTH BOX.....	87
BYLVAY	102	CARBINOXAMINE	CHANTIX STARTING	
BYSTOLIC	61	MALEATE.....	MONTH BOX.....	87
C		CARDIZEM.....	<i>charlotte 24 fe</i>	122
CABENUVA.....	4	CARDIZEM CD.....	<i>chateal eq (28)</i>	123
<i>cabergoline</i>	95	CARDIZEM LA.....	CHEMET	85
CABLIVI.....	67	CARDURA	CHENODAL	102
CABOMETYX.....	15	CARDURA XL	<i>chlordiazepoxide hcl</i>	45
CABTREO	75	<i>carglumic acid</i>	<i>chlordiazepoxide-clidinium</i>	100
CADUET.....	68	<i>carisoprodol</i>	<i>chlorhexidine gluconate</i>	88
<i>caffeine citrate</i>	85	<i>carisoprodol-aspirin</i>	<i>chloroquine phosphate</i>	9
<i>calcipotriene</i>	72	<i>carisoprodol-aspirin-codeine</i>	<i>chlorpromazine</i>	45
CALCIPOTRIENE.....	72	.....	<i>chlorthalidone</i>	62

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

<i>chlorzoxazone</i>	33	<i>clindacin etz</i>	76	COMIRNATY 2024-25 (12Y
CHOLBAM.....	102	CLINDACIN ETZ.....	75	UP)(PF).....
<i>cholestyramine (with sugar)</i>	68	<i>clindacin p</i>	76	COMPACT SPACE
<i>cholestyramine light</i>	68	CLINDACIN PAC.....	76	CHAMBER.....
CHORIONIC		CLINDAGEL.....	76	COMPAZINE.....
GONADOTROPIN,		<i>clindamycin hcl</i>	9	COMPLERA.....
HUMAN.....	95	<i>clindamycin pediatric</i>	9	<i>complete natal dha</i>
CIBINQO.....	73	<i>clindamycin phosphate</i>	76, 121	<i>compro</i>
<i>ciclodan</i>	79	<i>clindamycin-benzoyl peroxide</i>		CONCERTA.....
CICLODAN KIT.....	79	.....	76	CONDYLOX.....
<i>ciclopirox</i>	79	<i>clindamycin-tretinoin</i>	76	CONJUPRI.....
<i>ciclopirox-ure-camph-menth-</i>		CLINDESSE.....	121	CONSENSI.....
<i>eu</i>	79	<i>clobazam</i>	24	<i>constulose</i>
<i>cilostazol</i>	67	<i>clobetasol</i>	81	CONZIP.....
CILOXAN.....	127	CLOBETASOL.....	131	COPAXONE.....
CIMDUO.....	4	<i>clobetasol-emollient</i>	81	COPIKTRA.....
<i>cimetidine</i>	107	CLOBEX.....	81	CORDRAN.....
<i>cimetidine hcl</i>	107	<i>clocortolone pivalate</i>	81	CORDRAN TAPE LARGE
CIMZIA.....	102	<i>clodan</i>	81	ROLL.....
CIMZIA POWDER FOR		CLODAN KIT.....	81	COREG.....
RECONST.....	102	<i>clomipramine</i>	45	COREG CR.....
<i>cinacalcet</i>	95	<i>clonazepam</i>	24	CORLANOR.....
CINRYZE.....	135	<i>clonidine</i>	62	CORTANE-B.....
CIPRO.....	12	<i>clonidine hcl</i>	45, 62	CORTEF.....
CIPRO HC.....	89	CLONIDINE HCL.....	62	CORTENEMA.....
<i>ciprofloxacin</i>	12	<i>clopidogrel</i>	67	CORTIFOAM.....
<i>ciprofloxacin hcl</i>	12, 89, 127	<i>clorazepate dipotassium</i>	45	<i>cortisone</i>
<i>ciprofloxacin-dexamethasone</i>		<i>clotrimazole</i>	3	CORTISPORIN-TC.....
.....	89	<i>clotrimazole-betamethasone</i>	79	CORTROPHIN GEL.....
CIPROFLOXACIN-		<i>clozapine</i>	45	COSENTYX.....
FLUOCINOLONE.....	89	CLOZARIL.....	45	COSENTYX (2 SYRINGES)
<i>citalopram</i>	45	<i>c-nate dha</i>	142	.....
CITALOPRAM.....	45	COARTEM.....	9	COSENTYX PEN.....
<i>citrate of magnesia</i>	102	COBENFY.....	45	COSENTYX PEN (2 PENS).....
<i>citroma</i>	102	COBENFY STARTER PACK		COSENTYX UNOREADY
<i>claravis</i>	75	.....	45	PEN.....
CLARINEX.....	133	<i>codeine sulfate</i>	36	COSOPT.....
CLARINEX-D 12 HOUR.....	134	<i>codeine-butalbital-asa-caff</i>	36	COSOPT (PF).....
<i>clarithromycin</i>	8	<i>codeine-guaifenesin</i>	134	COTELLIC.....
<i>classic prenatal</i>	142	COLAZAL.....	102	COTEMPLA XR-ODT.....
<i>clearlax</i>	102	<i>colchicine</i>	114	<i>covaryx</i>
<i>clemastine</i>	133	COLCRYS.....	114	<i>covaryx h.s.</i>
CLENPIQ.....	102	<i>colesevelam</i>	68	COXANTO.....
CLEOCIN.....	121	COLESTID.....	69	COZAAR.....
CLEOCIN HCL.....	9	<i>colestipol</i>	69	CREON.....
CLEOCIN PEDIATRIC.....	9	COMBIGAN.....	130	CRESEMBA.....
CLEOCIN T.....	75	COMBIPATCH.....	119	CRESTOR.....
CLIMARA.....	119	COMBIVENT RESPIMAT.....	135	CREXONT.....
CLIMARA PRO.....	119	COMETRIQ.....	15	CRINONE.....
<i>clindacin</i>	75			<i>cromolyn</i>

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

<i>crotan</i>	84	<i>darifenacin</i>	139	DESVENLAFAXINE	46
<i>cryselle (28)</i>	123	DARTISLA	100	<i>desvenlafaxine succinate</i>	46
CUPRIMINE.....	116	<i>darunavir</i>	4	<i>dexabliss</i>	90
<i>curae</i>	123	<i>dasatinib</i>	16	<i>dexamethasone</i>	90
CUVPOSA	100	<i>dasetta 1/35 (28)</i>	123	<i>dexamethasone intensol</i>	90
CUVRIOR.....	85	<i>dasetta 7/7/7 (28)</i>	123	<i>dexamethasone sodium</i>	
<i>cyanocobalamin (vitamin b-12)</i>		DAURISMO.....	16	<i>phosphate</i>	131
.....	142	DAYBUE	32	<i>dexchlorpheniramine maleate</i>	
<i>cyclobenzaprine</i>	34	DAYPRO.....	39	.....	133
CYCLOGYL	129	<i>daysee</i>	123	DEXCOM G6 RECEIVER ..	91
CYCLOMYDRIL.....	132	DAYTRANA.....	46	DEXCOM G6 SENSOR.....	91
<i>cyclopentolate</i>	129	DAYVIGO	46	DEXCOM G6	
<i>cyclophosphamide</i>	15	DDAVP	95	TRANSMITTER	91
CYCLOPHOSPHAMIDE....	16	<i>deblitane</i>	119	DEXCOM G7 RECEIVER ..	91
<i>cycloserine</i>	9	<i>deferasirox</i>	85	DEXCOM G7 SENSOR.....	91
CYCLOSET	97	<i>deferiprone</i>	85	DEXEDRINE SPANSULE ..	46
<i>cyclosporine</i>	16, 129	<i>deflazacort</i>	89	DEXILANT	107
<i>cyclosporine modified</i>	16	DELSTRIGO.....	4	<i>dexlansoprazole</i>	108
CYLTEZO(CF)	116	DELZICOL	103	<i>dexmethylphenidate</i>	46
CYLTEZO(CF) PEN.....	116	<i>demeclocycline</i>	12	<i>dextroamphetamine sulfate</i> ...	46
CYLTEZO(CF) PEN		DEM SER.....	62	<i>dextroamphetamine-</i>	
CROHN'S-UC-HS.....	116	DENAVIR	80	<i>amphetamine</i>	46, 47
CYLTEZO(CF) PEN		DENGVAXIA (PF).....	111	DHIVY	29
PSORIASIS-UV	116	<i>denta 5000 plus</i>	88	DIACOMIT	24, 25
CYMBALTA	46	<i>denta 5000 plus sensitive</i>	88	<i>dialyrite 800</i>	142
<i>cyproheptadine</i>	133	<i>dentagel</i>	88	<i>diazepam</i>	25, 47
<i>cyred</i>	123	DEPAKOTE	24	<i>diazepam intensol</i>	47
<i>cyred eq</i>	123	DEPAKOTE ER.....	24	<i>diazoxide</i>	92
CYSTADANE.....	103	DEPAKOTE SPRINKLES ..	24	DIBENZYLINE	62
CYSTADROPS.....	129	DEPEN TITRATABS	116	<i>dichlorphenamide</i>	32
CYSTAGON	140	DEPO-PROVERA.....	119	DICLEGIS	103
CYSTARAN	129	DEPO-TESTOSTERONE...	95	DICLOFENAC EPOLAMINE	
CYTOMEL.....	100	<i>dermacinrx lidocan</i>	78	.....	39
CYTOTEC	107	DERMA-SMOOTH/FS		<i>diclofenac potassium</i>	39
D		BODY OIL	82	<i>diclofenac sodium</i> ...	39, 74, 130
<i>dabigatran etexilate</i>	67	DERMA-SMOOTH/FS		DICLOFENAC	
<i>dalfampridine</i>	32	SCALP OIL	82	SUBMICRONIZED	39
DALIRESP	135	DERMAWERX SDS	82	<i>diclofenac-misoprostol</i>	39
<i>danazol</i>	95	DERMOTIC OIL	89	DICLOFEX DC.....	39
DANTRIUM	34	DESCOVY	5	DICLOPR	39
<i>dantrolene</i>	34	<i>desipramine</i>	46	DICLOSAICIN.....	39
DAPAGLIFLOZ		<i>desloratadine</i>	133	DICLOTRAL	39
PROPANED-METFORMIN		<i>desmopressin</i>	95	<i>dicloxacillin</i>	11
.....	97	DESMOPRESSIN	95	<i>dicyclomine</i>	100
DAPAGLIFLOZIN		<i>desog-e.estradiol/e.estradiol</i>		DIFFERIN	76
PROPANEDIOL	97	.....	123	DIFICID	8
<i>dapsone</i>	10, 76	<i>desonide</i>	82	<i>diflorasone</i>	82
DAPTACEL (DTAP		DESOWEN	82	DIFLUCAN.....	3
PEDIATRIC) (PF).....	111	<i>desoximetasone</i>	82	<i>diflunisal</i>	39
DARAPRIM.....	10	DESXYN.....	46	<i>difluprednate</i>	131

