



**FEDERAL EMPLOYEE HEALTH
BENEFITS (FEHB)
4-TIER PRESCRIPTION DRUG
FORMULARY**

(Effective April – June 2024)

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

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

INTRODUCTION

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT COVERAGE AND LIMITATIONS

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

Coverage

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

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

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

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

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

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

Prior Authorization Process

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

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

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

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

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

Step Therapy

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

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

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

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

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

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

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

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention’s (CDC) Guideline for Prescribing Opioids for Chronic Pain updated how health care

providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

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

Balancing risks and benefits

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

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

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

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

MAIL-SERVICE PRESCRIPTIONS

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

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

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

CONTACT INFORMATION

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

NOTICE

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

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

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

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

Table of Contents

ANTI - INFECTIVES	12
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	19
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	27
CARDIOVASCULAR, HYPERTENSION & LIPIDS	45
DERMATOLOGICALS/TOPICAL THERAPY	51
DIAGNOSTICS & MISCELLANEOUS AGENTS	57
EAR, NOSE & THROAT MEDICATIONS	60
ENDOCRINE/DIABETES	61
GASTROENTEROLOGY	68
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	73
IMMUNOLOGY	79
MUSCULOSKELETAL & RHEUMATOLOGY	79
OBSTETRICS & GYNECOLOGY	82
OPHTHALMOLOGY	89
RESPIRATORY, ALLERGY, COUGH & COLD	92
UROLOGICALS	96
VITAMINS, HEMATINICS & ELECTROLYTES	97
Index	101

List of Abbreviations

1: Generics

2: Preferred Brands

3: Non-Preferred Brands

4: Specialty Medications

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

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

CGM: Continuous Glucose Monitor

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

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

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

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

SP: Specialty Drug

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 ml per fill
DIFICID ORAL TABLET	3	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)

You can find information 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>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	3	PA
CAYSTON	4	SP; LA
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	
CYCLOSERINE	3	
<i>dapsone oral</i>	1	
EMVERM	3	PA; 2 tablets per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
<i>linezolid</i>	1	
<i>mefloquine</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</i>	1	
<i>pentamidine inhalation</i>	2	
<i>praziquantel</i>	2	
PRETOMANID	3	PA; QL (1 per 1 day)
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	4	PA; SP; QL (3 per 1 day)
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	

You can find information 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>rifampin oral</i>	1	
SIVEXTRO ORAL	4	SP
<i>tinidazole</i>	1	
TOBI PODHALER	4	ST; SP
<i>tobramycin in 0.225 % nacl</i>	4	SP
<i>tobramycin inhalation</i>	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule</i>	1	
<i>mondoxylene nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	QL (4 per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
MESNEX ORAL	4	SP
VISTOGARD	4	SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; SP; QL (4 per 1 day)
AKEEGA	4	PA; SP; QL (2 per 1 day)
ALECENSA	4	PA; SP; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
AUGTYRO	4	PA; SP; QL (8 per 1 day)
AYVAKIT	4	PA; 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
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	4	PA; SP; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; SP; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; SP; LA; QL (1 per 1 day)
<i>bexarotene</i>	4	PA; SP
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE	4	PA; SP
BOSULIF ORAL TABLET 100 MG	4	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG	4	PA; QL (1 per 1 day)
BOSULIF ORAL TABLET 500 MG	4	PA; SP; QL (1 per 1 day)
BRAFTOVI	4	PA; LA; QL (6 per 1 day)
BRUKINSA	4	PA; SP; LA; QL (4 per 1 day)
CABOMETYX	4	PA; SP; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; SP; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	4	PA; SP; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	4	PA; SP; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; LA; QL (1 per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; QL (84 per 28 days)
COPIKTRA	4	PA; LA; QL (2 per 1 day)
COTELLIC	4	PA; SP; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	4	SP
CYCLOPHOSPHAMIDE ORAL TABLET	4	
<i>cyclosporine modified</i>	1	SP
<i>cyclosporine oral capsule</i>	1	SP
DAURISMO ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (2 per 1 day)
DROXIA	2	
ELIGARD	4	PA; QL (1 per 28 days)
ELIGARD (3 MONTH)	4	PA; 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
ELIGARD (4 MONTH)	4	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	4	PA; QL (1 per 126 days)
EMCYT	4	PA; SP
ENSPRYNG	4	PA; QL (1 per 28 days)
ERIVEDGE	4	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	4	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	4	PA; SP
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; SP; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; SP
<i>exemestane</i>	1	ACA
EXKIVITY	4	PA; QL (4 per 1 day)
FENSOLVI	4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; QL (1 per 30 days)
FOTIVDA	4	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; SP; QL (21 per 28 days)
GAVRETO	4	PA; LA; QL (4 per 1 day)
<i>gefitinib</i>	4	PA; QL (1 per 1 day)
<i>gengraf</i>	1	SP
GILOTRIF	4	PA; SP; QL (1 per 1 day)
GLEOSTINE	4	PA; SP
HYCAMTIN ORAL	4	PA
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; SP; QL (1 per 1 day)
ICLUSIG	4	PA; QL (1 per 1 day)
IDHIFA	4	PA; SP; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; SP; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG	4	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; SP; QL (4 per 1 day)
INQOVI	4	PA; SP; QL (5 per 28 days)
INREBIC	4	PA; LA; QL (4 per 1 day)
IWILFIN	4	PA; SP; QL (8 per 1 day)
JAKAFI	4	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (1 per 1 day)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; SP; QL (4 per 1 day)
KRAZATI	4	PA; QL (6 per 1 day)
<i>lapatinib</i>	4	PA; SP; QL (6 per 1 day)
<i>lenalidomide</i>	4	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	4	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3)	4	PA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; SP; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; SP; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 4 MG	4	PA; QL (30 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	4	PA; SP
LEUPROLIDE (3 MONTH)	4	PA; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	4	PA; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; SP; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (3 per 1 day)
LUPKYNIS	4	PA; QL (6 per 1 day)
LUPRON DEPOT	4	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	4	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	4	PA; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	4	PA; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; QL (1 per 126 days)
LYNPARZA	4	PA; SP; QL (4 per 1 day)
LYSODREN	4	PA; SP
LYTGOBI	4	PA; LA; QL (4 per 28 days)
MATULANE	4	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (1 per 1 day)
MEKTOVI	4	PA; SP; LA; QL (6 per 1 day)
<i>melfalan</i>	4	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	4	PA; 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
MYLERAN	4	PA; SP
NERLYNX	4	PA; LA; QL (6 per 1 day)
<i>nilutamide</i>	4	PA; SP; QL (1 per 1 day)
NINLARO	4	PA; SP; QL (3 per 30 days)
NUBEQA	4	PA; SP; LA; QL (4 per 1 day)
ODOMZO	4	PA; SP; LA; QL (1 per 1 day)
OGSIVEO	4	PA; SP; QL (6 per 1 day)
OJJAARA	4	PA; SP; QL (1 per 1 day)
ONUREG	4	PA; QL (14 per 28 days)
ORGOVYX	4	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (3 per 1 day)
<i>pazopanib</i>	4	PA; SP; QL (4 per 1 day)
PEMAZYRE	4	PA; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; SP; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	4	PA; SP; QL (56 per 28 days)
POMALYST	4	PA; SP; LA; QL (1 per 1 day)
QINLOCK	4	PA; LA; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	4	PA; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	4	PA; LA; QL (4 per 1 day)
REVLIMID	4	PA; SP; LA; QL (1 per 1 day)
REZLIDHIA	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
REZUROCK	4	PA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; SP; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; SP; LA; QL (12 per 1 day)
RUBRACA	4	PA; SP; LA; QL (4 per 1 day)
RYDAPT	4	PA; SP; QL (8 per 1 day)
SANDIMMUNE ORAL SOLUTION	2	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)
SIGNIFOR	4	PA; SP
<i>sirolimus</i>	2	SP
SOLTAMOX	3	
<i>sorafenib</i>	4	PA; SP; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; SP; QL (3 per 1 day)
STIVARGA	4	PA; SP; QL (84 per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>sunitinib malate oral capsule 37.5 mg</i>	4	PA; QL (1 per 1 day)
SUPPRELIN LA	4	PA; SP; QL (1 per 365 days)
TABLOID	4	PA; SP
TABRECTA	4	PA; QL (4 per 1 day)
<i>tacrolimus oral</i>	1	SP
TAFINLAR ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (30 per 1 day)
TAGRISSE	4	PA; SP; LA; QL (1 per 1 day)
TALZENNA	4	PA; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	4	PA; SP; QL (2 per 1 day)
TAZVERIK	4	PA; LA; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>temozolomide</i>	4	PA; SP
TEPMETKO	4	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	SP; QL (1 per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	SP; QL (2 per 1 day)
TIBSOVO	4	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	2	QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	4	PA; SP
TRIPTODUR	4	PA; QL (1 per 126 days)
TRUQAP	4	PA; SP; QL (64 per 28 days)
TUKYSA	4	PA; SP; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (4 per 1 day)
VANFLYTA	4	PA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	4	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	4	PA; SP; QL (42 per 365 days)
VERZENIO	4	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; SP; LA; QL (10 per 1 day)
VIZIMPRO	4	PA; QL (1 per 1 day)
VONJO	4	PA; QL (4 per 1 day)
WELIREG	4	PA; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	4	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; SP; QL (4 per 1 day)

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

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

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	PA
BRIVIACT ORAL	3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
<i>clobazam</i>	2	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</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
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; QL (6 per 1 day)
<i>diazepam rectal</i>	1	
DILANTIN	3	PA
<i>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
EQUETRO	3	PA
<i>ethosuximide</i>	1	
<i>felbamate</i>	2	
FINTEPLA	4	PA; LA; QL (12 per 1 day)
FYCOMPA	3	PA
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	2	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral</i>	1	
<i>methsuximide</i>	2	
NAYZILAM	3	PA; QL (10 per 30 days)
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	PA
<i>phenobarbital</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</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>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	2	PA
<i>subvenite</i>	1	
<i>tiagabine</i>	2	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; SP; LA
<i>vigadrone oral powder in packet</i>	4	PA; SP
<i>vigpoder</i>	4	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	3	PA; 1 tablet per day; 28 tablets per 365 days
<i>zonisamide</i>	1	
ZTALMY	3	PA; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; SP; QL (3 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL (10 per 1 day)
NOURIANZ	3	PA; LA; QL (1 per 1 day)
ONGENTYS	3	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	3	ST

MIGRAINE & CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
EMGALITY PEN	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ERGOMAR	3	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan</i>	2	QL (12 per 30 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
QULIPTA	2	PA; QL (1 per 1 day)
REYVOW	3	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)

You can find information 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>sumatriptan succinate subcutaneous cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	4	SP; QL (2 per 1 day)
DAYBUE	4	PA; QL (120 per 1 day)
<i>dichlorphenamide</i>	4	PA; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI	4	PA; SP; LA; QL (6.7 per 1 day)
FIRDAPSE	4	PA; SP; LA; QL (8 per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral tablet</i>	2	
INGREZZA	4	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PACK	4	PA; QL (28 per 365 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	1	
NUEDEXTA	4	PA; SP; QL (2 per 1 day)
NULIBRY	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA; SP
RELYVRIO	4	PA; QL (2 per 1 day)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; SP; QL (4 per 1 day)
ZEPOSIA	4	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; SP; QL (7 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>dantrolene oral</i>	1	
<i>meprobamate</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	1	PA; QL (6 per 1 day)
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; QL (0.18 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	4	PA; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	4	PA; 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 compound w/codeine</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	PA; QL (6 per 1 day)
<i>codeine-butalbital-asa-caff</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (4 per 1 day)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 per 30 days)
FENTORA	3	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	PA; QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	1	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	PA; QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	1	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone rectal</i>	1	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	1	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>methadose oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>morphine concentrate oral solution</i>	1	PA; QL (4 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	1	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	2	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral capsule</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
XTAMPZA ER	3	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA; QL (5 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)
<i>diflunisal</i>	2	QL (3 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	2	2 sprays per fill
<i>naltrexone</i>	1	
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)

You can find information 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>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NUCYNTA	3	PA; QL (4 per 1 day)
NUCYNTA ER	3	PA; QL (2 per 1 day)
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA; QL (4 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	1	PA; QL (8 per 1 day)
VIVITROL	4	SP
ZIMHI	3	1 ml per fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	PA for age 17 and younger; QL (1 per 28 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	2	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	2	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	2	PA for age 19 and older; QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	1	
<i>aripiprazole oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INITIO	2	PA for age 17 and younger; QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	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>clozapine oral tablet 100 mg</i>	1	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>desipramine</i>	2	
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	

You can find information 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>eszopiclone</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for age 17 and younger; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate</i>	2	PA for age 17 and younger
<i>haloperidol lactate injection</i>	1	PA for age 17 and younger
<i>haloperidol lactate intramuscular</i>	1	PA for age 17 and younger
<i>haloperidol lactate oral</i>	1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ LQ	4	PA
<i>imipramine hcl</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for age 17 and younger; QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for age 17 and younger; QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for age 17 and younger; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for age 17 and younger; QL (2.63 per 63 days)
<i>lisdexamfetamine</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	4	PA; 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)
<i>methamphetamine</i>	2	PA for age 19 and older; QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for age 19 and older; QL (30 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	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)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID	4	PA; QL (1 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for age 17 and younger
PERSERIS	2	PA for age 17 and younger; 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
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
<i>protriptyline</i>	2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
RISPERDAL CONSTA	2	PA for age 17 and younger; QL (2 per 28 days)
<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)
RYKINDO	2	PA for age 17 and younger; QL (2 per 28 days)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SODIUM OXYBATE	4	PA; SP; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (8 per 28 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (12 per 28 days)
SUNOSI	3	PA; QL (1 per 1 day)
<i>tasimelteon</i>	4	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
VYVANSE	2	PA for age 19 and older; QL (1 per 1 day)
WAKIX	4	PA; LA; QL (2 per 1 day)
XYREM	4	PA; SP; LA; QL (18 per 1 day)
XYWAV	4	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>ziprasidone hcl</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; SP; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; SP; QL (14 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA for age 17 and younger; QL (2 per 28 days)