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

<i>digoxin</i>	66	<i>doxylamine-pyridoxine (vit b6)</i>	103	<i>eemt</i>	119
<i>dihydroergotamine</i>	30	.....	103	<i>eemt hs</i>	119
DILANTIN.....	25	DRIZALMA SPRINKLE....	47	<i>efavirenz</i>	5
DILANTIN EXTENDED	25	<i>dronabinol</i>	103	<i>efavirenz-emtricitabin-tenofov5</i>	
DILANTIN INFATABS	25	<i>drospirenone-e.estradiol-lm.fa</i>	123	<i>efavirenz-lamivu-tenofov disop</i>	5
DILANTIN-125	25	.....	123	.....	5
DILAUDID	36	<i>drospirenone-ethinyl estradiol</i>	123	<i>effe-k</i>	141
<i>diltiazem</i>	62	.....	123	EFFEXOR XR.....	47
<i>dilt-xr</i>	62	DROXIA	16	EFFIENT	67
DIMENTHO.....	39	<i>droxidopa</i>	85	EFUDEX	74
<i>dimethyl fumarate</i>	58	DRYSOL DAB-O-MATIC ..	74	EGRIFTA SV	110
DIOVAN.....	62	DUAKLIR PRESSAIR	135	ELEPSIA XR.....	25
DIOVAN HCT	62	DUAVEE.....	119	ELESTRIN	119
DIPENTUM	103	DUETACT	97	<i>eletriptan</i>	30
<i>diphenoxylate-atropine</i>	100	<i>dulcolax (magnesium</i>		ELIDEL	74
DIPROLENE		<i>hydroxide)</i>	103	ELIGARD.....	16
(AUGMENTED).....	82	DULERA.....	135	ELIGARD (3 MONTH)	16
<i>dipyridamole</i>	67	<i>duloxetine</i>	47	ELIGARD (4 MONTH)	16
DISALCID	39	DUOBRII	82	ELIGARD (6 MONTH)	16
<i>disopyramide phosphate</i>	60	DUOPA	29	ELIMITE	85
<i>disulfiram</i>	85	DUPIXENT PEN	74	<i>elinest</i>	123
DITHOL	39	DUPIXENT SYRINGE.....	74	ELIQUIS.....	67
DIURIL	62	DUREX AVANTI BARE		ELIQUIS DVT-PE TREAT	
<i>divalproex</i>	25	REAL FEEL	118	30D START.....	67
DIVIGEL.....	119	DUREX TROPICAL		<i>elite-ob</i>	142
<i>dodex</i>	142	CONDOM	118	ELIXOPHYLLIN	135
<i>dofetilide</i>	60	DUREZOL	131	ELLA	123
DOJOLVI.....	142	<i>dutasteride</i>	140	ELMIRON.....	140
<i>dolishale</i>	123	<i>dutasteride-tamsulosin</i>	140	<i>eluryng</i>	121
DOLOBID.....	39	DUVYZAT.....	85	ELYXYB.....	30
DOLOTRANZ	78	DYANAVEL XR.....	47	EMEND.....	103
<i>donepezil</i>	32	DYMISTA.....	135	EMFLAZA	90
DOPTELET (15 TAB PACK)		DYRENIUM	62	EMGALITY PEN.....	30
.....	67	E		EMGALITY SYRINGE	30
DORAL	47	<i>e.e.s. 400</i>	8	EMSAM	47
DORYX.....	12	E.E.S. GRANULES.....	8	<i>emtricitabine</i>	5
DORYX MPC	12	EASIVENT HOLDING		<i>emtricitabine-tenofovir (tdf)</i> ...	5
<i>dorzolamide</i>	130	CHAMBER	92	EMTRIVA.....	5
<i>dorzolamide-timolol</i>	130	EC-NAPROSYN.....	39	EMVERM.....	10
<i>dorzolamide-timolol (pf)</i>	130	<i>econazole nitrate</i>	79	<i>emzahh</i>	119
<i>dotti</i>	119	<i>econtra ez</i>	123	<i>enalapril maleate</i>	62
DOVATO.....	5	<i>econtra one-step</i>	123	<i>enalapril-hydrochlorothiazide</i>	
<i>doxazosin</i>	62	<i>ecotrin low strength</i>	39	.....	62
<i>doxepin</i>	47, 74	ECOZA.....	79	ENBREL.....	116
<i>doxercalciferol</i>	95	EDARBI.....	62	ENBREL MINI	116
<i>doxycycline hyclate</i>	12	EDARBYCLOR.....	62	ENBREL SURECLICK	116
DOXYCYCLINE HYCLATE		EDECRIN.....	62	ENDARI	85
.....	12	EDLUAR.....	47	<i>endocet</i>	36
<i>doxycycline monohydrate</i>	13	<i>ed-spaz</i>	100	ENGERIX-B (PF)	111
		EDURANT.....	5		

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

ENGERIX-B PEDIATRIC (PF).....	111	ERY-TAB.....	8	<i>exemestane</i>	16
<i>enilloring</i>	121	<i>erythrocin (as stearate)</i>	9	EXFORGE.....	63
<i>enoxaparin</i>	67	<i>erythromycin</i>	9, 127	EXFORGE HCT.....	63
<i>enpresse</i>	123	<i>erythromycin ethylsuccinate</i> ...9		EXJADE.....	85
<i>enskyce</i>	123	<i>erythromycin with ethanol</i>....76		EXODERM.....	79
ENSPRYNG.....	16	<i>erythromycin-benzoyl peroxide</i>	76	EXTINA.....	80
ENSTILAR.....	72	ESBRIET.....	135	<i>eye itch relief</i>	129
<i>entacapone</i>	29	<i>escitalopram oxalate</i>	47	EYSUVIS.....	131
ENTADFI.....	140	ESGIC.....	36	EZALLOR SPRINKLE.....	69
<i>entecavir</i>	5	<i>esomeprazole magnesium</i> ...108		<i>ezetimibe</i>	69
ENTRESTO.....	71	<i>estarylla</i>	123	EZETIMIBE- ROSUVASTATIN.....	69
ENTRESTO SPRINKLE.....	71	<i>estazolam</i>	47	<i>ezetimibe-simvastatin</i>	69
ENTYVIO PEN.....	103	ESTRACE.....	119	F	
<i>enulose</i>	103	<i>estradiol</i>	119	FABHALTA.....	85
ENVARUSUS XR.....	16	<i>estradiol-norethindrone acet</i>	119	FABIOR.....	76
EOHILIA.....	103	ESTRATEST F.S.....	119	<i>falmina (28)</i>	123
EPANED.....	62	ESTRATEST H.S.....	119	<i>famciclovir</i>	5
EPCLUSA.....	5	ESTRING.....	119	<i>famotidine</i>	108
EPIDIOLEX.....	25	ESTROGEL.....	119	FANAPT.....	47
EPIDUO FORTE.....	76	<i>estrogens-methyltestosterone</i>	119	FARESTON.....	16
EPIFOAM.....	72	<i>eszopiclone</i>	47	FARXIGA.....	97
<i>epinastine</i>	129	<i>ethacrynic acid</i>	63	FASENRA.....	135
<i>epinephrine</i>	133	<i>ethambutol</i>	10	FASENRA PEN.....	136
EPINEPHRINE.....	133	<i>ethosuximide</i>	25	FC2 FEMALE CONDOM.....	118
EPIPEN.....	133	<i>ethynodiol diac-eth estradiol</i>	123	<i>febuxostat</i>	114
EPIPEN JR.....	133	<i>etodolac</i>	39, 40	<i>feirza</i>	123
<i>epitol</i>	25	<i>etonogestrel-ethinyl estradiol</i>	121	<i>felbamate</i>	25
EPIVIR.....	5	<i>etoposide</i>	16	FELBATOL.....	25
<i>eplerenone</i>	63	<i>etravirine</i>	5	<i>felodipine</i>	63
EPOGEN.....	109	EUCRISA.....	74	FEMARA.....	16
EPRONTIA.....	25	EURAX.....	85	FEMCAP.....	118
<i>eprosartan</i>	63	<i>euthyrox</i>	100	FEMLYV.....	123
EPSOLAY.....	76	EVAMIST.....	119	FEMRING.....	119
EQUETRO.....	25	EVEKEO.....	47	<i>fenofibrate</i>	69
<i>ergocalciferol (vitamin d2)</i> .142		<i>everolimus (antineoplastic)</i> ..16		FENOFIBRATE.....	69
<i>ergoloid</i>	47	<i>everolimus</i> (<i>immunosuppressive</i>).....	16	<i>fenofibrate micronized</i>	69
ERGOMAR.....	30	EVISTA.....	114	FENOFIBRATE MICRONIZED.....	69
<i>ergotamine-caffeine</i>	30	EVOCALIN.....	76	<i>fenofibrate nanocrystallized</i> .69	
ERIVEDGE.....	16	EVOTAZ.....	5	<i>fenofibric acid</i>	69
ERLEADA.....	16	EVOXAC.....	85	<i>fenofibric acid (choline)</i>	69
<i>erlotinib</i>	16	EVRYSDI.....	32	FENOGLIDE.....	69
ERMEZA.....	100	EXELDERM.....	79	<i>fenopropfen</i>	40
<i>errin</i>	119	EXELON PATCH.....	32	FENOPROFEN.....	40
ERTACZO.....	79			FENOPRON.....	40
<i>ery pads</i>	76			FENSOLVI.....	16
<i>erygel</i>	76			<i>fentanyl</i>	36
ERYPED 200.....	8			<i>fentanyl citrate</i>	36
ERYPED 400.....	8			FERRIPROX.....	86
<i>ery-tab</i>	8				

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

FERRIPROX (2 TIMES A DAY).....	86	FLULAVAL TRIV 2024-2025 (PF).....	111	FORFIVO XL.....	48
<i>fesoterodine</i>	139	FLUMADINE.....	5	<i>formoterol fumarate</i>	136
FETZIMA.....	48	FLUMIST TRIVALENT 2024-2025.....	111	FORTEO.....	114
FEXMID.....	34	<i>flunisolide</i>	136	FOSAMAX.....	114
FIASP FLEXTOUCH U-100 INSULIN.....	93	<i>fluocinolone</i>	82	FOSAMAX PLUS D.....	114
FIASP PENFILL U-100 INSULIN.....	93	<i>fluocinolone acetonide oil</i>	89	<i>fosamprenavir</i>	5
FIASP PUMPCART.....	93	<i>fluocinolone and shower cap</i>	82	<i>fosfomycin tromethamine</i>	13
FIASP U-100 INSULIN.....	93	<i>fluocinonide</i>	82	<i>fosinopril</i>	63
FIBRICOR.....	69	<i>fluocinonide-e</i>	82	<i>fosinopril-hydrochlorothiazide</i>	63
FILSPARI.....	71	<i>fluoride (sodium)</i>	88, 142	FOSRENOL.....	141
FINACEA.....	76	<i>fluorometholone</i>	131	FOTIVDA.....	16
<i>finasteride</i>	140	<i>fluorouracil</i>	74	FRAGMIN.....	67
<i>finzala</i>	123	FLUOROURACIL.....	74	FREESTYLE LIBRE 14 DAY READER.....	91
FIORICET.....	36	FLUOVIX.....	83	FREESTYLE LIBRE 14 DAY SENSOR.....	91
FIORICET WITH CODEINE.....	36	FLUOVIX PLUS.....	83	FREESTYLE LIBRE 2 PLUS SENSOR.....	91
FIRAZYR.....	136	<i>fluoetine</i>	48	FREESTYLE LIBRE 2 READER.....	91
FIRDAPSE.....	32	<i>fluphenazine decanoate</i>	48	FREESTYLE LIBRE 2 SENSOR.....	91
FIRMAGON KIT W DILUENT SYRINGE.....	16	<i>fluphenazine hcl</i>	48	FREESTYLE LIBRE 3 PLUS SENSOR.....	91
FIRVANQ.....	14	<i>flurandrenolide</i>	83	FREESTYLE LIBRE 3 READER.....	91
<i>flac otic oil</i>	89	<i>flurazepam</i>	48	FREESTYLE LIBRE 3 SENSOR.....	91
FLAGYL.....	10	<i>flurbiprofen</i>	40	FROVA.....	30
FLAREX.....	131	<i>flurbiprofen sodium</i>	130	<i>frovatriptan</i>	30
<i>flavoxate</i>	139	FLUTICASONE FUROATE-VILANTEROL.....	136	FRUZAQLA.....	17
<i>flecainide</i>	60	<i>fluticasone propionate</i> ..	83, 136	<i>full spectrum b-vitamin c</i>	143
FLECTOR.....	40	FLUTICASONE PROPIONATE.....	136	FULPHILA.....	109
FLEQSUVY.....	34	<i>fluticasone propion-salmeterol</i>	136	FULVICIN P/G.....	3
FLEXICHAMBER.....	92	FLUTICASONE PROPION-SALMETEROL.....	136	FURADANTIN.....	13
FLOLIPID.....	69	<i>fluvastatin</i>	69	FUROSCIX.....	63
FLOMAX.....	140	<i>fluvoxamine</i>	48	<i>furosemide</i>	63
FLUAD TRIV 2024-25(65Y UP)(PF).....	111	FLUZONE HIGH-DOSE TRIV 24-25.....	112	FUZEON.....	5
FLUARIX TRIV 2024-2025 (PF).....	111	FLUZONE TRIV 2024-2025.....	112	<i>fyavolv</i>	120
FLUBLOK TRIV 2024-2025 (PF).....	111	FLUZONE TRIV 2024-2025 (PF).....	112	FYCOMPA.....	25
FLUCELVAX TRIV 2024-2025.....	111	FML FORTE.....	132	FYLNTRA.....	109
FLUCELVAX TRIV 2024-2025 (PF).....	111	FML LIQUIFILM.....	132	G	
<i>fluconazole</i>	3	FOCALIN.....	48	<i>g tussin ac</i>	134
<i>flucytosine</i>	3	FOCALIN XR.....	48	<i>gabapentin</i>	25
<i>fludrocortisone</i>	90	<i>folic acid</i>	142, 143	GABARONE.....	25
		<i>folitab</i>	143	GALAFOLD.....	95
		<i>folivane-ob</i>	143	<i>galantamine</i>	32
		<i>foltabs 800</i>	143	<i>gallifrey</i>	120
		<i>fondaparinux</i>	67	GALZIN.....	141

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

GARDASIL 9 (PF).....	112	GLYCATE	101	HETLIOZ	49
GASTROCROM.....	103	<i>glycopyrrolate</i>	101	HETLIOZ LQ.....	49
<i>gatifloxacin</i>	127	GLYXAMBI	98	HIBERIX (PF).....	112
GATTEX 30-VIAL	103	GOCOVRI.....	29	<i>homatropaire</i>	129
<i>gavilax</i>	103	GOLYTELY.....	103	HORIZANT.....	32
<i>gavilyte-c</i>	103	GONITRO	71	HULIO(CF)	116
<i>gavilyte-g</i>	103	GRALISE	25	HULIO(CF) PEN.....	116
<i>gavilyte-n</i>	103	<i>granisetron hcl</i>	103	HUMALOG JUNIOR	
GAVRETO.....	17	GRANIX	109	KWIKPEN U-100	93
<i>gefitinib</i>	17	GRASTEK.....	112	HUMALOG KWIKPEN	
GELCLAIR.....	88	<i>griseofulvin microsize</i>	3	INSULIN	93
<i>gemfibrozil</i>	69	<i>griseofulvin ultramicrosize</i>	3	HUMALOG MIX 50-50	
<i>gemmily</i>	123	<i>guanfacine</i>	48, 63	KWIKPEN.....	93
GEMTESA	139	GVOKE	92	HUMALOG MIX 75-25	
<i>generlac</i>	103	GVOKE HYPOPEN 2-PACK		KWIKPEN.....	93
<i>gengraf</i>	17	.....	92	HUMALOG MIX 75-25(U-	
GENOTROPIN	110	GVOKE PFS 2-PACK		100)INSULN	93
GENOTROPIN MINIQUICK		SYRINGE.....	92	HUMALOG TEMPO PEN(U-	
.....	110	GYNAZOLE-1	121	100)INSULN	93
<i>gentamicin</i>	79, 127	H		HUMALOG U-100 INSULIN	
GENTEEL VACUUM		HADLIMA	116	.....	93
LANCING DEVICE	92	HADLIMA PUSH TOUCH	116	HUMATIN	10
<i>gentle laxative (bisacodyl)</i> .	103	HADLIMA(CF).....	116	HUMATROPE	110
<i>gentle laxative (mag hydrox)</i>		HADLIMA(CF)		HUMIRA (ONLY NDCS	
.....	103	PUSH TOUCH.....	116	STARTING WITH 00074)	
<i>gentlelax</i>	103	HAEGARDA.....	136	.....	116
GENVOYA	5	<i>hailey</i>	123	HUMIRA PEN (ONLY NDCS	
GEODON	48	<i>hailey 24 fe</i>	123	STARTING WITH 00074)	
GILENYA	58	<i>hailey fe 1.5/30 (28)</i>	123	.....	116
GILOTRIF.....	17	<i>hailey fe 1/20 (28)</i>	123	HUMIRA(CF) (ONLY NDCS	
GIMOTI	103	<i>halcinonide</i>	83	STARTING WITH 00074)	
<i>glatiramer</i>	58	HALCION	48	.....	116
<i>glatopa</i>	58	HALDOL DECANOATE ...	48	HUMIRA(CF) PEN (ONLY	
GLEEVEC.....	17	<i>halobetasol propionate</i>	83	NDCS STARTING WITH	
GLEOSTINE.....	17	<i>haloette</i>	121	00074).....	116
<i>glimepiride</i>	97	HALOG	83	HUMIRA(CF) PEN	
GLIMEPIRIDE	97	<i>haloperidol</i>	49	CROHNS-UC-HS (ONLY	
<i>glipizide</i>	97, 98	<i>haloperidol decanoate</i>	48	NDCS STARTING WITH	
GLIPIZIDE.....	97	<i>haloperidol lactate</i>	48, 49	00074).....	116
<i>glipizide-metformin</i>	98	HARVONI.....	5	HUMIRA(CF) PEN PSOR-	
GLOPERBA.....	114	HAVRIX (PF)	112	UV-ADOL HS (ONLY	
GLUCAGON (HCL)		<i>heather</i>	120	NDCS STARTING WITH	
EMERGENCY KIT	92	HEMADY	90	00074).....	116
<i>glucagon emergency kit</i>		HEMANGEOL.....	63	HUMULIN 70/30 U-100	
(<i>human</i>)	92	<i>hemmorex-hc</i>	103	INSULIN	93
GLUCOTROL XL	98	<i>heparin (porcine)</i>	67	HUMULIN 70/30 U-100	
<i>glutamine (sickle cell)</i>	86	<i>heparin, porcine (pf)</i>	67	KWIKPEN.....	93
<i>glyburide</i>	98	HEPARIN, PORCINE (PF) .	67	HUMULIN N NPH INSULIN	
<i>glyburide micronized</i>	98	HEPLISAV-B (PF).....	112	KWIKPEN.....	94
<i>glyburide-metformin</i>	98	<i>her style</i>	123		

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

HUMULIN N NPH U-100	IBRANCE	17	INGREZZA SPRINKLE	32
INSULIN.....	IBSRELA	104	INLYTA	17
HUMULIN R REGULAR U-	<i>ibu</i>	40	INNOPRAN XL	63
100 INSULN	<i>ibuprofen</i>	40	INPEFA	98
HUMULIN R U-500 (CONC)	<i>ibuprofen-famotidine</i>	40	INQOVI.....	17
INSULIN.....	<i>icatibant</i>	136	INREBIC	17
HUMULIN R U-500 (CONC)	<i>iclevia</i>	123	INSPIRA	63
KWIKPEN	ICLOFENAC CP.....	40	INSULIN ASP PRT-INSULIN	
HYCAMTIN	ICLUSIG	17	ASPART.....	94
HYCODAN (WITH	<i>icosapent ethyl</i>	69	INSULIN ASPART U-100...	94
HOMATROPINE)	IDACIO(CF)	117	INSULIN DEGLUDEC.....	94
<i>hydralazine</i>	IDACIO(CF) PEN.....	117	INSULIN GLARGINE U-300	
HYDREA	IDACIO(CF) PEN CROHN-		CONC	94
<i>hydrochlorothiazide</i>	UC STARTR.....	117	INSULIN GLARGINE-YFGN	
<i>hydrocodone bitartrate</i>	IDACIO(CF) PEN		.....	94
<i>hydrocodone-acetaminophen</i>	PSORIASIS START	117	INSULIN LISPRO	94
36	IDHIFA	17	INSULIN LISPRO	
<i>hydrocodone-</i>	ILEVRO	130	PROTAMIN-LISPRO	94
<i>chlorpheniramine</i>	ILUMYA.....	72	INSULIN SYRINGE-	
134	<i>imatinib</i>	17	NEEDLE U-100	92
<i>hydrocodone-homatropine</i> .	IMBRUVICA.....	17	INTELENCE	5
134	IMCIVREE.....	85	INTRAROSA	121
<i>hydrocodone-ibuprofen</i>	<i>imipramine hcl</i>	49	INTUNIV ER	49
36	<i>imipramine pamoate</i>	49	INVEGA.....	49
<i>hydrocortisone</i>	<i>imiquimod</i>	113	INVEGA HAFYERA	49
83, 90, 104	IMITREX	30	INVEGA SUSTENNA.....	49
<i>hydrocortisone acetate</i>	IMITREX STATDOSE PEN30		INVEGA TRINZA	49
104	IMITREX STATDOSE		INVELTYS.....	132
<i>hydrocortisone butyrate</i>	REFILL	30	INVOKAMET.....	98
83	IMPAVIDO	10	INVOKAMET XR	98
<i>hydrocortisone valerate</i>	IMPOYZ.....	83	INVOKANA.....	98
83	IMURAN.....	17	IOPIDINE.....	132
<i>hydrocortisone-acetic acid</i> ...	IMVEXXY MAINTENANCE		IPOL	112
89	PACK	120	<i>ipratropium bromide</i>	88, 136
<i>hydrocortisone-pramoxine</i> .	IMVEXXY STARTER PACK		<i>ipratropium-albuterol</i>	136
104	.....	120	IQIRVO	104
<i>hydromet</i>	INBRIJA.....	29	<i>irbesartan</i>	63
134	<i>incassia</i>	120	<i>irbesartan-hydrochlorothiazide</i>	
<i>hydromorphone</i>	INCRELEX	86	.....	63
36	INCRUSE ELLIPTA.....	136	IRESSA	17
<i>hydroxychloroquine</i>	<i>indapamide</i>	63	ISENTRESS	5
10	INDERAL LA	63	ISENTRESS HD	5
<i>hydroxyurea</i>	INDERAL XL	63	<i>isibloom</i>	123
17	INDOCIN	40	<i>isoniazid</i>	10
<i>hydroxyzine hcl</i>	<i>indomethacin</i>	40	ISORDIL	71
133	INDOMETHACIN.....	40	ISORDIL TITRADOSE	71
<i>hydroxyzine pamoate</i>	INFANRIX (DTAP) (PF)...	112	<i>isosorbide dinitrate</i>	71
133	INGREZZA	32	<i>isosorbide mononitrate</i>	71
HYFTOR.....	INGREZZA INITIATION		<i>isosorbide-hydralazine</i>	63
74	PK(TARDIV).....	32	<i>isotretinoin</i>	76
<i>hyoscyamine sulfate</i>				
101				
<i>hyosyne</i>				
101				
HYPHER-SAL.....				
136				
HYRIMOZ				
116				
HYRIMOZ PEN.....				
116				
HYRIMOZ PEN CROHN'S-				
UC STARTER.....				
117				
HYRIMOZ PEN PSORIASIS				
STARTER.....				
117				
HYRIMOZ(CF).....				
117				
HYRIMOZ(CF) PEDI				
CROHN STARTER				
117				
HYRIMOZ(CF) PEN				
117				
HYSINGLA ER				
36				
HYZAAR				
63				
I				
<i>ibandronate</i>				
114				