You can find information 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 405 MG	2	PA for age 17 and younger; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	2	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	2	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	
<i>aliskiren</i>	2	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	

You can find information 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>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan</i>	2	ST
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	2	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	3	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	

You can find information 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>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KERENDIA	3	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	2	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	2	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; SP; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; SP; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	
<i>prazosin</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>taztia xt</i>	1	
<i>telmisartan</i>	1	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	2	
<i>torseamide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL TABLET	4	PA; SP; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; SP; LA; QL (200 per 365 days)
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	
<i>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
<i>aspirin-dipyridamole</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
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL (2 per 1 day)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	SP
<i>fondaparinux</i>	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	SP
FRAGMIN SUBCUTANEOUS SYRINGE	4	SP
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven</i>	1	
MULPLETA	4	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	4	PA; SP; LA; QL (2 per 1 day)
TAVALISSE	4	PA; LA; QL (2 per 1 day)
<i>warfarin</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
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	4	PA; LA
<i>lovastatin</i>	1	ACA
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	2	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (2 per 28 days)
REPATHA SYRINGE	2	PA; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; SP; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	3	QL (15 per 1 day)
CORLANOR ORAL TABLET	3	QL (2 per 1 day)
ENTRESTO	2	
FILSPARI	4	PA; QL (1 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</i>	2	
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; SP; QL (1 per 1 day)
VYNDAQEL	4	PA; SP; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
BIMZELX	4	PA; SP; QL (2 per 42 days)
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone topical ointment</i>	2	ST
COSENTYX (2 SYRINGES)	4	PA; SP; QL (2 per 28 days)
COSENTYX PEN	4	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
COSENTYX PEN (2 PENS)	4	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; QL (2 per 28 days)
ILUMYA	4	PA; QL (1 per 63 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ	4	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 63 days)
SOTYKTU	4	PA; SP; QL (1 per 1 day)
STELARA INTRAVENOUS	4	PA; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (1 per 42 days)
TALTZ AUTOINJECTOR	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; QL (1 per 28 days)
TREMFYA	4	PA; SP; QL (1 per 42 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; SP; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
EUCRISA	3	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	4	PA; QL (3 per 30 days)
<i>methoxsalen</i>	4	SP
OPZELURA	4	PA; QL (60 per 30 days)
PANRETIN	4	PA; SP
<i>pimecrolimus</i>	2	ST
<i>podofilox topical solution</i>	1	
REGRANEX	3	QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
<i>urea topical cream 40 %</i>	1	
VALCHLOR	4	PA; SP; QL (60 per 30 days)
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>adapalene topical cream</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel with pump</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
ALTRENO	3	PA
<i>amnestem</i>	1	
<i>azelaic acid</i>	2	
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical gel, once daily</i>	2	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>dapsone topical gel</i>	2	ST
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>ivermectin topical cream</i>	2	PA
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	2	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>neuac</i>	2	
RHOFADE	3	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream</i>	2	ST
<i>tretinoin microspheres topical gel</i>	2	PA for age 29 and older
<i>tretinoin topical cream</i>	1	PA for age 29 and older; QL (1 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>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA for age 29 and older; QL (1 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	2	PA for age 29 and older
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	PA for age 2 and younger
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocort</i>	1	
<i>lidopin topical cream 3 %</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole</i>	1	
<i>ketconazole topical cream</i>	1	
<i>ketconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	
TOPICAL CORTICOSTEROIDS		

You can find information 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>alclometasone</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical spray,non-aerosol</i>	2	ST
<i>clobetasol-emollient topical cream</i>	2	
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	2	ST
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>desoximetasone topical spray,non-aerosol</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	ST

You can find information 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>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	2	
<i>mometasone topical</i>	1	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream</i>	1	
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>benzphetamine</i>	1	PA
CONTRAVE	3	PA
<i>diethylpropion</i>	1	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
IMCIVREE	4	PA; QL (9 per 30 days)
LOMAIRA	3	PA
ORLISTAT	3	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phentermine</i>	1	PA
QSYMIA	3	PA
SAXENDA	3	PA; QL (15 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
XENICAL	3	PA
ZEPBOUND	3	PA; QL (2 per 28 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
<i>carglumic acid</i>	4	PA; SP
<i>cevimeline</i>	2	
CHEMET	3	PA for age 18 and older
CUVRIOR	4	PA; QL (10 per 1 day)
<i>deferasirox oral granules in packet</i>	4	PA
<i>deferasirox oral tablet</i>	4	PA; SP
<i>deferasirox oral tablet, dispersible</i>	4	PA; SP
<i>deferiprone</i>	4	PA; SP
<i>disulfiram</i>	2	
<i>droxidopa</i>	4	PA
ENDARI	4	PA; QL (2 per 1 day)
FERRIPROX ORAL SOLUTION	4	PA; SP
INCRELEX	4	PA; SP; LA
JOENJA	4	PA; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	4	PA; 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>midodrine</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; SP; LA
<i>nitisinone oral capsule 20 mg</i>	4	PA; LA
NITYR	4	PA; SP; LA
OLPRUVA	4	PA
ORFADIN ORAL SUSPENSION	4	PA; SP; LA
OXBRYTA	4	PA; LA; QL (3 per 1 day)
PHEBURANE	4	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tablets per day; 7 tablets every 365 days; LA
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 365 days)
RAVICTI	4	PA; SP; QL (17.5 per 1 day)
REVCOVI	4	PA; LA
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate oral powder</i>	4	PA
<i>sodium phenylbutyrate oral tablet</i>	4	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; SP; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; SP; QL (1 per 1 day)
TAVNEOS	4	PA; QL (6 per 1 day)
THIOLA EC	4	PA; SP
<i>tiopronin oral tablet</i>	4	PA; SP
<i>trientine oral capsule 250 mg</i>	4	PA; SP; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; QL (4 per 1 day)
XURIDEN	4	
ZOKINVY	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC

You can find information 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</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex)</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	3	15 units per fill
<i>ipratropium bromide nasal</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	

You can find information 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>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA
CORTROPHIN GEL	4	PA
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisone</i>	1	
TARPEYO	4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</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
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	2	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	2	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	2	OTC; QL (100 per 30 days)
ONETOUCH ULTRA TEST	2	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	2	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 273 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 273 days)

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

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SMARTVIEW CONTRL SOL	1	OTC
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	OTC
DEXCOM G6 RECEIVER	3	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	3	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	3	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	3	PA; CGM; QL (1 per 720 days)
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	3	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	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
V-GO 20	2	QL (30 per 30 days)
V-GO 30	2	QL (30 per 30 days)
V-GO 40	2	QL (30 per 30 days)
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	1	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN	1	QL (100 per 30 days)
HUMALOG MIX 50-50 INSULN U-100	1	QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	1	QL (100 per 30 days)
HUMALOG U-100 INSULIN	1	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	2	QL (100 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	2	QL (100 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	QL (100 per 30 days)
LANTUS U-100 INSULIN	2	QL (100 per 30 days)
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	2	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	2	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-200	2	QL (100 per 30 days)
TRESIBA U-100 INSULIN	2	QL (100 per 30 days)
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; QL (2 per 1 day)
<i>cetrotorelix</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>clomid</i>	2	PA; QL (10 per 30 days)
<i>clomiphene citrate</i>	2	PA; QL (10 per 30 days)
<i>danazol</i>	2	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
FOLLISTIM AQ	4	PA; SP
<i>fyremadel</i>	4	PA; SP
GALAFOLD	4	PA; LA; QL (0.5 per 1 day)
<i>ganirelix</i>	4	PA; SP
GONAL-F	4	PA; SP
GONAL-F RFF	4	PA; SP
GONAL-F RFF REDI-JECT	4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET	4	PA; SP; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; SP; LA; QL (56 per 28 days)
KORLYM	4	PA; QL (4 per 1 day)
KYZATREX	3	PA; QL (2 per 1 day)
MENOPUR	4	PA; SP
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; QL (4 per 1 day)
<i>miglustat</i>	4	PA; SP; LA; QL (3 per 1 day)
MYALEPT	4	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA
OPFOLDA	4	PA; SP; QL (8 per 28 days)

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

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

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Drug Name	Drug Tier	Requirements / Limits
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>migliitol</i>	2	
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	PA; QL (9 per 63 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	2	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (30 per 365 days)
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (2 per 1 day)
TRULICITY	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
THYROID HORMONES		
<i>euthyrox</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

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

MISCELLANEOUS AGENTS

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

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Drug Name	Drug Tier	Requirements / Limits
<i>sps (with sorbitol)</i>	2	
VELTASSA	3	PA; QL (1 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
<i>anucort-hc</i>	1	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	3 capsules per day; 10 capsules every 28 days
<i>aprepitant oral capsule,dose pack</i>	2	QL (15 per 28 days)
<i>balsalazide</i>	1	
<i>betaine</i>	4	SP
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	4	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	4	PA; LA; QL (4 per 1 day)
CHENODAL	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL (4 per 1 day)
CIMZIA	4	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DIPENTUM	3	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
ENTYVIO PEN	4	PA; SP; QL (1.36 per 23 days)
<i>enulose</i>	1	
GATTEX 30-VIAL	4	PA; SP
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
IBSRELA	3	PA; QL (2 per 1 day)
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	2	QL (1 per 1 day)
LIVMARLI	4	PA; SP; QL (3 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	9	ACA; OTC
RELISTOR ORAL	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	4	PA; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	4	PA; SP; QL (8 per 1 day)
<i>sulfasalazine</i>	1	
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; SP; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZELNORM	3	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayered release(dr/ec)</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for age 8 and older; QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayered release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	2	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA for age 8 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule,delayered release(dr/ec)</i>	1	QL (2 per 1 day)
<i>pantoprazole oral tablet,delayered release (dr/ec)</i>	1	QL (2 per 1 day)
<i>rabeprazole oral tablet,delayered release (dr/ec)</i>	2	QL (2 per 1 day)
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	SP
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
ARCALYST	4	PA; QL (4 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
FULPHILA	4	PA
FYLNETRA	4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	4	PA; SP
MIRCERA	4	SP
NEULASTA	4	PA; SP
NEULASTA ONPRO	4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
NYVEPRIA	4	PA
PROCRIT	4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; 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
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
RETACRIT	4	PA; SP
ROLVEDON	4	PA
STIMUFEND	4	PA
UDENYCA	4	PA; SP
UDENYCA AUTOINJECTOR	4	PA
UDENYCA ONBODY	4	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
ZIEXTENZO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
GENOTROPIN	4	PA; SP
GENOTROPIN MINIQUICK	4	PA; SP
HUMATROPE INJECTION CARTRIDGE	4	PA
NGENLA	4	PA
NORDITROPIN FLEXPOR	4	PA; SP
NUTROPIN AQ NUSPIN	4	PA
OMNITROPE	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
SKYTROFA	4	PA
SOGROYA	4	PA; QL (3 per 28 days)
ZOMACTON	4	PA
INTERFERONS		
ACTIMMUNE	4	PA; SP
ALFERON N	4	SP
BESREMI	4	PA; QL (2 per 28 days)
PEGASYS	4	SP
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	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
AVONEX INTRAMUSCULAR SYRINGE KIT	4	
BAFIERTAM	4	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	4	SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	SP; QL (2 per 1 day)
EXTAVIA	4	PA; SP
<i>fingolimod</i>	4	SP
<i>glatiramer</i>	4	
<i>glatopa</i>	4	
KESIMPTA PEN	4	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	4	PA; 2 tablets per day; 4 packs per 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	4	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; SP; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; SP; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PONVORY	4	PA; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	4	PA; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	4	SP; QL (3 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	SP; QL (3 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	4	SP; QL (4.2 per 365 days)
<i>teriflunomide</i>	4	
VUMERITY	4	PA; SP; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	9	PA for age 59 and younger; ACA
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	9	ACA
AFLURIA QUAD 2023-2024(6MO UP)	9	ACA
AREXVY (PF)	9	PA for age 59 and younger; ACA
BEXSERO	9	ACA
BOOSTRIX TDAP	9	ACA
COMIRNATY 2023-24 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	9	ACA
FLUARIX QUAD 2023-2024 (PF)	9	ACA
FLUBLOK QUAD 2023-2024 (PF)	9	ACA
FLUCELVAX QUAD 2023-2024	9	ACA
FLUCELVAX QUAD 2023-2024 (PF)	9	ACA
FLULAVAL QUAD 2023-2024 (PF)	9	ACA
FLUMIST QUAD 2023-2024	9	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	9	ACA
FLUZONE QUAD 2023-2024	9	ACA
FLUZONE QUAD 2023-2024 (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	9	ACA
IPOL	9	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	9	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 23-24(6M-11Y)PF	9	ACA
NOVAVAX COVID 2023-24(PF)(EUA)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	4	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID 2023-24(5Y-11Y)PF	9	ACA
PFIZER COVID 2023-24(6MO-4Y)PF	9	ACA
PNEUMOVAX-23	9	ACA
PREHEVBRIO (PF)	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
SPIKEVAX 2023-2024(12Y UP)(PF)	9	ACA
TDVAX	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FORTEO	4	PA; SP; QL (1 per 28 days)
FOSAMAX PLUS D	2	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; SP; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; SP; QL (1 per 28 days)
TYMLOS	4	PA; SP; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 28 days)
CYLTEZO(CF)	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; QL (4 per 365 days)
ENBREL MINI	4	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	4	PA; SP; QL (4 per 28 days)
HUMIRA PEN	4	PA; SP; QL (2 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; SP; QL (6 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; QL (2 per 28 days)
HUMIRA(CF)	4	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; SP; QL (3 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
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP; QL (2 per 28 days)
HYRIMOZ	4	PA; QL (1.6 per 28 days)
HYRIMOZ PEN	4	PA; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ(CF)	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; QL (1.6 per 28 days)
KEVZARA	4	PA; SP; QL (2.28 per 28 days)
KINERET	4	PA; SP; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	4	PA; QL (1 per 1 day)
ORENCIA CLICKJECT	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 per 28 days)
OTEZLA	4	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL (55 per 365 days)
OTREXUP (PF)	3	ST
<i>penicillamine</i>	4	PA; QL (16 per 1 day)
RASUVO (PF)	3	ST
RIDAURA	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; SP; QL (56 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
XELJANZ ORAL TABLET 5 MG	4	PA; QL (2 per 1 day)
XELJANZ XR	4	PA; SP; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

<i>amabelz</i>	1	
BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	3	PA
<i>deblitane</i>	1	ACA
<i>dotti</i>	1	
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ENDOMETRIN	4	PA; SP
<i>errin</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>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
<i>mimvey</i>	1	
<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	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</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
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>haloette</i>	1	ACA
INTRAROSA	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE	3	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVESSA	3	
ORIAHNN	3	PA; SP; QL (2 per 1 day)
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
<i>vandazole</i>	1	
XACIATO	3	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 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
<i>balziva (28)</i>	1	ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	3	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA

You can find information 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>falmina (28)</i>	1	ACA
<i>finzala</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1-50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA

You can find information 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>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	2	
<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	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin 24 fe</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtreea (28)</i>	1	ACA
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA

You can find information 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>turqoz (28)</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA

OXYTOCICS

methylergonovine oral

2

OPHTHALMOLOGY

ANTIBIOTICS

bacitracin ophthalmic (eye)

2

bacitracin-polymyxin b

1

BETADINE OPHTHALMIC PREP

3

CILOXAN OPHTHALMIC (EYE) OINTMENT

3

ciprofloxacin hcl ophthalmic (eye)

1

erythromycin ophthalmic (eye)

1

gatifloxacin

2

gentamicin ophthalmic (eye) drops

1

levofloxacin ophthalmic (eye) drops 1.5 %

2

moxifloxacin ophthalmic (eye) drops

1

NATACYN

3

neomycin-bacitracin-polymyxin

1

neomycin-polymyxin-gramicidin

1

neo-polycin

1

ofloxacin ophthalmic (eye)

1

polycin

1

You can find information 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>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	1	OTC
<i>azelastine ophthalmic (eye)</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	4	PA; QL (20 per 28 days)
CYSTARAN	4	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	4	PA; SP; QL (56 per 720 days)
<i>proparacaine</i>	1	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	

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

Drug Name	Drug Tier	Requirements / Limits
XDEMVY	4	PA; SP; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>travoprost</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone 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		
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
SYMJEPI	2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 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>benzonatate oral capsule 150 mg</i>	2	
<i>codeine-guaiifenesin</i>	1	
<i>g tussin ac</i>	1	
<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 vc</i>	1	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY	1	OTC
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; SP; LA; QL (3 per 1 day)
ADVAIR HFA	2	
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>alyq</i>	4	PA; SP; QL (2 per 1 day)
<i>ambrisentan</i>	4	PA; SP; LA; QL (1 per 1 day)
ANORO ELLIPTA	2	
ARNUITY ELLIPTA	2	
ASMANEX HFA	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	
ATROVENT HFA	3	
<i>bosentan</i>	4	PA; SP; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA	2	
<i>brey-na</i>	2	
BRONCHITOL	4	PA; QL (20 per 1 day)
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</i>	1	
DULERA	2	
ESBRIET ORAL CAPSULE	4	PA; SP; QL (6 per 1 day)
FASENRA	4	PA; QL (1 per 42 days)
FASENRA PEN	4	PA; QL (1 per 42 days)
<i>flunisolide</i>	2	ST
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
HAEGARDA	4	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	4	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	4	PA; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; SP; QL (2 per 1 day)
KALYDECO ORAL TABLET	4	PA; SP; QL (2 per 1 day)
<i>levalbuterol hcl</i>	2	
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
NASAL ALLERGY	1	OTC
NUCALA	4	PA; SP; LA; 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
OFEV	4	PA; SP; QL (2 per 1 day)
OPSUMIT	4	PA; LA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	4	PA; SP; QL (4 per 1 day)
ORLADEYO	4	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	4	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; SP; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; SP; QL (3 per 1 day)
PULMOZYME	4	PA; SP; QL (5 per 1 day)
QVAR REDIHALER	2	
<i>roflumilast</i>	2	QL (1 per 1 day)
RUCONEST	4	PA; QL (2 per 28 days)
<i>sajazir</i>	4	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; SP; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; SP; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	
SPIRIVA WITH HANDIHALER	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMDEKO	4	PA; SP; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	4	PA; SP; QL (2 per 1 day)
TADLIQ	4	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	4	PA; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	2	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; SP; QL (3 per 1 day)
TYVASO	4	PA; SP; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	4	PA; SP; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL (1 per 30 days)
TYVASO REFILL KIT	4	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; SP; QL (1 per 365 days)
VENTAVIS	4	PA; SP; QL (9 per 1 day)
VENTOLIN HFA	1	
<i>wixela inhub</i>	1	
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</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>flavoxate</i>	1	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
<i>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CAVERJECT	3	QL (4 per 30 days)
CAVERJECT IMPULSE	3	QL (4 per 30 days)
CYSTAGON	4	SP; LA
EDEX	3	QL (4 per 30 days)
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	3	QL (6 per 30 days)
OXLUMO	4	PA
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	4	PA; SP
<i>sildenafil</i>	1	QL (6 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (6 per 30 days)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		

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

Drug Name	Drug Tier	Requirements / Limits
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	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 chewable</i>	1	
<i>se-natal-19</i>	1	
<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 quints</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<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		
.....	93	
A		
<i>abacavir</i>	12	
<i>abacavir-lamivudine</i>	12	
ABILIFY MAINTENA.....	37	
<i>abiraterone</i>	19	
ABRYSVO.....	77	
<i>acamprosate</i>	58	
<i>acarbose</i>	66	
ACCU-CHEK AVIVA PLUS		
TEST STRP.....	62	
ACCU-CHEK GUIDE		
GLUCOSE METER.....	62	
ACCU-CHEK GUIDE L1-L2		
CTRL SOL	62	
ACCU-CHEK GUIDE ME		
GLUCOSE MTR.....	62	
ACCU-CHEK GUIDE TEST		
STRIPS.....	62	
ACCU-CHEK SMARTVIEW		
CONTRL SOL	63	
ACCU-CHEK SMARTVIEW		
TEST STRIP	62	
<i>accutane</i>	53	
<i>acebutolol</i>	45	
<i>acetaminophen-codeine</i>	32	
<i>acetazolamide</i>	91	
<i>acetic acid</i>	61	
<i>acetylcysteine</i>	93	
<i>acitretin</i>	51	
ACTEMRA	80	
ACTEMRA ACTPEN.....	80	
ACTHAR	61	
ACTHIB (PF).....	77	
ACTIMMUNE	75	
<i>acyclovir</i>	12, 55	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	77	
<i>adapalene</i>	53	
<i>adapalene-benzoyl peroxide</i>	53	
ADBRY.....	52	
ADDERALL	37	
ADDERALL XR.....	37	
ADDYI.....	37	
<i>adefovir</i>	12	
ADEMPAS.....	93	
<i>adult aspirin regimen</i>	35	
ADVAIR HFA	93	
AEROCHAMBER MINI	62	
AEROCHAMBER PLUS		
FLOW-VU.....	62	
AEROCHAMBER PLUS Z		
STAT	62	
AEROVENT PLUS.....	62	
<i>afirmelle</i>	84	
AFLURIA QD 2023-24(3YR		
UP)(PF)	77	
AFLURIA QUAD 2023-		
2024(6MO UP).....	77	
<i>after pill</i>	84	
AIMOVIG AUTOINJECTOR		
.....	30	
AJOVY AUTOINJECTOR..	30	
AJOVY SYRINGE.....	30	
AKEEGA.....	19	
AKYNZEO (NETUPITANT)		
.....	69	
<i>albendazole</i>	16	
<i>albuterol sulfate</i>	93	
<i>alclometasone</i>	56	
ALECENSA	19	
<i>alendronate</i>	79	
ALFERON N.....	75	
<i>alfuzosin</i>	97	
ALINIA	16	
<i>aliskiren</i>	45	
<i>allergy eye (ketotifen)</i>	90	
<i>allopurinol</i>	79	
<i>almotriptan malate</i>	30	
<i>alosetron</i>	69	
<i>alprazolam</i>	37	
<i>altavera (28)</i>	84	
ALTRENO	53	
ALUNBRIG	19	
<i>alvimopan</i>	69	
<i>alyacen 1/35 (28)</i>	84	
<i>alyacen 7/7/7 (28)</i>	84	
<i>alyq</i>	93	
<i>amabelz</i>	82	
<i>amantadine hcl</i>	12	
<i>ambrisentan</i>	93	
<i>amethia</i>	84	
<i>amethyst (28)</i>	84	
<i>amikacin</i>	17	
<i>amiloride</i>	45	
<i>amiloride-hydrochlorothiazide</i>		
.....	45	
<i>aminocaproic acid</i>	48	
<i>amiodarone</i>	45	
<i>amitriptyline</i>	37	
<i>amitriptyline-chlordiazepoxide</i>		
.....	37	
<i>amlodipine</i>	45	
<i>amlodipine-atorvastatin</i>	50	
<i>amlodipine-benazepril</i>	45	
<i>amlodipine-olmesartan</i>	45	
<i>amlodipine-valsartan</i>	45	
<i>ammonium lactate</i>	52	
<i>amnesteem</i>	53	
<i>amoxapine</i>	37	
<i>amoxicil-clarithromy-</i>		
<i>lansopraz</i>	73	
<i>amoxicillin</i>	18	
<i>amoxicillin-pot clavulanate</i> ..	18	
<i>ampicillin</i>	18	
<i>anagrelide</i>	58	
<i>anaspaz</i>	68	
<i>anastrozole</i>	19	
ANORO ELLIPTA.....	93	
<i>anucort-hc</i>	69	
ANZEMET	69	
<i>apomorphine</i>	29	
<i>apraclonidine</i>	92	
<i>aprepitant</i>	69	
APRETUDE	13	
<i>apri</i>	84	
APTIOM.....	27	
APTIVUS	13	
<i>aranelle (28)</i>	84	
ARANESP (IN		
POLYSORBATE).....	73	
ARCALYST	74	
AREXVY (PF)	77	
ARIKAYCE	17	
<i>aripiprazole</i>	37	
ARISTADA	38	
ARISTADA INITIO.....	38	
<i>armodafinil</i>	38	
ARNUITY ELLIPTA	93	