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

<i>isradipine</i>	63	<i>kariva (28)</i>	124	L
ISTALOL	128	KATERZIA	63	<i>l norgest/e.estradiol-e.estrad</i>
ISTURISA	95	KAZANO	98	.....
ITOVEBI.....	17	<i>kelnor 1/35 (28)</i>	124	<i>labetalol</i>
<i>itraconazole</i>	3	<i>kelnor 1/50 (28)</i>	124	LABETALOL.....
<i>ivabradine</i>	71	KENALOG.....	83	<i>lacosamide</i>
<i>ivermectin</i>	10, 76	KEPPRA.....	25	<i>lactulose</i>
IWILFIN.....	17	KEPPRA XR	25	LAMICTAL
IYUZEH (PF).....	131	<i>keralyt</i>	73	LAMICTAL ODT
J		KERALYT RX.....	73	LAMICTAL ODT STARTER
JADENU	86	KERALYT SCALP	73	(BLUE).....
JADENU SPRINKLE	86	KERENDIA.....	63	LAMICTAL ODT STARTER
<i>jaimiess</i>	123	KESIMPTA PEN	58	(GREEN).....
JAKAFI.....	17	<i>ketoconazole</i>	3, 80	LAMICTAL ODT STARTER
<i>jantoven</i>	67	<i>ketodan</i>	80	(ORANGE).....
JANUMET	98	<i>ketodan kit</i>	80	LAMICTAL STARTER
JANUMET XR.....	98	<i>ketoprofen</i>	40	(BLUE) KIT
JANUVIA.....	98	<i>ketorolac</i>	40, 130	LAMICTAL STARTER
JARDIANCE.....	98	<i>ketotifen fumarate</i>	129	(GREEN) KIT
<i>jasmiel (28)</i>	123	KEVEYIS.....	32	LAMICTAL STARTER
JATENZO	95	KEVZARA.....	117	(ORANGE) KIT
<i>javygtor</i>	95	KINERET.....	117	LAMICTAL XR.....
JAYPIRCA.....	17	KINRIX (PF).....	112	LAMICTAL XR STARTER
<i>jencycla</i>	120	<i>kiprofen</i>	40	(BLUE).....
JENTADUETO	98	KISQALI.....	18	LAMICTAL XR STARTER
JENTADUETO XR.....	98	KITABIS PAK	10	(GREEN).....
<i>jinteli</i>	120	KLARON	79	LAMICTAL XR STARTER
JOENJA.....	86	<i>klayesta</i>	80	(ORANGE).....
<i>jolessa</i>	124	KLISYRI	18	<i>lamivudine</i>
JORNAY PM	49	KLONOPIN.....	25	<i>lamivudine-zidovudine</i>
<i>joyeaux</i>	124	<i>klor-con</i>	141	<i>lamotrigine</i>
JUBLIA	80	<i>klor-con 10</i>	141	LAMPIT
<i>juleber</i>	124	<i>klor-con 8</i>	142	LANCETS
JULUCA.....	5	<i>klor-con m10</i>	142	LANCING DEVICE
<i>junel 1.5/30 (21)</i>	124	<i>klor-con m15</i>	142	LANOXIN.....
<i>junel 1/20 (21)</i>	124	<i>klor-con m20</i>	142	<i>lansoprazole</i>
<i>junel fe 1.5/30 (28)</i>	124	<i>klor-con/ef</i>	142	<i>lanthanum</i>
<i>junel fe 1/20 (28)</i>	124	KLOXXADO	40	LANTUS SOLOSTAR U-100
<i>junel fe 24</i>	124	<i>kobee</i>	143	INSULIN
JUXTAPID.....	69	KONVOMEPI	108	LANTUS U-100 INSULIN ..
JYLAMVO.....	18	KORLYM.....	95	<i>lapatinib</i>
JYNARQUE.....	95	KOSELUGO	18	<i>larin 1.5/30 (21)</i>
JYNNEOS (PF).....	112	<i>kourzeq</i>	88	<i>larin 1/20 (21)</i>
K		K-PHOS NO 2.....	140	<i>larin 24 fe</i>
<i>kaitlib fe</i>	124	KRAZATI	18	<i>larin fe 1.5/30 (28)</i>
KALETRA	5	KRINTAFEL.....	10	<i>larin fe 1/20 (28)</i>
<i>kalliga</i>	124	KRISTALOSE.....	104	LASIX
KALYDECO.....	136	<i>kurvelo (28)</i>	124	<i>latanoprost</i>
KAPSPARGO SPRINKLE ..	63	KUVAN.....	95	LATUDA.....
KARBINAL ER	133	KYZATREX	95	<i>laxative (bisacodyl)</i>

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

<i>laxative peg 3350</i>	104	LIBRAX (WITH CLIDINIUM)	101	LOESTRIN FE 1/20 (28-DAY)	124
<i>layolis fe</i>	124	LICART	40	<i>lofena</i>	40
LAZCLUZE	18	<i>lidocaine</i>	78	<i>lofexidine</i>	40
LEDIPASVIR-SOFOSBUVIR	5	<i>lidocaine hcl</i>	78	<i>lojaimiess</i>	125
<i>leena 28</i>	124	<i>lidocaine hcl-hydrocortison ac</i>	104	LOKELMA.....	141
<i>leflunomide</i>	117	<i>lidocaine viscous</i>	78	LOMOTIL	101
<i>lenalidomide</i>	18	<i>lidocaine-prilocaine</i>	78	LONSURF	18
LENVIMA	18	LIDOCAINE-TETRACAINE	78	LOPID	69
LESCOL XL	69	<i>lidocan iii</i>	78	<i>lopinavir-ritonavir</i>	5, 6
<i>lessina</i>	124	<i>lidocan iv</i>	78	LOPRESSOR	64
LETAIRIS	136	<i>lidocan v</i>	78	LOPROX (AS OLAMINE)..	80
<i>letrozole</i>	18	LIDODERM.....	78	LOPROX KIT	80
<i>leucovorin calcium</i>	14	<i>lidopin</i>	78	<i>lorazepam</i>	50
LEUKERAN	18	LIDO-PRILO CAINE PACK	79	<i>lorazepam intensol</i>	50
LEUKINE.....	109	LIFEMS NALOXONE.....	40	LORBRENA.....	18
<i>leuprolide</i>	18	LIKMEZ.....	10	LOREEV XR.....	50
LEUPROLIDE (3 MONTH) ..	18	<i>linezolid</i>	10	<i>loryna (28)</i>	125
<i>levabuterol hcl</i>	136	LINZESS	104	LORZONE	34
LEVALBUTEROL TARTRATE	136	<i>liothyronine</i>	100	<i>losartan</i>	64
LEVAMLODIPINE	63	LIPITOR.....	69	<i>losartan-hydrochlorothiazide</i>	64
LEVBID	101	LIPOFEN.....	69	LOTEMAX.....	132
<i>levetiracetam</i>	26	LIQREV	136	LOTEMAX SM.....	132
LEVETIRACETAM	26	<i>liraglutide</i>	98	LOTENSIN.....	64
<i>levobunolol</i>	128	<i>lisdexamfetamine</i>	50	LOTENSIN HCT.....	64
<i>levocarnitine</i>	86	<i>lisinopril</i>	63	<i>loteprednol etabonate</i>	132
<i>levocarnitine (with sugar)</i> ...	86	<i>lisinopril-hydrochlorothiazide</i>	64	LOTREL	64
<i>levocetirizine</i>	133	LITFULO	86	LOTRONEX.....	104
<i>levofloxacin</i>	12, 127	<i>lithium carbonate</i>	50	<i>lovastatin</i>	69
<i>levonest (28)</i>	124	<i>lithium citrate</i>	50	LOVAZA.....	69
<i>levonorgest-eth.estradiol-iron</i>	124	LITHOBID	50	LOVENOX.....	67
<i>levonorgestrel</i>	124	LITHOSTAT	86	<i>low-ogestrel (28)</i>	125
<i>levonorgestrel-ethinyl estrad</i>	124	LIVALO	69	<i>loxapine succinate</i>	50
<i>levonorg-eth estrad triphasic</i>	124	LIVDELZI.....	104	<i>lo-zumandimine (28)</i>	125
<i>levora-28</i>	124	LIVMARLI	104	<i>lubiprostone</i>	104
<i>levorphanol tartrate</i>	36	LIVTENCITY	5	LUCEMYRA.....	41
<i>levo-t</i>	100	LO LOESTRIN FE.....	124	<i>ludent fluoride</i>	143
<i>levothyroxine</i>	100	LOCOID.....	83	LULICONAZOLE	80
LEVOTHYROXINE.....	100	LOCOID LIPOCREAM.....	83	LUMAKRAS.....	18
<i>levoxyl</i>	100	LODINE	40	LUMIGAN	131
LEVSIN.....	101	LODOCO	71	LUMRYZ	50
LEVSIN/SL.....	101	LODOSYN.....	29	LUMRYZ STARTER PACK	50
LEXAPRO	50	LOESTRIN 1.5/30 (21).....	124	LUNESTA.....	50
LIALDA	104	LOESTRIN 1/20 (21).....	124	LUPKYNIS	18
LIBERVANT	26	LOESTRIN FE 1.5/30 (28-DAY).....	124	LUPRON DEPOT	18
				LUPRON DEPOT (3 MONTH).....	18

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

LUPRON DEPOT (4 MONTH).....	19	MAVENCLAD (7 TABLET PACK).....	58	METADATE CD.....	50
LUPRON DEPOT (6 MONTH).....	19	MAVENCLAD (8 TABLET PACK).....	59	<i>metaxalone</i>	34
LUPRON DEPOT-PED.....	19	MAVENCLAD (9 TABLET PACK).....	59	<i>metformin</i>	92, 98
LUPRON DEPOT-PED (3 MONTH).....	19	MAVYRET.....	6	METFORMIN.....	98
<i>lurasidone</i>	50	MAXALT.....	30	<i>methadone</i>	36, 37
<i>lutea (28)</i>	125	MAXALT-MLT.....	31	<i>methadose</i>	37
LUZU.....	80	MAXIDEX.....	132	<i>methamphetamine</i>	50
LYBALVI.....	50	MAXITROL.....	131	<i>methazolamide</i>	130
<i>lyleq</i>	120	<i>maxi-tuss ac</i>	134	<i>methenamine hippurate</i>	13
<i>lyllana</i>	120	MAYZENT.....	59	<i>methenamine mandelate</i>	13
LYNPARZA.....	19	MAYZENT STARTER(FOR IMG MAINT).....	59	<i>methimazole</i>	91
LYRICA.....	26	MAYZENT STARTER(FOR 2MG MAINT).....	59	METHITEST.....	95
LYRICA CR.....	26	<i>meclizine</i>	104	<i>methocarbamol</i>	34
LYSODREN.....	19	MECLIZINE.....	104	<i>methotrexate sodium</i>	19
LYTGOBI.....	19	<i>meclofenamate</i>	41	<i>methotrexate sodium (pf)</i>	19
LYUMJEV KWIKPEN U-100 INSULIN.....	94	MEDROL.....	90	<i>methoxsalen</i>	74
LYUMJEV KWIKPEN U-200 INSULIN.....	94	MEDROL (PAK).....	90	<i>methscopolamine</i>	101
LYUMJEV TEMPO PEN(U-100)INSULN.....	94	<i>medroxyprogesterone</i>	120	<i>methsuximide</i>	26
LYUMJEV U-100 INSULIN.....	94	<i>mefenamic acid</i>	41	<i>methyl dopa</i>	64
LYVISPAH.....	34	<i>mefloquine</i>	10	<i>methyl dopa-hydrochlorothiazide</i>	64
<i>lyza</i>	120	<i>megestrol</i>	19	<i>methyl ergonovine</i>	127
M		MEKINIST.....	19	METHYLIN.....	50, 51
MACROBID.....	13	MEKTOVI.....	19	<i>methylphenidate</i>	51
<i>mafenide acetate</i>	79	<i>meloxicam</i>	41	<i>methylphenidate hcl</i>	51
<i>magnesium citrate</i>	104	MELOXICAM.....	41	METHYLPHENIDATE HCL.....	51
MALARONE.....	10	<i>meloxicam submicronized</i>	41	<i>methylprednisolone</i>	90
MALARONE PEDIATRIC.....	10	<i>memantine</i>	32	<i>methyltestosterone</i>	96
<i>malathion</i>	85	MEMANTINE.....	32	<i>metoclopramide hcl</i>	105
<i>maraviroc</i>	6	<i>memantine-donepezil</i>	32	<i>metolazone</i>	64
MARINOL.....	104	MENEST.....	120	<i>metoprolol succinate</i>	64
<i>marlissa (28)</i>	125	MENOSTAR.....	120	<i>metoprolol ta-hydrochlorothiaz</i>	64
MARPLAN.....	50	MENQUADFI (PF).....	112	.....	64
MATULANE.....	19	MENVEO A-C-Y-W-135-DIP (PF).....	112	METROCREAM.....	76
<i>matzim la</i>	64	<i>mepredine</i>	36	METROGEL.....	77
MAVENCLAD (10 TABLET PACK).....	58	<i>meprobamate</i>	34	<i>metronidazole</i>	10, 77, 121
MAVENCLAD (4 TABLET PACK).....	58	MEPRON.....	10	METRONIDAZOLE.....	10
MAVENCLAD (5 TABLET PACK).....	58	<i>mercaptopurine</i>	19	<i>metyrosine</i>	64
MAVENCLAD (6 TABLET PACK).....	58	<i>merzee</i>	125	<i>mexiletine</i>	60
		<i>mesalamine</i>	104	<i>mibelas 24 fe</i>	125
		<i>mesalamine with cleansing wipe</i>	104	MICARDIS.....	64
		MESNEX.....	14	MICARDIS HCT.....	64
		MESTINON.....	34	MICONAZOLE NITRATE-ZINC OX-PET.....	80
		MESTINON TIMESPAN.....	34	<i>miconazole-3</i>	121
				MICROCHAMBER.....	92
				<i>microgestin 1.5/30 (21)</i>	125
				<i>microgestin 1/20 (21)</i>	125