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

<i>ascomp with codeine</i>	32	BARACLUDE.....	13	BRILINTA	49
<i>asenapine maleate</i>	38	<i>bayer low dose aspirin</i>	35	<i>brimonidine</i>	53, 92
<i>ashlyna</i>	84	<i>b-complex with vitamin c</i>	98	<i>brimonidine-timolol</i>	91
ASMANEX HFA	93	BD INTEGRA NEEDLE	63	<i>brinzolamide</i>	91
ASMANEX TWISTHALER	93	BD MICROTAINER		BRIVIACT	27
<i>aspirin</i>	35	LANCET	63	BRIXADI	32, 33
<i>aspirin childrens</i>	35	BD SPECIALTY USE		<i>bromfenac</i>	91
<i>aspirin-dipyridamole</i>	48	NEEDLES	63	<i>bromocriptine</i>	29
<i>atazanavir</i>	13	BD ULTRA-FINE NANO		BRONCHITOL	94
<i>atenolol</i>	45	PEN NEEDLE.....	63	BRUKINSA.....	20
<i>atenolol-chlorthalidone</i>	45	BELBUCA	32	<i>budesonide</i>	69, 94
<i>atomoxetine</i>	38	<i>benazepril</i>	45	<i>budesonide-formoterol</i>	94
<i>atorvastatin</i>	50	<i>benazepril-hydrochlorothiazide</i>		<i>bumetanide</i>	46
<i>atovaquone</i>	17	.....	45	<i>buprenorphine</i>	33
<i>atovaquone-proguanil</i>	17	BENLYSTA	80	<i>buprenorphine hcl</i>	33
<i>atropine</i>	90	BENZNIDAZOLE	17	<i>buprenorphine-naloxone</i>	35
ATROVENT HFA	93	<i>benzonatate</i>	92, 93	<i>bupropion hcl</i>	38
<i>aubra</i>	84	<i>benzphetamine</i>	57	<i>bupropion hcl (smoking deter)</i>	
<i>aubra eq</i>	84	<i>benztropine</i>	29	.....	59
AUGTYRO	19	BESREMI.....	75	<i>buspirone</i>	38
<i>aurovela 1.5/30 (21)</i>	84	BETADINE OPHTHALMIC		<i>butalbital compound w/codeine</i>	
<i>aurovela 1/20 (21)</i>	84	PREP	89	.....	33
<i>aurovela 24 fe</i>	84	<i>betaine</i>	69	<i>butalbital-acetaminop-caf-cod</i>	
<i>aurovela fe 1.5/30 (28)</i>	85	<i>betamethasone dipropionate</i> 56		.....	33
<i>aurovela fe 1-20 (28)</i>	85	<i>betamethasone valerate</i>	56	<i>butalbital-acetaminophen</i>	33
AUVI-Q.....	92	<i>betamethasone, augmented</i> ..	56	<i>butalbital-acetaminophen-caff</i>	
<i>aviane</i>	85	BETASERON	76	.....	33
<i>avidoxy</i>	18	<i>betaxolol</i>	45, 90	<i>butalbital-aspirin-caffeine</i>	33
AVONEX.....	75, 76	<i>bethanechol chloride</i>	97	<i>butorphanol</i>	35
<i>ayuna</i>	85	<i>bexarotene</i>	20	BYLVAY	69
AYVAKIT.....	19	BEXSERO.....	77	C	
<i>azathioprine</i>	20	<i>bicalutamide</i>	20	CABENUVA.....	13
<i>azelaic acid</i>	53	BIJUVA.....	82	<i>cabergoline</i>	64
<i>azelastine</i>	60, 90	BIKTARVY	13	CABLIVI.....	49
<i>azithromycin</i>	16	<i>bimatoprost</i>	91	CABOMETYX.....	20
<i>azurette (28)</i>	85	BIMZELX	51	<i>caffeine citrate</i>	58
B		<i>bisoprolol fumarate</i>	45	<i>calcipotriene</i>	51
<i>b complex 1 (with folic acid)</i> 98		<i>bisoprolol-hydrochlorothiazide</i>		<i>calcipotriene-betamethasone</i> 51	
<i>b complex-vitamin c-folic acid</i>		.....	46	<i>calcitonin (salmon)</i>	64
.....	98	<i>blisovi 24 fe</i>	85	<i>calcitriol</i>	64
<i>bacitracin</i>	89	<i>blisovi fe 1.5/30 (28)</i>	85	<i>calcium acetate(phosphat bind)</i>	
<i>bacitracin-polymyxin b</i>	89	<i>blisovi fe 1/20 (28)</i>	85	.....	98
<i>baclofen</i>	32	BOOSTRIX TDAP.....	77	CALQUENCE	
BAFIERTAM.....	76	<i>bosentan</i>	93	(ACALABRUTINIB MAL)	
<i>balanced b-100</i>	98	BOSULIF	20	.....	20
<i>bal-care dha</i>	98	BRAFTOVI.....	20	<i>camila</i>	82
<i>balsalazide</i>	69	BREO ELLIPTA	94	<i>camrese</i>	85
BALVERSA.....	20	BREXAFEMME	12	<i>camrese lo</i>	85
<i>balziva (28)</i>	85	<i>breyna</i>	94	CAMZYOS.....	51
BAQSIMI.....	62	<i>briellyn</i>	85	<i>candesartan</i>	46

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

<i>candesartan-</i>	<i>cholestyramine light</i>	COARTEM.....
<i>hydrochlorothiazid</i>	50	17
<i>capecitabine</i>	CHORIONIC	<i>codeine sulfate</i>
20	GONADOTROPIN,	33
CAPRELSA	HUMAN.....	<i>codeine-butalbital-asa-caff</i> ...33
20	65	<i>codeine-guaifenesin</i>.....93
<i>captopril</i>	<i>ciclodan</i>	<i>colchicine</i>.....79
46	55	<i>colesevelam</i>.....50
<i>carbamazepine</i>	<i>ciclopirox</i>	<i>colestipol</i>.....50
27	55	COMBIPATCH.....82
<i>carbidopa</i>	<i>cilostazol</i>	COMBIVENT RESPIMAT..94
29	49	COMETRIQ
<i>carbidopa-levodopa</i>	CILOXAN	20
29	89	COMIRNATY 2023-24 (12Y
<i>carbidopa-levodopa-</i>	CIMDUO.....	UP)(PF).....77
<i>entacapone</i>	<i>cimetidine</i>	COMPACT SPACE
29	73	CHAMBER
<i>carbinoxamine maleate</i>	CIMZIA.....	62
92	69	COMPLERA
<i>carglumic acid</i>	CIMZIA POWDER FOR	13
58	RECONST	COMPLERA
<i>carisoprodol</i>	69	<i>complete natal dha</i>
32	<i>cinacalcet</i>	98
<i>carisoprodol-aspirin-codeine</i>	CIPRO HC.....	<i>compro</i>
.....	61	69
32	<i>ciprofloxacin hcl</i>	<i>constulose</i>
<i>carteolol</i>	18, 61, 89	69
90	<i>ciprofloxacin-dexamethasone</i>	CONTRAVE
<i>cartia xt</i> .....	.....	57
46	61	COPIKTRA
<i>carvedilol</i>	<i>citalopram</i>	20
46	38	CORLANOR
CAVERJECT	<i>citrate of magnesia</i>	51
97	69	CORTROPHIN GEL.....61
CAVERJECT IMPULSE ....97	<i>citroma</i>	COSENTYX.....52
CAYA CONTOURED.....82	69	COSENTYX (2 SYRINGES)
CAYSTON.....17	<i>claravis</i> .....	.....
<i>caziant (28)</i>	<i>clarithromycin</i>	51
85	16	COSENTYX PEN
<i>cefaclor</i>	<i>classic prenatal</i>	51
15, 16	98	COSENTYX PEN (2 PENS)52
<i>cefadroxil</i>	<i>clearlax</i>	COSENTYX UNOREADY
16	69	PEN.....
<i>cefdinir</i>	<i>clemastine</i>	52
16	92	COTELLIC.....20
<i>cefixime</i>	CLEOCIN.....	<i>covaryx</i>
16	83	82
<i>cefpodoxime</i>	<i>clindacin etz</i>	<i>covaryx h.s.</i>
16	53	82
<i>cefprozil</i>	<i>clindacin p</i>	CREON.....69
16	53	CRINONE
<i>cefuroxime axetil</i>	<i>clindamycin hcl</i>	82
16	17	<i>cromolyn</i>
<i>celecoxib</i>	<i>clindamycin pediatric</i>	69, 90, 94
35	17	<i>cryselle (28)</i>
<i>cephalexin</i>	<i>clindamycin phosphate</i> ...	85
16	54, 83	85
CERDELGA.....	<i>clindamycin-benzoyl peroxide</i>	<i>curae</i>
64	.....	85
<i>cetirizine</i>	54	CUVRIOR
92	CLINDESSE	58
<i>cetorelix</i>	84	<i>cyanocobalamin (vitamin b-12)</i>
64	<i>clobazam</i>.....	.....
<i>cevimeline</i>	27	98
58	<i>clobetasol</i>	<i>cyclobenzaprine</i>
<i>charlotte 24 fe</i>	56	32
85	<i>clobetasol-emollient</i>	<i>cyclopentolate</i>
<i>chateal (28)</i>	56	90
85	<i>clomid</i>	<i>cyclophosphamide</i>
<i>chateal eq (28)</i>	65	20
85	<i>clomiphene citrate</i>	CYCLOPHOSPHAMIDE ...20
CHEMET	65	CYCLOSERINE.....17
58	<i>clomipramine</i>	CYCLOSET
CHENODAL.....	38	66
69	<i>clonazepam</i>	<i>cyclosporine</i>
<i>chlordiazepoxide hcl</i>	27	20, 90
38	<i>clonidine</i>	<i>cyclosporine modified</i>
<i>chlordiazepoxide-clidinium</i> ..	46	20
68	<i>clonidine hcl</i>	80
<i>chlorhexidine gluconate</i>	38, 46	CYLTEZO(CF)
60	49	80
<i>chloroquine phosphate</i>	<i>clopidogrel</i>	CYLTEZO(CF) PEN.....80
17	49	
<i>chlorpromazine</i>	<i>clorazepate dipotassium</i>	
38	38	
<i>chlorthalidone</i>	<i>clotrimazole</i>	
46	12	
<i>chlorzoxazone</i>	<i>clotrimazole-betamethasone</i> ..	
32	55	
CHOLBAM.....	<i>clozapine</i>	
69	39	
<i>cholestyramine (with sugar)</i> ..	<i>c-nate dha</i>	
50	98	

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

CYLTEZO(CF) PEN		<i>dexmethylphenidate</i>	39	<i>doxylamine-pyridoxine (vit b6)</i>	
CROHN'S-UC-HS.....	80	<i>dextroamphetamine sulfate</i> ...	39	.....	70
CYLTEZO(CF) PEN		<i>dextroamphetamine-</i>		<i>dronabinol</i>	70
PSORIASIS-UV	80	<i>amphetamine</i>	39	<i>drospirenone-ethinyl estradiol</i>	
<i>cyproheptadine</i>	92	DIACOMIT	28	.....	85
<i>cyred</i>	85	<i>dialyvite 800</i>	98	DROXIA.....	20
<i>cyred eq</i>	85	<i>diazepam</i>	28, 39	<i>droxidopa</i>	58
CYSTADROPS	90	<i>diazepam intensol</i>	39	DRYSOL DAB-O-MATIC ..	52
CYSTAGON	97	<i>dichlorphenamide</i>	31	<i>dulcolax (magnesium</i>	
CYSTARAN	90	<i>diclofenac potassium</i>	35	<i>hydroxide)</i>	70
D		<i>diclofenac sodium</i>	35, 36, 52,	DULERA.....	94
<i>dabigatran etexilate</i>	49	91		<i>duloxetine</i>	39
<i>dalfampridine</i>	31	<i>dicloxacillin</i>	18	DUPIXENT PEN.....	52, 53
<i>danazol</i>	65	<i>dicyclomine</i>	68	DUPIXENT SYRINGE.....	53
<i>dantrolene</i>	32	<i>didanosine</i>	13	DUREX AVANTI BARE	
<i>dapsone</i>	17, 54	<i>diethylpropion</i>	57	REAL FEEL	82
DAPTACEL (DTAP		DIFICID	16	<i>dutasteride</i>	97
PEDIATRIC) (PF).....	77	<i>diflunisal</i>	36	<i>dutasteride-tamsulosin</i>	97
<i>darifenacin</i>	96	<i>digox</i>	48	E	
<i>darunavir</i>	13	<i>digoxin</i>	48	<i>e.e.s. 400</i>	16
<i>dasetta 1/35 (28)</i>	85	<i>dihydroergotamine</i>	30	EASIVENT HOLDING	
<i>dasetta 7/7/7 (28)</i>	85	DILANTIN.....	28	CHAMBER	62
DAURISMO.....	20	<i>diltiazem</i>	46	<i>econazole</i>	55
DAYBUE	31	<i>dilt-xr</i>	46	<i>econtra ez</i>	85
<i>daysee</i>	85	<i>dimethyl fumarate</i>	76	<i>econtra one-step</i>	85
<i>deblitane</i>	82	DIPENTUM	70	<i>ecotrin low strength</i>	36
<i>deferasirox</i>	58	<i>diphenoxylate-atropine</i>	68	EDEX	97
<i>deferiprone</i>	58	<i>dipyridamole</i>	49	<i>ed-spaz</i>	68
DELSTRIGO.....	13	<i>disopyramide phosphate</i>	45	EDURANT	13
<i>demeclocycline</i>	18	<i>disulfiram</i>	58	<i>eemt</i>	82
<i>denta 5000 plus</i>	60	DIURIL	46	<i>eemt hs</i>	82
<i>dentagel</i>	60	<i>divalproex</i>	28	<i>efavirenz</i>	13
DESCOVY	13	<i>dodex</i>	98	<i>efavirenz-emtricitabin-tenofov</i>	
<i>desipramine</i>	39	<i>dofetilide</i>	45	.....	13
<i>desloratadine</i>	92	DOJOLVI.....	98	<i>efavirenz-lamivu-tenofov disop</i>	
<i>desmopressin</i>	65	<i>dolishale</i>	85	.....	13
DESMOPRESSIN	65	<i>donepezil</i>	31	<i>effer-k</i>	98
<i>desog-e.estradiol/e.estradiol</i>	85	DOPTELET (15 TAB PACK)		EGRIFTA SV	75
<i>desonide</i>	56	.....	49	<i>eletriptan</i>	30
<i>desoximetasone</i>	56	<i>dorzolamide</i>	91	ELIGARD.....	20
<i>desvenlafaxine succinate</i>	39	<i>dorzolamide-timolol</i>	91	ELIGARD (3 MONTH)	20
<i>dexamethasone</i>	61	<i>dorzolamide-timolol (pf)</i>	91	ELIGARD (4 MONTH)	21
<i>dexamethasone sodium</i>		<i>dotti</i>	82	ELIGARD (6 MONTH)	21
<i>phosphate</i>	91	DOVATO	13	<i>elinest</i>	85
DEXCOM G6 RECEIVER ..	63	<i>doxazosin</i>	46	ELIQUIS.....	49
DEXCOM G6 SENSOR	63	<i>doxepin</i>	39	ELIQUIS DVT-PE TREAT	
DEXCOM G6		<i>doxercalciferol</i>	65	30D START.....	49
TRANSMITTER.....	63	<i>doxycycline hyclate</i>	18	<i>elite-ob</i>	98
DEXCOM G7 RECEIVER ..	63	<i>doxycycline monohydrate</i>	18,	ELLA.....	85
DEXCOM G7 SENSOR	63	19		<i>eluryng</i>	84

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

EMCYT.....	21	<i>erythromycin ethylsuccinate</i> ..	16	<i>fentanyl</i>	33
EMGALITY PEN	30	<i>erythromycin with ethanol</i>	54	<i>fentanyl citrate</i>	33
EMGALITY SYRINGE.....	30	<i>erythromycin-benzoyl peroxide</i>	54	FENTANYL CITRATE	33
<i>emtricitabine</i>	13	.....	54	FENTORA.....	33
<i>emtricitabine-tenofovir (tdf)</i> ..	13	ESBRIET.....	94	FERRIPROX	58
EMTRIVA.....	13	<i>escitalopram oxalate</i>	39	FILSPARI.....	51
EMVERM	17	<i>esomeprazole magnesium</i>	73	<i>finasteride</i>	97
<i>enalapril maleate</i>	46	<i>estarylla</i>	85	<i> fingolimod</i>	76
<i>enalapril-hydrochlorothiazide</i>	46	<i>estazolam</i>	39	FINTEPLA	28
.....	46	<i>estradiol</i>	83	<i>finzala</i>	86
ENBREL	80	<i>estradiol-norethindrone acet</i>	83	FIRDAPSE	31
ENBREL MINI.....	80	<i>estrogens-methyltestosterone</i>	83	FIRMAGON KIT W	
ENBREL SURECLICK	80	<i>eszopiclone</i>	40	DILUENT SYRINGE	21
ENDARI.....	58	<i>ethacrynic acid</i>	46	<i>flac otic oil</i>	61
<i>endocet</i>	33	<i>ethambutol</i>	17	FLAREX.....	91
ENDOMETRIN	82	<i>ethosuximide</i>	28	<i>flavoxate</i>	97
ENGERIX-B (PF)	77	<i>ethynodiol diac-eth estradiol</i>	85	<i>flecainide</i>	45
ENGERIX-B PEDIATRIC		<i>etodolac</i>	36	FLEXICHAMBER	62
(PF).....	77	<i>etonogestrel-ethinyl estradiol</i>	84	FLUAD QUAD 2023-24(65Y	
<i>enilloring</i>	84	.....	84	UP)(PF).....	77
<i>enoxaparin</i>	49	<i>etoposide</i>	21	FLUARIX QUAD 2023-2024	
<i>enpresse</i>	85	<i>etravirine</i>	13	(PF).....	77
<i>enskyce</i>	85	EUCRISA.....	53	FLUBLOK QUAD 2023-2024	
ENSPRYNG.....	21	<i>euthyrox</i>	67	(PF).....	77
<i>entacapone</i>	29	<i>everolimus (antineoplastic)</i> ..	21	FLUCELVAX QUAD 2023-	
<i>entecavir</i>	13	EVOTAZ.....	13	2024	77
ENTRESTO	51	EVRYSDI.....	31	FLUCELVAX QUAD 2023-	
ENTYVIO PEN.....	70	<i>exemestane</i>	21	2024 (PF).....	77
<i>enulose</i>	70	EXKIVITY	21	<i>fluconazole</i>	12
EPCLUSA	13	EXTAVIA	76	<i>flucytosine</i>	12
EPIDIOLEX	28	<i>eye itch relief</i>	90	<i>fludrocortisone</i>	61
<i>epinastine</i>	90	<i>ezetimibe</i>	50	FLULAVAL QUAD 2023-	
<i>epinephrine</i>	92	<i>ezetimibe-simvastatin</i>	50	2024 (PF).....	77
<i>epitol</i>	28	F		FLUMIST QUAD 2023-2024	
<i>eplerenone</i>	46	<i>falmina (28)</i>	86	.....	77
EPOGEN	74	<i>famciclovir</i>	13	<i>flunisolide</i>	94
EQUETRO	28	<i>famotidine</i>	73	<i>fluocinolone</i>	56
<i>ergocalciferol (vitamin d2)</i> ...	98	FARXIGA	66	<i>fluocinolone acetonide oil</i> ...	61
<i>ergoloid</i>	39	FASENRA.....	94	<i>fluocinolone and shower cap</i>	56
ERGOMAR.....	30	FASENRA PEN	94	<i>fluocinonide</i>	56, 57
<i>ergotamine-caffeine</i>	30	FC2 FEMALE CONDOM ..	82	<i>fluocinonide-e</i>	57
ERIVEDGE.....	21	<i>febuxostat</i>	79	<i>fluoride (sodium)</i>	60, 98
ERLEADA	21	<i>felbamate</i>	28	<i>fluorometholone</i>	91
<i>erlotinib</i>	21	<i>felodipine</i>	46	<i>fluorouracil</i>	53
<i>errin</i>	82	FEMCAP	82	<i>fluoxetine</i>	40
<i>ery pads</i>	54	<i>fenofibrate</i>	50	<i>fluphenazine decanoate</i>	40
<i>erygel</i>	54	<i>fenofibrate micronized</i>	50	<i>fluphenazine hcl</i>	40
<i>ery-tab</i>	16	<i>fenofibrate nanocrystallized</i> ..	50	<i>flurazepam</i>	40
<i>erythrocin (as stearate)</i>	16	<i>fenofibric acid (choline)</i>	50	<i>flurbiprofen</i>	36
<i>erythromycin</i>	16, 89	FENSOLVI.....	21	<i>flurbiprofen sodium</i>	91

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

<i>fluticasone propionate</i>.....57, 94	<i>gabapentin</i> .....28	GVOKE HYOPEN 2-PACK
<i>fluticasone propion-salmeterol</i>	GALAFOLD .....65	.....62
.....94	<i>galantamine</i> .....31	GVOKE PFS 2-PACK
FLUTICASONE PROPION-	<i>ganirelix</i>.....65	SYRINGE.....62
SALMETEROL .....94	GARDASIL 9 (PF).....78	H
<i>fluvoxamine</i> .....40	<i>gatifloxacin</i>.....89	HAEGARDA.....94
FLUZONE HIGHDOSE	GATTEX 30-VIAL .....70	<i>hailey</i> .....86
QUAD 23-24 PF.....77	<i>gavilax</i> .....70	<i>hailey 24 fe</i> .....86
FLUZONE QUAD 2023-2024	<i>gavilyte-c</i> .....70	<i>hailey fe 1.5/30 (28)</i>.....86
.....77	<i>gavilyte-g</i> .....70	<i>hailey fe 1/20 (28)</i>.....86
FLUZONE QUAD 2023-2024	GAVRETO.....21	<i>halobetasol propionate</i> .....57
(PF).....77	<i>gefitinib</i>.....21	<i>haloette</i> .....84
<i>folic acid</i>.....98, 99	GELCLAIR .....60	<i>haloperidol</i> .....40
<i>folitab</i> .....99	<i>gemfibrozil</i>.....50	<i>haloperidol decanoate</i> .....40
<i>folivane-ob</i>.....99	<i>gengraf</i>.....21	<i>haloperidol lactate</i>.....40
FOLLISTIM AQ .....65	GENOTROPIN .....75	HARVONI.....14
<i>foltabs 800</i>.....99	GENOTROPIN MINIQUICK	HAVRIX (PF) .....78
<i>fondaparinux</i> .....49	.....75	<i>heather</i> .....83
FORTEO .....80	<i>gentamicin</i> .....55, 89	HEMANGEOL.....46
FOSAMAX PLUS D.....80	GENTEEL VACUUM	<i>hemmorex-hc</i> .....70
<i>fosamprenavir</i>.....13	LANCING DEVICE .....63	<i>heparin (porcine)</i>.....49
<i>fosinopril</i> .....46	<i>gentle laxative (bisacodyl)</i>....70	<i>heparin, porcine (pf)</i>.....49
<i>fosinopril-hydrochlorothiazide</i>	<i>gentlelax</i> .....70	HEPLISAV-B (PF).....78
.....46	GENVOYA .....14	<i>her style</i> .....86
FOTIVDA .....21	GILOTRIF.....21	HETLIOZ LQ .....40
FRAGMIN .....49	<i>glatiramer</i> .....76	HIBERIX (PF).....78
FREESTYLE LIBRE 14 DAY	<i>glatopa</i>.....76	<i>homatropaire</i> .....90
READER.....63	GLEOSTINE .....21	HUMALOG JUNIOR
FREESTYLE LIBRE 14 DAY	<i>glimepiride</i>.....66	KWIKPEN U-100 .....64
SENSOR.....63	<i>glipizide</i> .....66	HUMALOG KWIKPEN
FREESTYLE LIBRE 2	<i>glipizide-metformin</i> .....66	INSULIN .....64
READER.....63	GLUCAGON (HCL)	HUMALOG MIX 50-50
FREESTYLE LIBRE 2	EMERGENCY KIT .....62	INSULN U-100 .....64
SENSOR.....63	<i>glucagon emergency kit</i>	HUMALOG MIX 50-50
FREESTYLE LIBRE 3	(<i>human</i>) .....62	KWIKPEN.....64
READER.....63	<i>glyburide</i>.....66	HUMALOG MIX 75-25
FREESTYLE LIBRE 3	<i>glyburide micronized</i>.....66	KWIKPEN.....64
SENSOR.....63	<i>glyburide-metformin</i> .....66	HUMALOG MIX 75-25(U-
<i>frovatriptan</i>.....30	<i>glycopyrrolate</i> .....68	100)INSULN .....64
FRUZAQLA.....21	GLYXAMBI .....66	HUMALOG U-100 INSULIN
<i>full spectrum b-vitamin c</i>.....99	GONAL-F .....65	.....64
FULPHILA.....74	GONAL-F RFF .....65	HUMATROPE .....75
<i>furosemide</i> .....46	GONAL-F RFF REDI-JECT.....65	HUMIRA .....80
FUZEON .....13	<i>granisetron hcl</i> .....70	HUMIRA PEN .....80
<i>fyavolv</i> .....83	GRANIX .....74	HUMIRA PEN CROHNS-UC-
FYCOMPA .....28	GRASTEK.....78	HS START .....80
FYLNETRA .....74	<i>griseofulvin microsize</i>.....12	HUMIRA(CF) .....80
<i>fyremadel</i>.....65	<i>griseofulvin ultramicrosize</i> ...12	HUMIRA(CF) PEDI
G	<i>guanfacine</i> .....40, 46	CROHNS STARTER .....80
<i>g tussin ac</i>.....93	GVOKE .....62	HUMIRA(CF) PEN.....81

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

HUMIRA(CF) PEN	HYRIMOZ PEN PSORIASIS	ISENTRESS HD	14
CROHNS-UC-HS	STARTER	<i>isibloom</i>	86
HUMIRA(CF) PEN	HYRIMOZ(CF).....	<i>isoniazid</i>	17
PEDIATRIC UC	HYRIMOZ(CF) PEDI	<i>isosorbide dinitrate</i>	51
HUMIRA(CF) PEN PSOR-	CROHN STARTER	<i>isosorbide mononitrate</i>	51
UV-ADOL HS.....	HYRIMOZ(CF) PEN	<i>isotretinoin</i>	54
HUMULIN 70/30 U-100	I	<i>isradipine</i>	47
INSULIN.....	<i>ibandronate</i>	ISTURISA	65
HUMULIN 70/30 U-100	IBRANCE	<i>itraconazole</i>	12
KWIKPEN	IBSRELA	<i>ivermectin</i>	17, 54
HUMULIN N NPH INSULIN	<i>ibu</i>	IWILFIN.....	22
KWIKPEN	<i>ibuprofen</i>	J	
HUMULIN N NPH U-100	<i>icatibant</i>	<i>jaimiess</i>	86
INSULIN.....	<i>iclevia</i>	JAKAFI	22
HUMULIN R REGULAR U-	ICLUSIG	<i>jantoven</i>	49
100 INSULN	<i>icosapent ethyl</i>	JANUMET	66
HUMULIN R U-500 (CONC)	IDHIFA	JANUMET XR.....	66
INSULIN.....	ILUMYA	JANUVIA.....	67
HUMULIN R U-500 (CONC)	<i>imatinib</i>	JARDIANCE.....	67
KWIKPEN	IMBRUVICA	<i>jasmiel (28)</i>	86
HYCAMTIN	IMCIVREE.....	JAYPIRCA	22
<i>hydralazine</i>	<i>imipramine hcl</i>	<i>jencycla</i>	83
<i>hydrochlorothiazide</i>	<i>imiquimod</i>	JENTADUETO	67
<i>hydrocodone bitartrate</i>	INBRIJA.....	JENTADUETO XR.....	67
<i>hydrocodone-acetaminophen</i> 33	<i>incassia</i>	<i>jinteli</i>	83
<i>hydrocodone-</i>	INCRELEX	JOENJA	58
<i>chlorpheniramine</i>	INCRUSE ELLIPTA.....	<i>jolessa</i>	86
<i>hydrocodone-homatropine</i> ..	<i>indapamide</i>	<i>juleber</i>	86
<i>hydrocodone-ibuprofen</i>	<i>indomethacin</i>	JULUCA.....	14
<i>hydrocortisone</i>	INFANRIX (DTAP) (PF).....	<i>junel 1.5/30 (21)</i>	86
<i>hydrocortisone acetate</i>	INGREZZA	<i>junel 1/20 (21)</i>	86
<i>hydrocortisone butyrate</i>	INGREZZA INITIATION	<i>junel fe 1.5/30 (28)</i>	86
<i>hydrocortisone valerate</i>	PACK	<i>junel fe 1/20 (28)</i>	86
<i>hydrocortisone-acetic acid</i> ...61	INLYTA	<i>junel fe 24</i>	86
<i>hydrocortisone-pramoxine</i> ..	INQOVI.....	JUXTAPID	50
<i>hydromet</i>	INREBIC	JYNARQUE	65
<i>hydromorphone</i>	INSULIN SYRINGE-	K	
<i>hydroxychloroquine</i>	NEEDLE U-100	<i>kaitlib fe</i>	86
<i>hydroxyurea</i>	INTELENCE	<i>kalliga</i>	86
<i>hydroxyzine hcl</i>	INTRAROSA	KALYDECO	94
<i>hydroxyzine pamoate</i>	INVEGA HAFYERA.....	<i>kariva (28)</i>	86
HYFTOR.....	INVEGA SUSTENNA...40, 41	<i>kelnor 1/35 (28)</i>	86
<i>hyoscyamine sulfate</i>	INVEGA TRINZA	<i>kelnor 1-50 (28)</i>	86
<i>hyosyne</i>	IPOL	KERENDIA.....	47
HYPER-SAL.....	<i>ipratropium bromide</i>	KESIMPTA PEN.....	76
HYRIMOZ	<i>ipratropium-albuterol</i>	<i>ketoconazole</i>	12, 55
HYRIMOZ PEN.....	<i>irbesartan</i>	<i>ketorolac</i>	36, 91
HYRIMOZ PEN CROHN'S-	<i>irbesartan-hydrochlorothiazide</i>	<i>ketotifen fumarate</i>	90
UC STARTER.....	.....	KEVZARA	81
	ISENTRESS	KINERET	81