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

<i>microgestin fe 1.5/30 (28)</i> .. 125	MOVIPREP..... 105	<i>nasal allergy</i> 136
<i>microgestin fe 1/20 (28)</i> 125	MOXATAG..... 11	NATACYN..... 128
<i>midazolam</i> 51	<i>moxifloxacin</i> 12, 128	NATAZIA 125
<i>midodrine</i> 86	MRESVIA (PF)..... 112	<i>nateglinide</i> 98
MIEBO (PF)..... 129	MS CONTIN 37	NATESTO 96
MIFEPREX..... 121	MULPLETA..... 67	NATROBA..... 85
<i>mifepristone</i> 96, 121	MULTAQ..... 60	<i>natura-lax</i> 105
<i>migergot</i> 31	<i>multi-vitamin with fluoride</i> . 143	NAYZILAM..... 26
<i>miglitol</i> 98	<i>mupirocin</i> 79	<i>nebivolol</i> 64
<i>miglustat</i> 96	<i>mupirocin calcium</i> 79	NEBUPENT 10
MIGRANAL 31	<i>mvc-fluoride</i> 143	<i>nebusal</i> 136
<i>mili</i> 125	<i>my choice</i> 125	NEBUSAL..... 136
<i>milk of magnesia</i> 105	<i>my way</i> 125	<i>necon 0.5/35 (28)</i> 125
<i>milk of magnesia concentrated</i> 105	MYALEPT 96	<i>nefazodone</i> 52
<i>millipred</i> 90	MYCAPSSA 19	NEFFY 133
<i>millipred dp</i> 90	<i>mycophenolate mofetil</i> 19	NEMLUVIO..... 19
<i>mimvey</i> 120	<i>mycophenolate sodium</i> 19	<i>neomycin</i> 10
MINIVELLE 120	MYDAYIS 51	<i>neomycin-bacitracin-poly-hc</i> 131
<i>minocycline</i> 13	MYDRIACYL..... 129	<i>neomycin-bacitracin-</i> <i>polymyxin</i> 128
MINOCYCLINE..... 13	MYFEMBREE 121	<i>neomycin-polymyxin b-</i> <i>dexameth</i> 131
<i>minoxidil</i> 64	MYFORTIC 19	<i>neomycin-polymyxin-</i> <i>gramicidin</i> 128
<i>minzoya</i> 125	MYHIBBIN..... 19	<i>neomycin-polymyxin-hc 89</i> , 131
<i>mirabegron</i> 139	MYLERAN 19	<i>neo-polycin</i> 128
MIRCERA..... 109	<i>mynatal</i> 143	<i>neo-polycin hc</i> 131
<i>mirtazapine</i> 51	<i>mynatal plus</i> 143	NEORAL 20
MIRVASO 77	<i>mynatal-z</i> 143	NEO-SYNALAR..... 79
<i>misoprostol</i> 108	MYRBETRIQ 139	NEO-SYNALAR KIT 79
MITIGARE 114	MYSOLINE 26	NERLYNX 20
M-M-R II (PF)..... 112	MYTESI..... 101	NESINA 98
<i>m-natal plus</i> 143	N	<i>neuac</i> 77
<i>modafinil</i> 51	<i>nabumetone</i> 41	NEUAC KIT 77
MODERNA COVID 24- 25(6M-11Y)PF 112	<i>nadolol</i> 64	NEULASTA 109
<i>moexipril</i> 64	<i>naftifine</i> 80	NEULASTA ONPRO 109
<i>molindone</i> 51	NAFTIN 80	NEUPOGEN..... 109, 110
<i>mometasone</i> 83, 136	NALFON..... 41	NEUPRO 29
<i>mondoxyne nl</i> 13	NALOCET 37	NEURONTIN..... 27
MONODOX 13	<i>naloxone</i> 41	NEVANAC..... 130
<i>mono-lyyah</i> 125	<i>naltrexone</i> 41	<i>nevirapine</i> 6
<i>montelukast</i> 136	NAMENDA TITRATION PAK..... 32	<i>new day</i> 125
MORGIDOX 1X 50..... 13	NAMENDA XR..... 32, 33	<i>newgen</i> 143
MORGIDOX 1X100..... 13	NAMZARIC..... 33	NEXAVAR..... 20
<i>morphine</i> 37	NAPRELAN CR 41	NEXICLON XR 64
<i>morphine concentrate</i> 37	NAPROSYN 41	NEXIUM 108
MOTEGRITY 105	<i>naproxen</i> 41	NEXIUM PACKET..... 108
MOTOFEN..... 101	<i>naproxen sodium</i> 41	NEXLETOL 69
MOTPOLY XR..... 26	<i>naproxen-esomeprazole</i> 41	NEXLIZET 70
MOUNJARO..... 98	<i>naratriptan</i> 31	
MOVANTIK 105	NARCAN 41	
	NARDIL 51	

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

NEXTSTELLIS.....	125	NORGESIC	34	NUVIGIL	52
NGENLA	110	NORGESIC FORTE	34	NUZYRA	13
<i>niacin</i>	70	<i>norgestimate-ethinyl estradiol</i>	125	<i>nyamyc</i>	80
NIACOR.....	70	NORITATE	77	<i>nylia 1/35 (28)</i>	126
<i>nicardipine</i>	64	NORLIQVA	64	<i>nylia 7/7/7 (28)</i>	126
NICODERM CQ.....	87	NORPACE	60	NYMALIZE	64
<i>nicorette</i>	87	NORPACE CR.....	60	<i>nystatin</i>	3, 80
NICORETTE.....	87	NORTHERA	86	<i>nystatin-triamcinolone</i>	80
<i>nicotine</i>	87	<i>nortrel 0.5/35 (28)</i>	125	<i>nystop</i>	80
<i>nicotine (polacrilex)</i>	87, 88	<i>nortrel 1/35 (21)</i>	125	NYVEPRIA.....	110
NICOTROL NS.....	88	<i>nortrel 1/35 (28)</i>	125	O	
<i>nifedipine</i>	64	<i>nortrel 7/7/7 (28)</i>	125	OCALIVA	105
<i>nikki (28)</i>	125	<i>nortriptyline</i>	52	<i>ocella</i>	126
NILANDRON	20	NORVASC.....	64	<i>octreotide,microspheres</i>	20
<i>nilutamide</i>	20	NORVIR.....	6	OCUFLOX	128
<i>nimodipine</i>	64	NOURIANZ.....	29	ODACTRA.....	112
NINLARO.....	20	NOVAREL.....	96	ODEFSEY	6
<i>nisoldipine</i>	64	NOVAVAX COVID 2024- 25(PF)(EUA).....	112	ODOMZO.....	20
<i>nitazoxanide</i>	10	NOVOLIN 70-30 FLEXPEN U-100.....	94	OFEV.....	136
<i>nitisinone</i>	86	NOVOLIN N FLEXPEN	94	<i>ofloxacin</i>	12, 89, 128
<i>nitro-bid</i>	71	NOVOLIN R FLEXPEN.....	94	OGSIVEO.....	20
NITRO-DUR.....	71	NOVOLOG FLEXPEN U-100 INSULIN.....	94	OHTUVAYRE	136
<i>nitrofurantoin</i>	14	NOVOLOG MIX 70-30 U-100 INSULN	94	OJEMDA	20
NITROFURANTOIN.....	14	NOVOLOG MIX 70- 30FLEXPEN U-100	94	OJJAARA.....	20
<i>nitrofurantoin macrocrystal</i> .	14	NOVOLOG PENFILL U-100 INSULIN	94	<i>olanzapine</i>	52
<i>nitrofurantoin monohyd/m- cryst</i>	14	NOVOLOG U-100 INSULIN ASPART.....	94	<i>olanzapine-fluoxetine</i>	52
<i>nitroglycerin</i>	71, 105	NOXAFIL	3	<i>olmesartan</i>	64
NITROLINGUAL.....	71	NOXIPAK.....	83	<i>olmesartan-amlodipin- hcthiazid</i>	65
NITROMIST	71	<i>np thyroid</i>	100	<i>olmesartan- hydrochlorothiazide</i>	65
NITROSTAT.....	71	NUBEQA	20	<i>olopatadine</i>	88, 129
NITYR.....	86	NUCALA	136	OLPRUVA	86
NIVESTYM	110	NUCORT.....	83	OLUMIANT.....	117
<i>nizatidine</i>	108	NUCYNTA	41	OLUX	83
NOCDURNA (MEN).....	96	NUCYNTA ER	41	OMECLAMOX-PAK.....	108
NOCDURNA (WOMEN)....	96	NUEDEXTA	33	<i>omega-3 acid ethyl esters</i>	70
<i>nora-be</i>	120	NULEV	101	<i>omeprazole</i>	108
NORDITROPIN FLEXPRO	110	NULIBRY	33	<i>omeprazole-sodium bicarbonate</i>	108
<i>norelgestromin-ethin.estradiol</i>	121	NUPLAZID.....	52	OMNARIS.....	136
<i>noreth-ethinyl estradiol-iron</i>	125	NURTEC ODT.....	31	OMNIPOD 5 (G6/LIBRE 2 PLUS).....	93
<i>norethindrone (contraceptive)</i>	120	NUTROPIN AQ NUSPIN..	110	OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	93
<i>norethindrone acetate</i>	120	NUVARING.....	121	OMNIPOD 5 G6-G7 PODS (GEN 5).....	93
<i>norethindrone ac-eth estradiol</i>	120, 125	NUVESSA.....	121	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	93
<i>norethindrone-e.estradiol-iron</i>	125				

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

OMNIPOD DASH INTRO KIT (GEN 4).....	93	ORENCIA CLICKJECT	117	OZOBAX	34
OMNIPOD DASH PODS (GEN 4).....	93	ORENITRAM	65	OZOBAX DS	34
OMNITROPE.....	110	ORENITRAM MONTH 1 TITRATION KT	65	P	
OMVOH.....	105	ORENITRAM MONTH 2 TITRATION KT	65	<i>pacerone</i>	60
OMVOH PEN	105	ORENITRAM MONTH 3 TITRATION KT	65	PALFORZIA (LEVEL 0)..	112
ONAPGO	29	ORFADIN	86	PALFORZIA (LEVEL 1)..	112
<i>ondansetron</i>	105	ORGOVYX.....	20	PALFORZIA (LEVEL 2)..	112
ONDANSETRON.....	105	ORIAHNN.....	121	PALFORZIA (LEVEL 3)..	112
<i>ondansetron hcl</i>	105	ORILISSA	96	PALFORZIA (LEVEL 4)..	112
<i>one daily prenatal</i>	143	ORKAMBI.....	137	PALFORZIA (LEVEL 5)..	112
<i>onelax magnesium citrate</i> ...	105	ORLADEYO	137	PALFORZIA (LEVEL 6)..	112
ONETOUCH ULTRA CONTROL	91	<i>ormarvi</i>	33	PALFORZIA (LEVEL 7)..	112
ONETOUCH ULTRA TEST	91	<i>orphenadrine citrate</i>	34	PALFORZIA (LEVEL 8)..	112
ONETOUCH ULTRA2 METER	91	<i>orphenadrine-asa-caffeine</i> ...	34	PALFORZIA (LEVEL 9)..	112
ONETOUCH VERIO FLEX METER	91	<i>orphengesic forte</i>	34	PALFORZIA (LEVEL 10)..	112
ONETOUCH VERIO MID CONTROL	91	ORSERDU	20	PALFORZIA INITIAL (1-3 YRS).....	112
ONETOUCH VERIO REFLECT METER.....	91	<i>oscimin</i>	101	PALFORZIA INITIAL (4-17 YRS).....	112
ONETOUCH VERIO TEST STRIPS.....	91	<i>oscimin sl</i>	101	PALFORZIA LEVEL 11 MAINTENANCE.....	113
ONEXTON.....	77	<i>oseltamivir</i>	6	<i>paliperidone</i>	52
ONFI.....	27	OSENI	98	PALYNZIQ	96
ONGENTYS	29	OSMOLEX ER.....	29	PAMELOR.....	52
ONUREG	20	OSPHENA.....	121	PANCREAZE.....	105
ONYDA XR.....	52	OTEZLA	117	PANDEL	83
ONZETRA XSAIL	31	OTEZLA STARTER.....	117	PANRETIN	74
<i>opcicon one-step</i>	126	OTOVEL	89	<i>pantoprazole</i>	108
OPFOLDA	96	OTREXUP (PF)	117	<i>paricalcitol</i>	96
OPILL.....	120	OVIDE.....	85	PARNATE.....	52
OPSUMIT	136	OVIDREL	96	<i>paroex oral rinse</i>	88
OPSYNVI.....	137	<i>oxaprozin</i>	41	<i>paromomycin</i>	10
OPTICHAMBER DIAMOND VHC	92	OXAPROZIN.....	41	<i>paroxetine hcl</i>	52
<i>option-2</i>	126	<i>oxazepam</i>	52	<i>paroxetine</i> <i>mesylate(menop.sym)</i>	52
OPVEE	41	<i>oxcarbazepine</i>	27	PASER.....	10
OPZELURA	74	OXERVATE	129	PAXIL	52, 53
ORACEA	13	<i>oxiconazole</i>	80	PAXIL CR.....	52
<i>oral saline laxative</i>	105	OXISTAT	80	PAXLOVID.....	6
ORALAIR.....	112	OXLUMO	140	<i>pazopanib</i>	20
<i>oralone</i>	88	OXTELLAR XR	27	PEDIARIX (PF)	113
ORAPRED ODT	90	<i>oxybutynin chloride</i>	139	PEDVAX HIB (PF).....	113
ORAVIG	3	OXYBUTYNIN CHLORIDE	139	<i>peg 3350-electrolytes</i>	105
ORENCIA	117	<i>oxycodone</i>	37	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	105
		OXYCODONE.....	37	PEGASYS	111
		<i>oxycodone-acetaminophen</i> ...	37	<i>peg-electrolyte soln</i>	105
		OXYCONTIN	37	PEMAZYRE.....	20
		<i>oxymorphone</i>	37	PEN NEEDLE, DIABETIC .	93
		OXYTROL.....	140	PENBRAYA (PF)	113
		OZEMPIC	99		