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

KINRIX (PF).....	78	<i>lenalidomide</i>	22	<i>lopinavir-ritonavir</i>	14
KISQALI.....	22	LENVIMA.....	22, 23	<i>lorazepam</i>	41
KISQALI FEMARA CO- PACK	22	<i>lessina</i>	86	<i>lorazepam intensol</i>	41
<i>klayesta</i>	55	<i>letrozole</i>	23	LORBRENA.....	23
<i>klor-con 10</i>	98	<i>leucovorin calcium</i>	19	<i>loryna (28)</i>	87
<i>klor-con 8</i>	98	LEUKERAN	23	<i>losartan</i>	47
<i>klor-con m10</i>	98	LEUKINE.....	74	<i>losartan-hydrochlorothiazide</i>	47
<i>klor-con m15</i>	98	<i>leuprolide</i>	23	<i>loteprednol etabonate</i>	91
<i>klor-con m20</i>	98	LEUPROLIDE (3 MONTH) 23		<i>lovastatin</i>	50
<i>klor-con/ef</i>	98	<i>levabuterol hcl</i>	94	<i>low-ogestrel (28)</i>	87
KLOXXADO	36	<i>levetiracetam</i>	28	<i>loxapine succinate</i>	41
<i>kobee</i>	99	<i>levobunolol</i>	90	<i>lo-zumandimine (28)</i>	87
KORLYM.....	65	<i>levocarnitine</i>	58	<i>lubiprostone</i>	70
KOSELUGO	22	<i>levocarnitine (with sugar)</i>	58	<i>ludent fluoride</i>	99
KRAZATI	22	<i>levocetirizine</i>	92	LUMAKRAS.....	23
KRINTAFEL.....	17	<i>levofloxacin</i>	18, 89	LUMIGAN	91
<i>kurvelo (28)</i>	86	<i>levonest (28)</i>	86	LUMRYZ	41
KYZATREX	65	<i>levonorgestrel</i>	87	LUPKYNIS	23
L		<i>levonorgestrel-ethinyl estrad</i> 87		LUPRON DEPOT	23
<i>l norgest/e.estradiol-e.estrad</i> 86		<i>levonorg-eth estrad triphasic</i> 87		LUPRON DEPOT (3 MONTH)	23
<i>labetalol</i>	47	<i>levora-28</i>	87	LUPRON DEPOT (4 MONTH)	23
<i>lacosamide</i>	28	<i>levo-t</i>	68	LUPRON DEPOT (6 MONTH)	23
<i>lactulose</i>	70	<i>levothyroxine</i>	68	LUPRON DEPOT-PED	23
LAGEVRIO (EUA).....	14	<i>levoxyl</i>	68	LUPRON DEPOT-PED (3 MONTH)	23
<i>lamivudine</i>	14	<i>lidocaine</i>	55	<i>lurasidone</i>	41
<i>lamivudine-zidovudine</i>	14	<i>lidocaine hcl</i>	55	<i>lutea (28)</i>	87
<i>lamotrigine</i>	28	<i>lidocaine hcl-hydrocortison ac</i>	55, 70	<i>lyleq</i>	83
LAMPIT	17	<i>lidocaine viscous</i>	55	<i>lyllana</i>	83
LANCETS	63	<i>lidocaine-prilocaine</i>	55	LYNPARZA.....	23
LANCING DEVICE	63	<i>lidocort</i>	55	LYSODREN.....	23
<i>lansoprazole</i>	73	<i>lidopin</i>	55	LYTGOBI.....	23
<i>lanthanum</i>	68	<i>linezolid</i>	17	<i>lyza</i>	83
LANTUS SOLOSTAR U-100 INSULIN.....	64	LINZESS	70	M	
LANTUS U-100 INSULIN..	64	<i>liothyronine</i>	68	<i>magnesium citrate</i>	70
<i>lapatinib</i>	22	<i>lisdexamfetamine</i>	41	<i>malathion</i>	57
<i>larin 1.5/30 (21)</i>	86	<i>lisinopril</i>	47	<i>maraviroc</i>	14
<i>larin 1/20 (21)</i>	86	<i>lisinopril-hydrochlorothiazide</i>	47	<i>marlissa (28)</i>	87
<i>larin 24 fe</i>	86	LITFULO	58	MATULANE.....	23
<i>larin fe 1.5/30 (28)</i>	86	<i>lithium carbonate</i>	41	<i>matzim la</i>	47
<i>larin fe 1/20 (28)</i>	86	<i>lithium citrate</i>	41	MAVENCLAD (10 TABLET PACK)	76
<i>latanoprost</i>	91	LIVMARLI	70	MAVENCLAD (4 TABLET PACK)	76
<i>laxative (bisacodyl)</i>	70	LIVTENCITY	14	MAVENCLAD (5 TABLET PACK)	76
<i>laxative peg 3350</i>	70	LO LOESTRIN FE.....	87		
<i>layolis fe</i>	86	LODOCO	51		
LEDIPASVIR-SOFOSBUVIR	14	<i>lojaimiess</i>	87		
<i>leena 28</i>	86	LOKELMA	68		
<i>leflunomide</i>	81	LOMAIRA	58		
		LONSURF.....	23		

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

MAVENCLAD (6 TABLET PACK).....	76	<i>methyldopa</i>	47	MOTTEGRITY	71
MAVENCLAD (7 TABLET PACK).....	76	<i>methylergonovine</i>	89	MOUNJARO	67
MAVENCLAD (8 TABLET PACK).....	76	<i>methylphenidate hcl</i>	41, 42	MOVANTIK	71
MAVENCLAD (9 TABLET PACK).....	76	<i>methylprednisolone</i>	61	<i>moxifloxacin</i>	18, 89
MAVYRET	14	<i>methyltestosterone</i>	65	MULPLETA.....	49
<i>maxi-tuss ac</i>	93	<i>metoclopramide hcl</i>	71	MULTAQ.....	45
MAYZENT	76	<i>metolazone</i>	47	<i>multi-vitamin with fluoride</i> ..	99
MAYZENT STARTER(FOR 1MG MAINT).....	76	<i>metoprolol succinate</i>	47	<i>mupirocin</i>	55
MAYZENT STARTER(FOR 2MG MAINT).....	76	<i>metoprolol ta-hydrochlorothiaz</i>	47	MUSE	97
<i>meclizine</i>	70	<i>metoprolol tartrate</i>	47	<i>mvc-fluoride</i>	99
<i>medroxyprogesterone</i>	83	<i>metronidazole</i>	17, 54, 84	<i>my choice</i>	87
<i>mefloquine</i>	17	<i>metirosine</i>	47	<i>my way</i>	87
<i>megestrol</i>	23	<i>mexiletine</i>	45	MYALEPT	65
MEKINIST	23	<i>mibelas 24 fe</i>	87	MYCAPSSA.....	24
MEKTOVI	23	<i>miconazole-3</i>	84	<i>mycophenolate mofetil</i>	24
<i>meloxicam</i>	36	MICROCHAMBER	62	<i>mycophenolate sodium</i>	24
<i>melphalan</i>	23	<i>microgestin 1.5/30 (21)</i>	87	MYFEMBREE	84
<i>memantine</i>	31	<i>microgestin 1/20 (21)</i>	87	MYLERAN	24
MEMANTINE	31	<i>microgestin 24 fe</i>	87	<i>mynatal</i>	99
MENOPUR	65	<i>microgestin fe 1.5/30 (28)</i> ...	87	<i>mynatal plus</i>	99
MENQUADFI (PF).....	78	<i>microgestin fe 1/20 (28)</i>	87	<i>mynatal-z</i>	99
MENVEO A-C-Y-W-135-DIP (PF).....	78	<i>midazolam</i>	42	N	
<i>meperidine</i>	34	MIDAZOLAM.....	42	<i>nabumetone</i>	36
<i>meprobamate</i>	32	<i>midodrine</i>	59	<i>nadolol</i>	47
<i>mercaptopurine</i>	24	<i>mifepristone</i>	65	<i>naloxone</i>	36
<i>merzee</i>	87	<i>miglitol</i>	67	<i>naltrexone</i>	36
<i>mesalamine</i>	70, 71	<i>miglustat</i>	65	<i>naproxen</i>	36, 37
MESNEX	19	<i>mili</i>	87	<i>naproxen sodium</i>	37
<i>metaxalone</i>	32	<i>milk of magnesia</i>	71	<i>naratriptan</i>	30
<i>metformin</i>	67	<i>milk of magnesia concentrated</i>	71	NASAL ALLERGY	94
<i>methadone</i>	34	<i>mimvey</i>	83	NATACYN.....	89
<i>methadose</i>	34	<i>minocycline</i>	19	<i>nateglinide</i>	67
<i>methamphetamine</i>	41	<i>minoxidil</i>	47	<i>natura-lax</i>	71
<i>methazolamide</i>	91	MIRCERA.....	74	NAYZILAM.....	28
<i>methenamine hippurate</i>	19	<i>mirtazapine</i>	42	<i>nebivolol</i>	47
<i>methenamine mandelate</i>	19	<i>misoprostol</i>	73	<i>necon 0.5/35 (28)</i>	87
<i>methimazole</i>	61	M-M-R II (PF).....	78	<i>nefazodone</i>	42
<i>methocarbamol</i>	32	<i>m-natal plus</i>	99	<i>neomycin</i>	17
<i>methotrexate sodium</i>	24	<i>modafinil</i>	42	<i>neomycin-bacitracin-poly-hc</i>	91
<i>methotrexate sodium (pf)</i>	24	MODERNA COVID 23- 24(6M-11Y)PF	78	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	89
<i>methoxsalen</i>	53	<i>moexipril</i>	47	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	91
<i>methscopolamine</i>	68	<i>mometasone</i>	57, 94	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	89
<i>methsuximide</i>	28	<i>mondoxyne nl</i>	19	<i>neomycin-polymyxin-hc</i> ..	61, 91
		<i>mono-linyah</i>	87	<i>neo-polycin</i>	89
		<i>montelukast</i>	94	<i>neo-polycin hc</i>	91
		<i>morphine</i>	34	NERLYNX	24
		<i>morphine concentrate</i>	34	<i>neuac</i>	54

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

NEULASTA.....	74	<i>nortrel 0.5/35 (28)</i>	87	OMNIPOD 5 G6 INTRO KIT	
NEULASTA ONPRO	74	<i>nortrel 1/35 (21)</i>	87	(GEN 5).....	63
NEUPOGEN	74	<i>nortrel 1/35 (28)</i>	88	OMNIPOD 5 G6 PODS (GEN	
<i>nevirapine</i>	14	<i>nortrel 7/7/7 (28)</i>	88	5).....	63
<i>new day</i>	87	<i>nortriptyline</i>	42	OMNIPOD 5 G6-G7 INTRO	
<i>newgen</i>	99	NORVIR.....	14	KT(GEN5).....	63
NEXIUM PACKET	73	NOURIANZ.....	29	OMNIPOD 5 G6-G7 PODS	
NEXLETOL	50	NOVAREL.....	65	(GEN 5).....	63
NEXLIZET.....	50	NOVAVAX COVID 2023-		OMNIPOD CLASSIC PODS	
NGENLA	75	24(PF)(EUA).....	78	(GEN 3).....	63
<i>niacin</i>	50	NOXAFIL	12	OMNIPOD DASH INTRO	
NIACOR.....	50	<i>np thyroid</i>	68	KIT (GEN 4).....	63
<i>nicardipine</i>	47	NUBEQA	24	OMNIPOD DASH PODS	
<i>nicorette</i>	59	NUCALA	94	(GEN 4).....	63
<i>nicotine</i>	60	NUCYNTA	37	OMNIPOD GO PODS 10	
<i>nicotine (polacrilex)</i>	60	NUCYNTA ER	37	UNITS/DAY.....	63
NICOTROL.....	60	NUDEXTA	31	OMNITROPE.....	75
NICOTROL NS.....	60	NULIBRY	31	OMVOH PEN	71
<i>nifedipine</i>	47	NUPLAZID.....	42	<i>ondansetron</i>	71
<i>nikki (28)</i>	87	NURTEC ODT.....	30	<i>ondansetron hcl</i>	71
<i>nilutamide</i>	24	NUTROPIN AQ NUSPIN... 75		<i>one daily prenatal</i>	99
<i>nimodipine</i>	47	NUVESSA.....	84	<i>onelix magnesium citrate</i>	71
NINLARO.....	24	<i>nyamyc</i>	55	ONETOUCH ULTRA	
<i>nisoldipine</i>	47	<i>nylia 1/35 (28)</i>	88	CONTROL.....	63
<i>nitazoxanide</i>	17	<i>nylia 7/7/7 (28)</i>	88	ONETOUCH ULTRA TEST	
<i>nitisinone</i>	59	<i>nymyo</i>	88	.....	62
<i>nitro-bid</i>	51	<i>nystatin</i>	12, 55	ONETOUCH ULTRA2	
NITRO-DUR.....	51	<i>nystatin-triamcinolone</i>	55	METER.....	63
<i>nitrofurantoin</i>	19	<i>nystop</i>	55	ONETOUCH VERIO FLEX	
<i>nitrofurantoin macrocrystal</i> . 19		NYVEPRIA.....	74	METER.....	63
<i>nitrofurantoin monohyd/m-</i>		O		ONETOUCH VERIO MID	
<i>cryst</i>	19	OCALIVA	71	CONTROL	63
<i>nitroglycerin</i>	51	<i>ocella</i>	88	ONETOUCH VERIO	
NITYR.....	59	ODACTRA.....	78	REFLECT METER	63
NIVESTYM	74	ODEFSEY	14	ONETOUCH VERIO TEST	
<i>nizatidine</i>	73	ODOMZO	24	STRIPS	62
<i>nora-be</i>	83	OFEV.....	95	ONGENTYS.....	29
NORDITROPIN FLEXPPO 75		<i>ofloxacin</i>	18, 61, 89	ONUREG	24
<i>norelgestromin-ethin.estradiol</i>		OGSIVEO	24	<i>opcicon one-step</i>	88
.....	84	OJJAARA.....	24	OPFOLDA.....	65
<i>noreth-ethinyl estradiol-iron</i> 87		<i>olanzapine</i>	42	OPSUMIT.....	95
<i>norethindrone (contraceptive)</i>		<i>olmesartan</i>	47	OPTICHAMBER DIAMOND	
.....	83	<i>olmesartan-</i>		VHC.....	62
<i>norethindrone acetate</i>	83	<i>hydrochlorothiazide</i>	47	<i>option-2</i>	88
<i>norethindrone ac-eth estradiol</i>		<i>olopatadine</i>	60, 90	OPVEE	37
.....	83, 87	OLPRUVA	59	OPZELURA	53
<i>norethindrone-e.estradiol-iron</i>		OLUMIANT.....	81	<i>oral saline laxative</i>	71
.....	87	<i>omega-3 acid ethyl esters</i>	50	ORALAIR	78
<i>norgestimate-ethinyl estradiol</i>		<i>omeprazole</i>	73	<i>oralone</i>	60
.....	87			ORENCIA	81

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

ORENCIA CLICKJECT.....	81	PALFORZIA INITIAL DOSE		<i>phenytoin sodium extended</i> ...	28
ORENITRAM.....	47	.....	78	<i>philith</i>	88
ORENITRAM MONTH 1		PALFORZIA LEVEL 11		<i>phosphate laxative</i>	71
TITRATION KT	47	MAINTENANCE.....	78	<i>phytonadione (vitamin k1)</i>	49
ORENITRAM MONTH 2		<i>paliperidone</i>	42	PIFELTRO	14
TITRATION KT	47	PALYNZIQ.....	66	<i>pilocarpine hcl</i>	59, 60, 90
ORENITRAM MONTH 3		PANCREAZE	71	<i>pimecrolimus</i>	53
TITRATION KT	47	PANRETIN	53	<i>pimozide</i>	43
ORFADIN	59	<i>pantoprazole</i>	73	<i>pimtree (28)</i>	88
ORGOVYX.....	24	<i>paricalcitol</i>	66	<i>pindolol</i>	47
ORIAHNN	84	<i>paroex oral rinse</i>	60	<i>pioglitazone</i>	67
ORLISSA.....	66	<i>paromomycin</i>	17	<i>pioglitazone-metformin</i>	67
ORKAMBI.....	95	<i>paroxetine hcl</i>	42	PIQRAY	24
ORLADEYO.....	95	PAXLOVID.....	14	<i>pirfenidone</i>	95
ORLISTAT.....	58	<i>pazopanib</i>	24	PIRFENIDONE.....	95
<i>orphenadrine citrate</i>	32	PEDIARIX (PF)	78	<i>piroxicam</i>	37
ORSERDU	24	PEDVAX HIB (PF).....	78	PLEGRIDY	76, 77
<i>oscimin</i>	68	<i>peg 3350-electrolytes</i>	71	PNEUMOVAX-23	79
<i>oscimin sl</i>	68	PEGASYS	75	<i>pnv-dha</i>	99
<i>oseltamivir</i>	14	<i>peg-electrolyte soln</i>	71	<i>pnv-omega</i>	99
OTEZLA	81	PEMAZYRE	24	<i>pnv-select</i>	99
OTEZLA STARTER.....	81	PEN NEEDLE, DIABETIC .	63	POCKET CHAMBER.....	62
OTREXUP (PF)	81	PENBRAYA (PF)	78	<i>podofilox</i>	53
OVIDREL	66	<i>penicillamine</i>	81	<i>polycin</i>	89
<i>oxaprozin</i>	37	<i>penicillin v potassium</i>	18	<i>polyethylene glycol 3350</i>	71
<i>oxazepam</i>	42	PENTACEL (PF)	78	<i>polymyxin b sulf-trimethoprim</i>	
OXBRYTA.....	59	<i>pentamidine</i>	17	.....	90
<i>oxcarbazepine</i>	28	PENTASA	71	POMALYST.....	24
OXERVATE	90	<i>pentazocine-naloxone</i>	37	PONVORY	77
OXLUMO	97	<i>pentoxifylline</i>	49	PONVORY 14-DAY	
OXTELLAR XR	28	<i>perindopril erbumine</i>	47	STARTER PACK.....	77
<i>oxybutynin chloride</i>	97	<i>periogard</i>	60	<i>portia 28</i>	88
<i>oxycodone</i>	34, 35	<i>permethrin</i>	57	<i>posaconazole</i>	12
<i>oxycodone-acetaminophen</i> ...	35	<i>perphenazine</i>	42	<i>potassium chloride</i>	98
OXYCONTIN	35	<i>perphenazine-amitriptyline</i> ..	42	<i>potassium citrate</i>	97
<i>oxymorphone</i>	35	PERSERIS.....	42	<i>powderlax</i>	71
OZEMPIC	67	PERTZYE	71	<i>pr natal 400</i>	99
P		PFIZER COVID 2023-24(5Y-		<i>pr natal 400 ec</i>	99
<i>pacerone</i>	45	11Y)PF	79	<i>pr natal 430</i>	99
PALFORZIA (LEVEL 1)....	78	PFIZER COVID 2023-		<i>pr natal 430 ec</i>	99
PALFORZIA (LEVEL 2)....	78	24(6MO-4Y)PF	79	<i>pramipexole</i>	30
PALFORZIA (LEVEL 3)....	78	PHEBURANE.....	59	<i>prasugrel</i>	49
PALFORZIA (LEVEL 4)....	78	<i>phenazopyridine</i>	97	<i>pravastatin</i>	50
PALFORZIA (LEVEL 5)....	78	<i>phendimetrazine tartrate</i>	58	<i>praziquantel</i>	17
PALFORZIA (LEVEL 6)....	78	<i>phenelzine</i>	43	<i>prazosin</i>	47
PALFORZIA (LEVEL 7)....	78	<i>phenobarbital</i>	28	<i>prednicarbate</i>	57
PALFORZIA (LEVEL 8)....	78	<i>phenoxybenzamine</i>	47	<i>prednisolone</i>	61
PALFORZIA (LEVEL 9)....	78	<i>phentermine</i>	58	<i>prednisolone acetate</i>	92
PALFORZIA (LEVEL 10)...	78	<i>phenylephrine hcl</i>	92	<i>prednisolone sodium</i>	
		<i>phenytoin</i>	28	<i>phosphate</i>	61, 92

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

<i>prednisone</i>	61	<i>promethegan</i>	92	RELEUKO	74, 75
<i>pregabalin</i>	28	<i>propafenone</i>	45	RELISTOR	72
PREGNYL	66	<i>proparacaine</i>	90	RELYVRIO.....	31
PREHEVBRIO (PF).....	79	<i>propranolol</i>	48	<i>rena-vite</i>	100
PREMARIN	83	<i>propylthiouracil</i>	61	<i>repaglinide</i>	67
PREMPHASE	83	PROQUAD (PF).....	79	REPATHA PUSHTRONEX 50	
PREMPRO	83	<i>protriptyline</i>	43	REPATHA SURECLICK	50
<i>prenatabs fa</i>	99	PULMOZYME.....	95	REPATHA SYRINGE	50
<i>prenatabs rx</i>	99	<i>purelax</i>	72	RETACRIT.....	75
<i>prenatal</i>	99	<i>pyrazinamide</i>	17	RETEVMO.....	24
<i>prenatal complete</i>	99	<i>pyridostigmine bromide</i>	32	REVCОВI	59
<i>prenatal multi-dha (algal oil)</i>		PYRIDOSTIGMINE		REVLIMID.....	24
.....	99	BROMIDE.....	32	REYATAZ	14
<i>prenatal multivitamins</i>	99	<i>pyrimethamine</i>	17	REYVOW.....	30
<i>prenatal one daily</i>	99	PYRUKYND.....	59	REZLIDHIA	24
<i>prenatal plus</i>	99	Q		REZUROCK.....	25
<i>prenatal plus (calcium carb)</i>		QELBREE	43	RHOFADE	54
<i>prenatal vit no.179-iron-folic</i>		QINLOCK	24	<i>ribavirin</i>	14, 73
.....	99	QSYMIA	58	RIDAURA.....	81
<i>prenatal vitamin</i>	99	QUADRACEL (PF)	79	<i>rifabutin</i>	17
<i>prenatal vitamin with minerals</i>		<i>quetiapine</i>	43	<i>rifampin</i>	18
.....	99	<i>quinapril</i>	48	<i>riluzole</i>	59
<i>prenatal-u</i>	100	<i>quinapril-hydrochlorothiazide</i>		<i>rimantadine</i>	14
PRETOMANID.....	17	.....	48	RINVOQ.....	81
<i>prevalite</i>	50	<i>quinidine gluconate</i>	45	<i>risedronate</i>	59, 80
PREVNAR 20 (PF)	79	<i>quinidine sulfate</i>	45	RISPERDAL CONSTA	43
PREVYMIS.....	14	<i>quinine sulfate</i>	17	<i>risperidone</i>	43
PREZCOBIX.....	14	<i>quit 2</i>	60	<i>risperidone microspheres</i>	43
PREZISTA	14	<i>quit 4</i>	60	RITEFLO AEROCHAMBER	
<i>primaquine</i>	17	QULIPTA.....	30	.....	62
<i>primidone</i>	29	QVAR REDIHALER.....	95	<i>ritonavir</i>	15
PRIORIX (PF).....	79	R		<i>rivastigmine</i>	31
<i>probenecid</i>	79	<i>rabeprazole</i>	73	<i>rivastigmine tartrate</i>	31
<i>probenecid-colchicine</i>	79	RADICAVA ORS STARTER		<i>rizatriptan</i>	30
<i>prochlorperazine</i>	71	KIT SUSP.....	31	<i>roflumilast</i>	95
<i>prochlorperazine maleate</i>	71	RAGWITEK.....	79	ROLVEDON	75
PROCREDIT	74	<i>raloxifene</i>	80	<i>ropinirole</i>	30
PROCTOFOAM HC.....	71	<i>ramelteon</i>	43	<i>rosadan</i>	54
<i>procto-med hc</i>	72	<i>ramipril</i>	48	<i>rosuvastatin</i>	51
<i>proctosol hc</i>	72	<i>ranolazine</i>	51	ROTARIX	79
<i>proctozone-hc</i>	72	<i>rasagiline</i>	30	ROTATEQ VACCINE.....	79
PROCYSBI	97	RASUVO (PF)	81	<i>roweepra</i>	29
<i>progesterone</i>	83	RAVICTI.....	59	ROZLYTREK	25
<i>progesterone micronized</i>	83	REBIF (WITH ALBUMIN).77		RUBRACA.....	25
PROMACTA.....	49	REBIF REBIDOSE	77	RUCONEST	95
<i>promethazine</i>	92	REBIF TITRATION PACK.77		<i>rufinamide</i>	29
<i>promethazine vc</i>	93	<i>reclipsen (28)</i>	88	RUKOBIA	15
<i>promethazine vc-codeine</i>	93	RECOMBIVAX HB (PF)	79	RYBELSUS.....	67
<i>promethazine-codeine</i>	93	RECORLEV	66	RYDAPT	25
<i>promethazine-dm</i>	93	REGANEX	53	RYKINDO.....	43