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

<i>penciclovir</i>	80	<i>piroxicam</i>	42	PREGNYL.....	96
<i>penicillamine</i>	117	<i>pitavastatin calcium</i>	70	PREMARIN.....	120
<i>penicillin v potassium</i>	12	PLAN B ONE-STEP.....	126	PREMPHASE.....	120
PENNSAID.....	41	PLAQUENIL.....	10	PREMPRO.....	120
PENTACEL (PF).....	113	PLAVIX.....	68	<i>prenatabs fa</i>	143
<i>pentamidine</i>	10	PLEGRIDY.....	59	<i>prenatabs rx</i>	143
PENTASA.....	105	PLENVU.....	106	<i>prenatal</i>	143
<i>pentazocine-naloxone</i>	42	PLIAGLIS.....	79	<i>prenatal complete</i>	143
<i>pentoxifylline</i>	67	PNEUMOVAX-23.....	113	<i>prenatal multi-dha (algal oil)</i>	143
PEPCID.....	108	<i>pnv-dha</i>	143	<i>prenatal multivitamins</i>	143
PERCOCET.....	37	<i>pnv-omega</i>	143	<i>prenatal one daily</i>	143
PERFOROMIST.....	137	<i>pnv-select</i>	143	<i>prenatal plus</i>	143
PERIDEX.....	88	POCKET CHAMBER.....	92	<i>prenatal plus (calcium carb)</i>	143
<i>perindopril erbumine</i>	65	<i>podofilox</i>	74	<i>prenatal vit no.179-iron-folic</i>	143
<i>periogard</i>	88	POKONZA.....	142	<i>prenatal vitamin</i>	143
<i>permethrin</i>	85	<i>polycin</i>	128	<i>prenatal vitamin with minerals</i>	143
<i>perphenazine</i>	53	<i>polyethylene glycol 3350</i>	106	<i>prenatal-u</i>	144
<i>perphenazine-amitriptyline</i> ..	53	<i>polymyxin b sulf-trimethoprim</i>	128	PRESTALIA.....	65
PERSERIS.....	53	POMALYST.....	20	PRETOMANID.....	10
PERTZYE.....	106	PONVORY.....	59	PREVACID.....	108
PFIZER COVID 2024-25(5Y- 11Y)PF.....	113	<i>portia 28</i>	126	PREVACID SOLUTAB.....	108
PFIZER COVID 2024- 25(6MO-4Y)PF.....	113	<i>posaconazole</i>	3, 4	<i>prevalite</i>	70
PHEBURANE.....	86	<i>potassium chloride</i>	142	PREVIDENT.....	89
<i>phenazopyridine</i>	141	POTASSIUM CHLORIDE.....	142	PREVIDENT 5000 ENAMEL PROTECT.....	88
<i>phenelzine</i>	53	<i>potassium citrate</i>	140	PREVIDENT 5000 ORTHO DEFENSE.....	88
<i>phenobarbital</i>	27	<i>powderlax</i>	106	PREVIDENT 5000 PLUS.....	88
<i>phenoxybenzamine</i>	65	<i>pr natal 400</i>	143	PREVIDENT 5000 SENSITIVE.....	89
<i>phenylephrine hcl</i>	132	<i>pr natal 400 ec</i>	143	PREVNAR 20 (PF).....	113
PHENYTEK.....	27	<i>pr natal 430</i>	143	PREVYMIS.....	6
<i>phenytoin</i>	27	<i>pr natal 430 ec</i>	143	PREZCOBIX.....	6
<i>phenytoin sodium extended</i> ..	27	PRADAXA.....	68	PREZISTA.....	6
PHEXXI.....	121	PRALUENT PEN.....	70	PRIFTIN.....	10
<i>philith</i>	126	<i>pramipexole</i>	29	PRILOSEC.....	108
<i>phosphate laxative</i>	106	PRAMOSONE.....	72	<i>primaquine</i>	10
PHOSPHOLINE IODIDE..	128	<i>prasugrel hcl</i>	68	<i>primidone</i>	27
<i>phytonadione (vitamin k1)</i>	68	<i>pravastatin</i>	70	PRIMIDONE.....	27
PIFELTRO.....	6	<i>praziquantel</i>	10	PRIMLEV.....	37
<i>pilocarpine hcl</i>	88, 129	<i>prazosin</i>	65	PRIMSOL.....	14
<i>pimecrolimus</i>	74	PRECOSE.....	99	PRIORIX (PF).....	113
<i>pimozide</i>	53	PRED FORTE.....	132	PRISTIQ.....	53
<i>pimtree (28)</i>	126	PRED MILD.....	132	PROAIR DIGIHALER.....	137
<i>pindolol</i>	65	<i>prednicarbate</i>	83	PROAIR RESPICLICK.....	137
<i>pioglitazone</i>	99	<i>prednisolone</i>	90	<i>probenecid</i>	114
<i>pioglitazone-glimepiride</i>	99	<i>prednisolone acetate</i>	132		
<i>pioglitazone-metformin</i>	99	<i>prednisolone sodium</i> <i>phosphate</i>	90, 132		
PIQRAY.....	20	<i>prednisone</i>	90		
<i>pirfenidone</i>	137	<i>prednisone intensol</i>	90		
PIRFENIDONE.....	137	<i>pregabalin</i>	27		

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

<i>probenecid-colchicine</i>	114	PYRIDIDIUM	141	RAYALDEE.....	96
PROCARDIA XL	65	<i>pyridostigmine bromide</i>	34	RAYOS.....	90
<i>procentra</i>	53	PYRIDOSTIGMINE		REBIF (WITH ALBUMIN) .59	
<i>prochlorperazine</i>	106	BROMIDE.....	34	REBIF REBIDOSE	59
<i>prochlorperazine maleate</i> ..	106	<i>pyrimethamine</i>	11	REBIF TITRATION PACK.59	
PROCRIT	110	PYRUKYND.....	86	<i>reclipsen (28)</i>	126
PROCTOFOAM HC	106	Q		RECOMBIVAX HB (PF)...113	
<i>procto-med hc</i>	106	QBRELIS	65	RECORLEV	96
<i>proctosol hc</i>	106	QBREXZA	74	RECTIV.....	106
<i>proctozone-hc</i>	106	QELBREE	53	REGLAN.....	106
PROCYSBI	140	QINLOCK	20	REGRANEX	74
PROFINAC	42	QNASL.....	137	RELAFEN DS	42
<i>progesterone</i>	120	QTERN.....	99	RELENZA DISKHALER	6
<i>progesterone micronized</i>	120	QUADRACEL (PF).....	113	RELEUKO	110
PROGLYCEM	92	QUALAQUIN	11	RELEXXII.....	54
PROGRAF	20	QUAZEPAM.....	53	RELION NOVOLIN 70/30 ..94	
<i>prolate</i>	37	QUDEXY XR.....	27	RELION NOVOLIN N	94
PROLATE.....	37	QUESTRAN.....	70	RELION NOVOLIN R.....	94
PROLENSA	130	QUESTRAN LIGHT.....	70	RELISTOR	106
PROMACTA.....	68	<i>quetiapine</i>	53	REL PAX.....	31
<i>promethazine</i>	133	QUETIAPINE	53	RELTONE.....	106
<i>promethazine-codeine</i>	134	QUILLICHEW ER.....	53	REMERON.....	54
<i>promethazine-dm</i>	134	QUILLIVANT XR.....	53	REMERON SOLTAB	54
<i>promethazine-phenylephrine</i>		<i>quinapril</i>	65	<i>rena-vite</i>	144
.....	134	<i>quinapril-hydrochlorothiazide</i>		REVELLA	141
<i>promethegan</i>	133	.....	65	<i>repaglinide</i>	99
PROMETRIUM	120	<i>quinidine gluconate</i>	60	REPATHA PUSHTRONEX 70	
<i>propafenone</i>	60	<i>quinidine sulfate</i>	60	REPATHA SURECLICK ...70	
<i>proparacaine</i>	129	<i>quinine sulfate</i>	11	REPATHA SYRINGE	70
<i>propranolol</i>	65	QUINIXIL	83	RESTASIS.....	129
<i>propranolol-</i>		<i>quit 2</i>	88	RESTASIS MULTIDOSE..129	
<i>hydrochlorothiazid</i>	65	<i>quit 4</i>	88	RESTORIL	54
<i>propylthiouracil</i>	91	QULIPTA	31	RETACRIT.....	110
PROQUAD (PF)	113	QUTENZA	74	RETEVMO.....	21
PROSCAR.....	140	QUVIVIQ.....	54	RETIN-A	77
PROTONIX.....	108	QVAR REDHALER.....	137	RETIN-A MICRO	77
<i>protriptyline</i>	53	R		RETIN-A MICRO PUMP ...77	
PROVERA	120	<i>rabeprazole</i>	108	RETROVIR	6
PROVIGIL	53	RABEPRAZOLE	108	REVATIO.....	137
PROZAC	53	RADICAVA ORS STARTER		REVCovi	86
<i>prudoxin</i>	74	KIT SUSP.....	33	REVLIMID.....	21
PULMICORT.....	137	RAGWITEK.....	113	REXTOVY	42
PULMICORT FLEXHALER		<i>raloxifene</i>	114	REXULTI.....	54
.....	137	<i>ramelteon</i>	54	REYATAZ	6
<i>pulmosal</i>	137	<i>ramipril</i>	65	REYVOW.....	31
PULMOZYME.....	137	<i>ranolazine</i>	71	REZDIFFRA	86
<i>purelax</i>	106	RAPAFLO.....	140	REZLIDHIA.....	21
PURIXAN	20	<i>rasagiline</i>	29	REZUROCK.....	21
PYLERA	108	RASUVO (PF)	117	REZVOGLAR KWIKPEN ..94	
<i>pyrazinamide</i>	10	RAVICTI.....	86	RHOFADE	77

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

RHOPRESSA.....	131	RYALTRIS	137	<i>setlakin</i>	126
<i>ribavirin</i>	6	RYBELSUS.....	92, 99	<i>sevelamer carbonate</i>	141
RIDAURA.....	117	RYCLORA.....	133	<i>sevelamer hcl</i>	141
<i>rifabutin</i>	11	RYDAPT	21	SEYSARA.....	13
<i>rifampin</i>	11	RYKINDO.....	54	<i>sf 89</i>	
RILUTEK.....	86	RYTARY.....	30	<i>sf 5000 plus</i>	89
<i>riluzole</i>	86	RYVENT	133	SFROWASA	106
<i>rimantadine</i>	6	S		<i>sharobel</i>	120
RINVOQ	118	SABRIL.....	27	SHINGRIX (PF).....	113
RINVOQ LQ.....	117	SAFYRAL.....	126	SIGNIFOR.....	21
RIOMET.....	99	<i>sajazir</i>	137	SIKLOS	21
<i>risedronate</i>	86, 114	SALAGEN (PILOCARPINE)		<i>sildenafil (pulm.hypertension)</i>	
RISPERDAL	54	.....	89	.....	137
RISPERDAL CONSTA	54	<i>salsalate</i>	42	SILENOR	55
<i>risperidone</i>	54	SAMSCA.....	96	SILIQ	72
<i>risperidone microspheres</i>	54	SANCUSO	106	<i>silodosin</i>	140
RITALIN.....	54	SANDIMMUNE	21	SILVADENE.....	73
RITALIN LA.....	54	SANDOSTATIN LAR		<i>silver sulfadiazine</i>	73
RITEFLO AEROCHAMBER		DEPOT	21	SIMBRINZA	131
.....	92	SANTYL	84	SIMLANDI(CF).....	118
<i>ritonavir</i>	6	SAPHRIS.....	54	SIMLANDI(CF)	
<i>rivastigmine</i>	33	<i>sapropterin</i>	96	AUTOINJECTOR.....	118
<i>rivastigmine tartrate</i>	33	SAVAYSA	68	<i>simliya (28)</i>	126
<i>rivelsa</i>	126	SAVELLA.....	118	<i>simpesse</i>	126
RIVFLOZA	140	<i>saxagliptin</i>	99	SIMPONI.....	118
<i>rizatriptan</i>	31	<i>saxagliptin-metformin</i>	99	<i>simvastatin</i>	70
ROBINUL	101	<i>scalacort</i>	84	SINEMET	30
ROBINUL FORTE	101	SCALACORT DK	84	SINGULAIR.....	137
ROCALTROL.....	96	SCSEMBLIX.....	21	<i>sirolimus</i>	21
ROCKLATAN	131	<i>scopolamine base</i>	106	SIRTURO	11
<i>roflumilast</i>	137	SECUADO.....	54	SITAGLIPTIN.....	99
ROLVEDON.....	110	SEGLENTIS.....	38	SITAGLIPTIN-METFORMIN	
<i>ropinirole</i>	30	SEGLUROMET	99	.....	99
<i>rosadan</i>	77	<i>selegiline hcl</i>	30	SIVEXTRO	11
ROSDAN.....	77	<i>selenium sulfide</i>	72	SKYCLARYS	33
ROSULA.....	77	SELZENTRY	6	SKYRIZI	72, 106
<i>rosuvastatin</i>	70	SEMGLEE(INSULIN		SKYTROFA	111
ROSZET.....	70	GLARGINE-YFGN).....	94	SLYND.....	126
ROTARIX.....	113	SEMGLEE(INSULIN		<i>smoothlax</i>	106
ROTATEQ VACCINE	113	GLARG-YFGN)PEN	94	SOANZ.....	65
ROWASA.....	106	<i>se-natal 19</i>	144	<i>sodium chloride</i>	86, 137
<i>rowepra</i>	27	<i>se-natal 19 chewable</i>	144	<i>sodium fluoride 5000 plus</i> ...	89
ROXICODONE	37	SENSIPAR.....	96	<i>sodium fluoride-pot nitrate</i> ...89	
ROXYBOND	37	SEREVENT DISKUS	137	SODIUM OXYBATE	55
ROZEREM.....	54	SERNIVO.....	84	<i>sodium phenylbutyrate</i>	86
ROZLYTREK.....	21	SEROQUEL	54	<i>sodium polystyrene sulfonate</i>	
RUBRACA.....	21	SEROQUEL XR.....	55	.....	141
RUCONEST.....	137	SEROSTIM	111	<i>sodium,potassium,mag sulfates</i>	
<i>rufinamide</i>	27	<i>sertraline</i>	55	.....	106
RUKOBIA.....	6	SERTRALINE.....	55	SOFDRA	74

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

SOFOSBUVIR- VELPATASVIR.....	7	STRATTERA.....	55	SYMBICORT.....	137
SOGROYA.....	111	STRENSIQ.....	96	SYMBYAX.....	55
SOHONOS.....	86	<i>stress formula with iron</i>	144	SYMDEKO.....	137
<i>solifenacin</i>	140	<i>stress formula with iron(sulf)</i>	144	SYMFI.....	7
SOLIQUA 100/33.....	94	STRIBILD.....	7	SYMFI LO.....	7
SOLOSEC.....	11	STRIVERDI RESPIMAT ..	137	SYMLINPEN 120.....	99
SOLTAMOX.....	21	STROMECTOL.....	11	SYMLINPEN 60.....	99
<i>soluvita</i>	144	SUBLOCADE.....	38	SYMPAZAN.....	28
<i>soluvita a,c,d with fluoride</i> .	144	SUBOXONE.....	42	SYMPROIC.....	107
SOMA.....	34	<i>subvenite</i>	27	SYMTUZA.....	7
SOMAVERT.....	96	<i>subvenite starter (blue) kit</i> ...	27	SYNAGIS.....	7
SOOLANTRA.....	77	<i>subvenite starter (green) kit</i> .	28	SYNALAR.....	84
<i>sorafenib</i>	21	<i>subvenite starter (orange) kit</i>	28	SYNALAR CREAM KIT ...	84
SORILUX.....	72	SUCRAID.....	106	SYNALAR OINTMENT KIT	84
<i>sotalol</i>	60	<i>sucralfate</i>	109	SYNALAR TS.....	84
<i>sotalol af</i>	60	SUFLAVE.....	106	SYNAREL.....	96
SOTYKTU.....	72	SULAR.....	65	SYNDROS.....	107
SOTYLIZE.....	60	SULCONAZOLE.....	80	SYNJARDY.....	99
SOVALDI.....	7	<i>sulfacetamide sodium</i>	132	SYNJARDY XR.....	99
SOVUNA.....	11	<i>sulfacetamide sodium (acne)</i> .	79	SYNTHROID.....	100
SPACE CHAMBER.....	92	<i>sulfacetamide sodium-sulfur</i> .	77	SYPRINE.....	86
SPEVIGO.....	72	<i>sulfacetamide-prednisolone</i> .	132	T	
SPIKEVAX 2024-2025(12Y UP)(PF).....	113	<i>sulfacleanse 8-4</i>	77	TABLOID.....	21
<i>spinosad</i>	85	<i>sulfadiazine</i>	12	TABRECTA.....	21
SPIRIVA RESPIMAT.....	137	<i>sulfamethoxazole-trimethoprim</i>	12	TACLONEX.....	73
SPIRIVA WITH HANDIHALER.....	137	SULFAMYLLON.....	79	<i>tacrolimus</i>	21, 74
<i>spironolactone</i>	65	<i>sulfasalazine</i>	106	<i>tadalafil</i>	140
<i>spironolacton- hydrochlorothiaz</i>	65	<i>sulfatrim</i>	12	<i>tadalafil (pulm. hypertension)</i>	138
SPORANOX.....	4	<i>sulindac</i>	42	TADLIQ.....	138
SPRAVATO.....	55	<i>sumatriptan</i>	31	TAFINLAR.....	21
<i>sprintec (28)</i>	126	<i>sumatriptan succinate</i>	31	<i>tafluprost (pf)</i>	131
SPRITAM.....	27	<i>sumatriptan-naproxen</i>	31	TAGRISSE.....	22
SPRIX.....	42	<i>sunitinib malate</i>	21	TAKE ACTION.....	126
SPRYCEL.....	21	SUNLENCA.....	7	TAKHZYRO.....	138
<i>sps (with sorbitol)</i>	141	SUNOSI.....	55	TALICIA.....	109
<i>sronyx</i>	126	<i>super b maxi complex</i>	144	TALTZ AUTOINJECTOR ..	73
<i>ssd</i>	73	<i>super b-50 complex</i>	144	TALTZ AUTOINJECTOR (2 PACK).....	73
<i>st joseph aspirin</i>	42	<i>super quints</i>	144	TALTZ AUTOINJECTOR (3 PACK).....	73
<i>st. joseph aspirin</i>	42	SUPPRELIN LA.....	21	TALTZ SYRINGE.....	73
STEGLATRO.....	99	SUPREP BOWEL PREP KIT	107	TALZENNA.....	22
STEGLUJAN.....	99	SURE RESULT TAC PAK..	84	TAMIFLU.....	7
STELARA.....	72, 73	SUTAB.....	107	<i>tamoxifen</i>	22
STIMUFEND.....	110	SUTENT.....	21	<i>tamsulosin</i>	140
STIOLTO RESPIMAT.....	137	<i>syeda</i>	126	<i>tanlor</i>	34
STIVARGA.....	21	<i>symax fastabs</i>	101	TAPERDEX.....	90
<i>stop smoking aid</i>	88	<i>symax-sl</i>	101	TARCEVA.....	22
		<i>symax-sr</i>	101		

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

TARGADOX	13	TETRACAINE HCL (PF)..	129	<i>tolterodine</i>	140
TARGRETIN	22	<i>tetracycline</i>	13	<i>tolvaptan</i>	97
<i>tarina 24 fe</i>	126	TEXACORT.....	84	TOPAMAX	28
<i>tarina fe 1/20 (28)</i>	126	TEZSPIRE.....	138	TOPICORT.....	84
<i>taron-c dha</i>	144	THALITONE	65	<i>topiramate</i>	28
TARPEYO	90	THALOMID.....	22	TOPIRAMATE	28
TASCENSO ODT	59	THEO-24.....	138	TOPROL XL	66
TASIGNA	22	<i>theophylline</i>	138	<i>toremifene</i>	22
<i>tasimelteon</i>	55	THIOLA	87	<i>torpenz</i>	22
TASMAR	30	THIOLA EC	87	<i>torsemide</i>	66
<i>tavaborole</i>	80	<i>thioridazine</i>	55	TOSYMRA.....	31
TAVALISSE.....	68	<i>thiothixene</i>	55	TOUJEO MAX U-300	
TAVNEOS	87	THYQUIDITY	100	SOLOSTAR	94
TAYTULLA.....	126	<i>thyroid (pork)</i>	100	TOUJEO SOLOSTAR U-300	
<i>tazarotene</i>	77, 78	<i>tiadylt er</i>	65	INSULIN	95
TAZAROTENE	77	<i>tiagabine</i>	28	<i>tovet emollient</i>	84
TAZORAC	78	TIAZAC	66	TOVET KIT	84
TAZVERIK.....	22	TIBSOVO.....	22	TOVIAZ	140
TDVAX.....	113	TIGLUTIK	87	TRACLEER	138
TECFIDERA.....	59	TIKOSYN	60	TRADJENTA	99
TEGRETOL	28	<i>tilia fe</i>	126	<i>tramadol</i>	42
TEGRETOL XR.....	28	<i>timolol</i>	128	TRAMADOL	42
TEKTRUNA	65	<i>timolol maleate</i>	66, 128	<i>tramadol-acetaminophen</i>	42
<i>telmisartan</i>	65	<i>timolol maleate (pf)</i>	128	<i>trandolapril</i>	66
<i>telmisartan-amlodipine</i>	65	TIMOPTIC OCUDOSE (PF)		<i>trandolapril-verapamil</i>	66
<i>telmisartan-hydrochlorothiazid</i>		.....	128	<i>tranexamic acid</i>	121
.....	65	<i>tinidazole</i>	11	TRANSDERM-SCOP	107
<i>temazepam</i>	55	<i>tiopronin</i>	87	<i>tranylcypramine</i>	55
TEMBEXA.....	7	<i>tiotropium bromide</i>	138	TRAVATAN Z.....	131
<i>temozolomide</i>	22	TIROSINT	100	<i>travoprost</i>	131
<i>tencon</i>	38	TIROSINT-SOL.....	100	<i>trazodone</i>	55
TENIVAC (PF).....	113	TIVICAY.....	7	TRECTOR	11
<i>tenofovir disoproxil fumarate</i> .7		TIVICAY PD	7	TRELEGY ELLIPTA.....	138
TENORETIC 100.....	65	<i>tizanidine</i>	35	TRELSTAR.....	22
TENORETIC 50.....	65	TLANDO.....	97	TREMFYA	73
TENORMIN.....	65	TOBI.....	11	TREMFYA PEN	73
TEPMETKO.....	22	TOBI PODHALER	11	TRESIBA FLEXTOUCH U-	
<i>terazosin</i>	65	TOBRADEX	131	100	95
<i>terbinafine hcl</i>	4	TOBRADEX ST.....	131	TRESIBA FLEXTOUCH U-	
<i>terbutaline</i>	138	<i>tobramycin</i>	11, 128	200	95
<i>terconazole</i>	121	<i>tobramycin in 0.225 % nacl</i> .11		TRESIBA U-100 INSULIN .95	
<i>teriflunomide</i>	59	TOBRAMYCIN WITH		<i>tretinoin</i>	78
<i>teriparatide</i>	114	NEBULIZER.....	11	<i>tretinoin (antineoplastic)</i>	22
TERIPARATIDE	114	<i>tobramycin-dexamethasone</i> 131		<i>tretinoin microspheres</i>	78
TESTIM	96	TOBREX.....	128	TREXALL	22
<i>testosterone</i>	97	TOLAK	74	TREXIMET	31
<i>testosterone cypionate</i>	96	<i>tolcapone</i>	30	TREZIX.....	38
<i>testosterone enanthate</i>	97	TOLECTIN 600	42	<i>triamcinolone acetonide</i> 84, 89,	
<i>tetrabenazine</i>	33	<i>tolmetin</i>	42	138	
<i>tetracaine hcl</i>	129	TOLSURA.....	4	<i>triamterene</i>	66