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

S		
<i>sajazir</i>	95	
<i>salsalate</i>	37	
SANDIMMUNE	25	
SANDOSTATIN LAR DEPOT	25	
SANTYL	57	
<i>sapropterin</i>	66	
SAXENDA	58	
SCSEMBLIX	25	
<i>scopolamine base</i>	72	
<i>selegiline hcl</i>	30	
<i>selenium sulfide</i>	52	
SELZENTRY	15	
<i>se-natal 19 chewable</i>	100	
<i>se-natal-19</i>	100	
SEREVENT DISKUS	95	
SEROSTIM	75	
<i>sertraline</i>	43	
<i>setlakin</i>	88	
<i>sevelamer carbonate</i>	68	
<i>sf 60</i>		
<i>sf 5000 plus</i>	60	
<i>sharobel</i>	83	
SHINGRIX (PF)	79	
SIGNIFOR	25	
<i>sildenafil</i>	97	
<i>sildenafil (pulm.hypertension)</i>	95	
SILIQ	52	
<i>silodosin</i>	97	
<i>silver sulfadiazine</i>	52	
<i>simliya (28)</i>	88	
<i>simpepe</i>	88	
SIMPONI	82	
<i>simvastatin</i>	51	
<i>sirolimus</i>	25	
SIVEXTRO	18	
SKYCLARYS	31	
SKYRIZI	52, 72	
SKYTROFA	75	
<i>smoothlax</i>	72	
<i>sodium chloride</i>	59, 95	
<i>sodium fluoride 5000 plus</i>	60	
<i>sodium fluoride-pot nitrate</i> ...	60	
SODIUM OXYBATE	43	
<i>sodium phenylbutyrate</i>	59	
<i>sodium polystyrene sulfonate</i>	68	
SOFOSBUVIR- VELPATASVIR	15	
SOGROYA	75	
SOHONOS	59	
<i>solifenacin</i>	97	
SOLQUA 100/33	64	
SOLTAMOX	25	
SOMAVERT	66	
<i>sorafenib</i>	25	
<i>sotalol</i>	45	
<i>sotalol af</i>	45	
SOTYKTU	52	
SOVALDI	15	
SPACE CHAMBER	62	
SPIKEVAX 2023-2024(12Y UP)(PF)	79	
<i>spinosad</i>	57	
SPIRIVA RESPIMAT	95	
SPIRIVA WITH HANDIHALER	95	
<i>spironolactone</i>	48	
<i>spironolacton-</i> <i>hydrochlorothiaz</i>	48	
SPRAVATO	43	
<i>sprintec (28)</i>	88	
SPRYCEL	25	
<i>sps (with sorbitol)</i>	69	
<i>sronyx</i>	88	
<i>ssd</i>	52	
<i>st joseph aspirin</i>	37	
<i>st. joseph aspirin</i>	37	
<i>stavudine</i>	15	
STELARA	52	
STIMUFEND	75	
STIOLTO RESPIMAT	95	
STIVARGA	25	
<i>stop smoking aid</i>	60	
STRENSIQ	66	
<i>stress formula with iron</i>	100	
<i>stress formula with iron(sulf)</i>	100	
STRIBILD	15	
STRIVERDI RESPIMAT ...	95	
SUBLOCADE	35	
<i>subvenite</i>	29	
SUCRAID	72	
<i>sucrafate</i>	73	
<i>sulfacetamide sodium</i>	92	
<i>sulfacetamide sodium (acne)</i>	55	
<i>sulfacetamide sodium-sulfur</i> ..	54	
<i>sulfacetamide-prednisolone</i> ..	92	
<i>sulfacleanse 8-4</i>	54	
<i>sulfadiazine</i>	18	
<i>sulfamethoxazole-trimethoprim</i>	18	
<i>sulfasalazine</i>	72	
<i>sulfatrim</i>	18	
<i>sulindac</i>	37	
<i>sumatriptan</i>	30	
<i>sumatriptan succinate</i>	30, 31	
<i>sunitinib malate</i>	25	
SUNLENCA	15	
SUNOSI	43	
<i>super b maxi complex</i>	100	
<i>super quints</i>	100	
SUPPRELIN LA	25	
<i>syeda</i>	88	
SYMDEKO	95	
SYMJEPI	92	
SYMLINPEN 120	67	
SYMLINPEN 60	67	
SYMPROIC	72	
SYMTUZA	15	
SYNAGIS	15	
SYNAREL	66	
SYNDROS	72	
SYNJARDY	67	
SYNJARDY XR	67	
SYNTHROID	68	
T		
TABLOID	25	
TABRECTA	25	
<i>tacrolimus</i>	25, 53	
<i>tadalafil</i>	97	
<i>tadalafil (pulm. hypertension)</i>	95	
TADLIQ	95	
TAFINLAR	25	
TAGRISSE	25	
TAKHZYRO	95	
TALTZ AUTOINJECTOR ..	52	
TALTZ AUTOINJECTOR (2 PACK)	52	
TALTZ AUTOINJECTOR (3 PACK)	52	
TALTZ SYRINGE	52	
TALZENNA	25	
<i>tamoxifen</i>	25	
<i>tamsulosin</i>	97	
<i>tarina 24 fe</i>	88	
<i>tarina fe 1/20 (28)</i>	88	
<i>taron-c dha</i>	100	

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

TARPEYO	61	<i>tobramycin-dexamethasone</i> ..	91	<i>tri-lo-marzia</i>	88
TASIGNA	25	<i>tolcapone</i>	30	<i>tri-lo-mili</i>	88
<i>tasimelteon</i>	43	<i>tolterodine</i>	97	<i>tri-lo-sprintec</i>	88
TAVALISSE.....	49	<i>tolvaptan</i>	66	<i>trimethobenzamide</i>	72
TAVNEOS	59	<i>topiramate</i>	29	<i>trimethoprim</i>	19
<i>tazarotene</i>	54	<i>toremifene</i>	26	<i>tri-mili</i>	88
<i>taztia xt</i>	48	<i>torseamide</i>	48	<i>trinatal rx 1</i>	100
TAZVERIK.....	25	TOUJEO MAX U-300		<i>trinate</i>	100
TDVAX.....	79	SOLOSTAR	64	<i>tri-nymyo</i>	88
<i>telmisartan</i>	48	TOUJEO SOLOSTAR U-300		TRIPTODUR.....	26
<i>temazepam</i>	43	INSULIN	64	<i>tri-sprintec (28)</i>	88
<i>temozolomide</i>	26	TRACLEER	96	TRIUMEQ.....	15
<i>tencon</i>	35	TRADJENTA.....	67	TRIUMEQ PD.....	15
TENIVAC (PF).....	79	<i>tramadol</i>	37	<i>tri-vitamin with fluoride</i>	100
<i>tenofovir disoproxil fumarate</i>		<i>tramadol-acetaminophen</i>	37	<i>trivora (28)</i>	88
.....	15	<i>trandolapril</i>	48	<i>tri-vylibra</i>	88
TEPMETKO.....	26	<i>trandolapril-verapamil</i>	48	<i>tri-vylibra lo</i>	88
<i>terazosin</i>	48	<i>tranexamic acid</i>	84	<i>tropicamide</i>	90
<i>terbinafine hcl</i>	12	<i>tranylcypromine</i>	44	<i>tropium</i>	97
<i>terbutaline</i>	95	<i>travoprost</i>	91	TRULANCE.....	72
<i>terconazole</i>	84	<i>trazodone</i>	44	TRULICITY	67
<i>teriflunomide</i>	77	TRELEGY ELLIPTA.....	96	TRUMENBA.....	79
<i>teriparatide</i>	80	TRELSTAR.....	26	TRUQAP	26
TERIPARATIDE	80	TREMFYA.....	52	TRUSTEX LUBRICATED	
<i>testosterone</i>	66	TRESIBA FLEXTOUCH U-		CONDOMS	82
<i>testosterone cypionate</i>	66	100.....	64	TRUSTEX-RIA NON-LUB	
<i>testosterone enanthate</i>	66	TRESIBA FLEXTOUCH U-		CONDOMS	82
<i>tetrabenazine</i>	31	200.....	64	TUKYSA.....	26
<i>tetracaine hcl</i>	90	TRESIBA U-100 INSULIN	64	<i>tulana</i>	83
TETRACAINE HCL (PF)....	90	<i>tretinoin</i>	54, 55	TURALIO.....	26
<i>tetracycline</i>	19	<i>tretinoin (antineoplastic)</i>	26	<i>turqoz (28)</i>	89
TEZSPIRE.....	95	<i>tretinoin microspheres</i>	54	TUXARIN ER.....	93
THALOMID.....	26	<i>triamcinolone acetonide</i> 57, 61,		TWINRIX (PF).....	79
<i>theophylline</i>	95	96		TYBOST.....	15
THIOLA EC.....	59	<i>triamterene</i>	48	<i>tydemy</i>	89
<i>thioridazine</i>	44	<i>triamterene-hydrochlorothiazid</i>		TYMLOS.....	80
<i>thiothixene</i>	44	.....	48	TYVASO.....	96
<i>tiadylt er</i>	48	<i>triazolam</i>	44	TYVASO DPI	96
<i>tiagabine</i>	29	<i>triderm</i>	57	TYVASO REFILL KIT.....	96
TIBSOVO.....	26	<i>trientine</i>	59	TYVASO STARTER KIT	96
<i>tilia fe</i>	88	TRIENTINE	59	U	
<i>timolol maleate</i>	48, 90	<i>tri-estarylla</i>	88	UBRELVY	31
<i>tinidazole</i>	18	<i>trifluoperazine</i>	44	UDENYCA.....	75
<i>tiopronin</i>	59	<i>trifluridine</i>	90	UDENYCA AUTOINJECTOR	
TIVICAY	15	<i>trihexyphenidyl</i>	30	.....	75
TIVICAY PD	15	TRIJARDY XR.....	67	UDENYCA ONBODY	75
<i>tizanidine</i>	32	TRIKAFTA	96	<i>unithroid</i>	68
TOBI PODHALER	18	<i>tri-legest fe</i>	88	UPTRAVI.....	48
<i>tobramycin</i>	18, 90	<i>tri-linyah</i>	88	<i>urea</i>	53
<i>tobramycin in 0.225 % nacl</i> .	18	<i>tri-lo-estarylla</i>	88	<i>ursodiol</i>	72

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

V		
<i>valacyclovir</i>	15	
VALCHLOR	53	
<i>valganciclovir</i>	15	
<i>valproic acid</i>	29	
<i>valproic acid (as sodium salt)</i>	29	
<i>valsartan</i>	48	
<i>valsartan-hydrochlorothiazide</i>	48	
VALTOCO.....	29	
<i>vanadom</i>	32	
<i>vancomycin</i>	19	
<i>vandazole</i>	84	
VANFLYTA	26	
VAQTA (PF).....	79	
<i>varenicline</i>	60	
VARIVAX (PF)	79	
VARUBI.....	72	
VAXELIS (PF).....	79	
VAXNEUVANCE (PF)	79	
<i>velivet triphasic regimen (28)</i>	89	
VELSIPITY.....	72	
VELTASSA	69	
VEMLIDY	15	
VENCLEXTA.....	26	
VENCLEXTA STARTING PACK	26	
<i>venlafaxine</i>	44	
VENTAVIS.....	96	
VENTOLIN HFA.....	96	
<i>verapamil</i>	48	
VERQUVO	51	
VERZENIO.....	26	
<i>vestura (28)</i>	89	
V-GO 20.....	64	
V-GO 30.....	64	
V-GO 40.....	64	
VIBERZI	72	
<i>vienva</i>	89	
<i>vigabatrin</i>	29	
<i>vigadrone</i>	29	
<i>vigpoder</i>	29	
VIJOICE.....	26	
VIOKACE.....	72	
<i>viorele (28)</i>	89	
VIRACEPT	15	
VIREAD.....	15	
VISTOGARD.....	19	
<i>vitamin b complex-folic acid</i>	100	
<i>vitamins a,c,d and fluoride</i> .	100	
VITRAKVI.....	26	
VIVITROL	37	
VIVJOA.....	12	
VIZIMPRO.....	26	
<i>volnea (28)</i>	89	
VONJO	26	
<i>voriconazole</i>	12	
VORTEX HOLDING CHAMBER	62	
VOSEVI	15	
VOWST.....	72	
VOXZOGO	66	
VUMERITY.....	77	
<i>vyfemla (28)</i>	89	
<i>vylibra</i>	89	
VYNDAMAX	51	
VYNDAQEL.....	51	
VYVANSE.....	44	
W		
WAKIX	44	
<i>warfarin</i>	49	
WEGOVI	58	
WELIREG	26	
<i>wera (28)</i>	89	
<i>wescap-c dha</i>	100	
<i>wesnatal dha complete</i>	100	
<i>westab plus</i>	100	
WIDE-SEAL DIAPHRAGM	82	
<i>wixela inhub</i>	96	
<i>women's gentle laxative(bisac)</i>	72	
<i>wymzya fe</i>	89	
X		
XACIATO	84	
XADAGO.....	30	
XALKORI	26	
XARELTO	50	
XARELTO DVT-PE TREAT 30D START	50	
XCOPRI	29	
XCOPRI MAINTENANCE PACK	29	
XCOPRI TITRATION PACK	29	
XDEMVI	91	
XELJANZ	82	
XELJANZ XR.....	82	
XENICAL.....	58	
XHANCE	96	
XIFAXAN	18	
XIGDUO XR.....	67	
XIIDRA	91	
XOFLUZA	15	
XOLAIR	96	
XOSPATA.....	27	
XPOVIO	27	
XTAMPZA ER.....	35	
XTANDI.....	27	
<i>xulane</i>	84	
XULTOPHY 100/3.6	64	
XURIDEN	59	
XYREM.....	44	
XYWAV	44	
Y		
YONSA	27	
<i>yuvafem</i>	83	
Z		
<i>zafemy</i>	84	
<i>zafirlukast</i>	96	
<i>zaleplon</i>	44	
<i>zarah</i>	89	
ZARXIO	75	
<i>zatean-pn dha</i>	100	
<i>zatean-pn plus</i>	100	
ZAVZPRET.....	31	
ZEJULA	27	
ZELBORAF	27	
ZELNORM.....	72	
<i>zenatane</i>	55	
ZENPEP	73	
<i>zenzedi</i>	44	
ZEPATIER	15	
ZEPBOUND.....	58	
ZEPOSIA.....	31	
ZEPOSIA STARTER KIT (28- DAY)	31	
ZEPOSIA STARTER PACK (7-DAY)	31	
<i>zidovudine</i>	15	
ZIEXTENZO	75	
ZIMHI.....	37	
<i>ziprasidone hcl</i>	44	
ZIRGAN	90	
ZOKINVY.....	59	
ZOLADEX	27	
ZOLINZA.....	27	

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

<i>zolmitriptan</i>	31	ZONTIVITY	50	ZURZUVAE.....	44
<i>zolpidem</i>	44	<i>zovia 1-35 (28)</i>	89	ZYDELIG.....	27
ZOMACTON	75	ZTALMY	29	ZYKADIA.....	27
<i>zonisamide</i>	29	<i>zumandimine (28)</i>	89	ZYPREXA RELPREVV	44, 45

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