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

<i>triamterene-hydrochlorothiazid</i>	TUDORZA PRESSAIR	138	<i>valsartan</i>	66
.....	TUKYSA	22	VALSARTAN	66
<i>triazolam</i>	<i>tulana</i>	120	<i>valsartan-hydrochlorothiazide</i>	66
TRIBENZOR	TURALIO	22	.....	66
<i>tricon</i>	<i>turqoz (28)</i>	127	VALTOCO	28
TRICOR	TUXARIN ER	134	VALTREX	7
<i>triderm</i>	TWINRIX (PF)	113	<i>valtya</i>	127
<i>trientine</i>	TWIRLA	121	<i>vanadom</i>	35
TRIENTINE	TWYNEO	78	VANCOCCIN	14
<i>tri-estarylla</i>	TYBLUME	127	<i>vancomycin</i>	14
<i>trifluoperazine</i>	TYBOST	7	<i>vandazole</i>	121
<i>trifluridine</i>	TYENNE	118	VANFLYTA	22
<i>trihexyphenidyl</i>	TYENNE AUTOINJECTOR		VANOS	84
TRIJARDY XR .....	.....	118	VAQTA (PF)	113
TRIKAFTA	TYKERB	22	<i>varenicline tartrate</i>	88
<i>tri-legest fe</i>	TYMLOS	114	VARIVAX (PF)	113
TRILEPTAL	TYRVAYA	130	VAROPHEN (DICLOFENAC)	
<i>tri-linyah</i>	TYVASO	138	.....	42
TRILIPIX	TYVASO DPI	138	VARUBI	107
<i>tri-lo-estarylla</i>	TYVASO REFILL KIT	138	VASCEPA	70
<i>tri-lo-marzia</i>	TYVASO STARTER KIT	138	VASERETIC	66
<i>tri-lo-mili</i>	U		VASOTEC	66
<i>tri-lo-sprintec</i>	UBRELVY	31	VAXELIS (PF)	113
<i>trimethobenzamide</i>	UCERIS	107	VAXNEUVANCE (PF)	113
<i>trimethoprim</i>	UDENYCA	110	VCF CONTRACEPTIVE	
<i>tri-mili</i>	UDENYCA AUTOINJECTOR		FILM	121
<i>trimipramine</i> .....	.....	110	VCF CONTRACEPTIVE GEL	
<i>trinatal rx 1</i>	UDENYCA ONBODY	110	.....	121
<i>trinate</i>	ULESFIA	85	VECTICAL	73
TRINTELLIX	ULORIC	114	<i>velivet triphasic regimen (28)</i>	
TRIPTODUR	ULTRAVATE	84	.....	127
<i>tri-sprintec (28)</i>	UNDECATREX	97	VELPHORO	141
TRIUMEQ	<i>unithroid</i>	100	VELSIPITY	107
TRIUMEQ PD	UPTRAVI	66	VELTASSA	87, 141
<i>tri-vitamin with fluoride</i>	UROCIT-K 10	140	VELTIN	78
<i>trivora (28)</i>	UROCIT-K 15	140	VEMLIDY	7
<i>tri-vylibra</i>	UROXATRAL	140	VENCLEXTA	22
<i>tri-vylibra lo</i>	URSO FORTE	107	VENCLEXTA STARTING	
TROKENDI XR	<i>ursodiol</i>	107	PACK	22
<i>tropicamide</i>	UZEDY	56	<i>venlafaxine</i>	56
<i>trospium</i>	V		VENLAFAXINE BESYLATE	
TRUDHESA	VAGIFEM	120	.....	56
TRULANCE	<i>valacyclovir</i>	7	VENTAVIS	138
TRULICITY	VALCHLOR	74	VENTOLIN HFA	138
TRUMENBA	VALCYTE	7	<i>venxxiva</i>	87
TRUQAP	<i>valganciclovir</i>	7	VEOZAH	121
TRUSTEX-RIA NON-LUB	VALIUM	56	<i>verapamil</i>	66
CONDOMS	<i>valproic acid</i>	28	VERDESO	84
TRUVADA	<i>valproic acid (as sodium salt)</i>		VEREGEN	74
TRYVIO .....	.....	28	VERELAN PM	66

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

VERKAZIA	130	VORTEX HOLDING		XALATAN.....	131
VERQUVO	71	CHAMBER	92	XALKORI.....	23
VERSACLOZ	56	VOSEVI	7	XANAX.....	57
VERZENIO.....	22	VOTRIENT	23	XANAX XR.....	57
VESICARE	140	VOWST.....	107	XARELTO	68
VESICARE LS.....	140	VOXZOGO	97	XARELTO DVT-PE TREAT	
<i>vestura (28)</i>	127	VOYDEYA	87	30D START.....	68
VEVYE	130	VRAYLAR.....	56	XATMEP.....	23
VFEND.....	4	VTAMA	73	XCOPRI	29
V-GO 20.....	93	VUITY.....	129	XCOPRI MAINTENANCE	
V-GO 30.....	93	VUMERITY.....	59	PACK	28
V-GO 40.....	93	VUSION.....	80	XCOPRI TITRATION PACK	
VIBERZI.....	107	<i>vyfemla (28)</i>	127	.....	29
VICTOZA 2-PAK.....	99	VYLEESI	56	XDEMVY.....	130
VICTOZA 3-PAK.....	99	<i>vylibra</i>	127	XELJANZ.....	118
<i>vienna</i>	127	VYNDAMAX	71	XELJANZ XR.....	118
<i>vigabatin</i>	28	VYNDAQEL.....	71	XELODA.....	23
<i>vigadrone</i>	28	VYTORIN 10-10.....	70	XELPROS	131
VIGAFYDE	28	VYTORIN 10-20.....	70	XELSTRYM.....	57
VIGAMOX.....	128	VYTORIN 10-40.....	70	XENAZINE	33
<i>vigpoder</i>	28	VYTORIN 10-80.....	70	XENLETA.....	11
VIIBRYD	56	VYVANSE.....	56, 57	XEPI	79
VIJOICE.....	22, 23	VYZULTA	131	XERESE	80
<i>vilazodone</i>	56	W		XERMELO.....	23
VIMOVO	42	WAINUA	33	XHANCE	139
VIMPAT.....	28	WAKIX	57	XIFAXAN	11
VIOKACE	107	<i>warfarin</i>	68	XIGDUO XR.....	99
<i>viorele (28)</i>	127	WELCHOL	70	XIIDRA	130
VIRACEPT	7	WELIREG.....	23	XILAPAK.....	84
VIRAZOLE.....	7	WELLBUTRIN SR.....	57	XIMINO	13
VIREAD.....	7	WELLBUTRIN XL.....	57	XOFLUZA	7
VISTOGARD.....	14	<i>wera (28)</i>	127	XOLAIR	139
<i>vitamin b complex-folic acid</i>		<i>wescap-c dha</i>	144	XOLEGEL.....	80
.....	144	<i>wesnatal dha complete</i>	144	XOLREMDI.....	110
<i>vitamins a,c,d and fluoride</i> .	144	<i>westab plus</i>	144	XOPENEX HFA	139
VITRAKVI.....	23	WHYTEDERM TDPAK.....	84	XOSPATA.....	23
VIVELLE-DOT	121	WHYTEDERM TRILASIL		XPHOZAH	141
VIVITROL	42	PAK.....	84	XPOVIO	23
VIVJOA	4	WIDE-SEAL DIAPHRAGM		XTAMPZA ER.....	38
VIVLODEX	42	.....	118	XTANDI.....	23
VIZIMPRO.....	23	WINLEVI.....	78	<i>xulane</i>	121
VOGELXO.....	97	WINREVAIR.....	138	XULTOPHY 100/3.6	95
<i>volnea (28)</i>	127	<i>wixela inhub</i>	138	XURIDEN	87
VONJO.....	23	<i>women's gentle laxative(bisac)</i>		XYOSTED	97
VOQUEZNA.....	109	.....	107	XYREM.....	57
VOQUEZNA DUAL PAK.	109	<i>wymzya fe</i>	127	XYWAV.....	57
VOQUEZNA TRIPLE PAK		WYNZORA.....	73	Y	
.....	109	X		YASMIN (28).....	127
VORANIGO.....	23	XACIATO	121	YAZ (28)	127
<i>voriconazole</i>	4	XADAGO.....	30	YONSA	23

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

YORVIPATH.....	97	ZEPOSIA.....	33	ZOLOFT.....	57
YOSPRALA.....	68	ZEPOSIA STARTER KIT (28- DAY).....	33	<i>zolpidem</i>	57
YUFLYMA(CF).....	118	ZEPOSIA STARTER PACK (7-DAY).....	33	ZOLPIDEM.....	57
YUFLYMA(CF) AI CROHN'S-UC-HS.....	118	ZERVIAE.....	130	ZOMACTON.....	111
YUFLYMA(CF) AUTOINJECTOR.....	118	ZESTORETIC.....	66	ZOMIG.....	31
YUPELRI.....	139	ZESTRIL.....	66	ZONALON.....	74
YUSIMRY(CF) PEN.....	118	ZETIA.....	70	ZONEGRAN.....	29
<i>yuvafem</i>	121	ZETONNA.....	139	ZONISADE.....	29
Z		ZIAGEN.....	8	<i>zonisamide</i>	29
<i>zafemy</i>	122	ZIANA.....	78	ZONTIVITY.....	68
<i>zafirlukast</i>	139	ZICLOPRO.....	42	ZORTRESS.....	24
<i>zaleplon</i>	57	<i>zidovudine</i>	8	ZORVOLEX.....	43
ZANAFLEX.....	35	ZIEXTENZO.....	110	ZORYVE.....	73
<i>zarah</i>	127	ZILBRYSQ.....	35	<i>zovia 1-35 (28)</i>	127
ZARONTIN.....	29	<i>zileuton</i>	139	ZOVIRAX.....	80
ZARXIO.....	110	ZILXI.....	78	ZTALMY.....	29
<i>zatean-pn dha</i>	144	ZIMHI.....	42	ZTLIDO.....	79
<i>zatean-pn plus</i>	144	ZIOPTAN (PF).....	131	ZUBSOLV.....	43
ZAVZPRET.....	31	<i>ziprasidone hcl</i>	57	<i>zumandimine (28)</i>	127
ZCORT.....	90	ZIPSOR.....	42	ZURZUVAE.....	57
ZEGALOGUE		ZIRGAN.....	128	ZYCLARA.....	113, 114
AUTOINJECTOR.....	92	ZITHROMAX.....	9	ZYDELIG.....	24
ZEGALOGUE SYRINGE ...	92	ZITHROMAX TRI-PAK.....	9	ZYFLO.....	139
ZEJULA.....	23	ZITHROMAX Z-PAK.....	9	ZYKADIA.....	24
ZELAPAR.....	30	ZITUVIMET.....	100	ZYLET.....	131
ZELBORAF.....	23	ZITUVIMET XR.....	100	ZYLOPRIM.....	114
ZEMBRACE SYMTOUCH.....	31	ZITUVIO.....	100	ZYMFENTRA.....	107
ZEMPLAR.....	97	ZOCOR.....	70	ZYPITAMAG.....	70
<i>zenatane</i>	78	ZOKINVY.....	87	ZYPREXA.....	57
ZENPEP.....	107	ZOLADEX.....	23, 24	ZYPREXA RELPREVV.....	58
<i>zenzedi</i>	57	ZOLINZA.....	24	ZYPREXA ZYDIS.....	58
ZENZEDI.....	57	<i>zolmitriptan</i>	31	ZYTIGA.....	24
ZEPATIER.....	8	ZOLMITRIPTAN.....	31	ZYVOX.....	11

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

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Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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