AVMED EMPLOYER PLANS
4-TIER PRESCRIPTION DRUG FORMULARY

(Effective October – December 2025)

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

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

INTRODUCTION

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT COVERAGE AND LIMITATIONS

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

Coverage

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

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

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

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

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

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

Prior Authorization Process

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

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

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

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

Step Therapy

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

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

Tier	Definition
1	**Generics** - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
2	**Preferred Brands** - These are preferred brand or high-cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
3	**Non-Preferred Brands** - These are non-preferred brand or non-preferred generic medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
4	**Specialty Medications** - These are brand or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
9	**Zero Cost Share Preventative Drugs** - These are drugs covered under the Patient Protection and Affordable Care Act (PPACA) at no cost-share ($0), to you.

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

What's Not Covered: Common Exclusions

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

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

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

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

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

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

Opioid Medication Management

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

How we help members safely use opioid medication

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

Balancing risks and benefits

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

opioid pain relievers with less serious risks may be an option.
Members should work with their doctor to find the safest ways to best manage their condition.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

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

MAIL-SERVICE PRESCRIPTIONS

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

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

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

CONTACT INFORMATION

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

NOTICE

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advised that this formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification

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

Table of Contents

ANTI - INFECTIVES 3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS 14
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH 24
AUTONOMIC & CNS DRUGS, NEUROLOGY 58
CARDIOVASCULAR, HYPERTENSION & LIPIDS 60
DERMATOLOGICALS/TOPICAL THERAPY 72
DIAGNOSTICS & MISCELLANEOUS AGENTS 86
EAR, NOSE & THROAT MEDICATIONS 89
ENDOCRINE/DIABETES 90
GASTROENTEROLOGY 101
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY 110
MUSCULOSKELETAL & RHEUMATOLOGY 115
OBSTETRICS & GYNECOLOGY 119
OPHTHALMOLOGY 128
RESPIRATORY, ALLERGY, COUGH & COLD 134
UROLOGICALS 141
VITAMINS, HEMATINICS & ELECTROLYTES 142
Index 147

List of Abbreviations

1: Generics

2: Preferred Brands

3: Non-Preferred Brands

4: Specialty Medications

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

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

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

CGM: Continuous Glucose Monitor

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

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

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

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

SP: Specialty Drug

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	PA
BREXAFEMME	3	PA
clotrimazole mucous membrane	1	QL (5 per 1 day)
CRESEMBA ORAL CAPSULE 186 MG	3	PA; QL (2 per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	3	PA; QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (10 per 1 day)
fluconazole oral suspension for reconstitution 10 mg/ml	1	QL (40 per 1 day)
fluconazole oral suspension for reconstitution 40 mg/ml	1	QL (10 per 1 day)
fluconazole oral tablet 100 mg, 200 mg	1	QL (4 per 1 day)
fluconazole oral tablet 150 mg	1	QL (4 per 30 days)
fluconazole oral tablet 50 mg	1	QL (8 per 1 day)
flucytosine	2	PA
griseofulvin microsize oral suspension	1	QL (40 per 1 day)
griseofulvin microsize oral tablet	1	QL (2 per 1 day)
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	QL (3 per 1 day)
griseofulvin ultramicrosize oral tablet 165 mg	CED	PA; QL (4 per 1 day)
itraconazole oral capsule	2	QL (4 per 1 day)
itraconazole oral solution	CED	PA; QL (40 per 1 day)
ketoconazole oral	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; QL (1 per 1 day)
NOXAFIL ORAL SUSPENSION	3	PA; QL (20 per 1 day)
nystatin oral suspension	1	QL (24 per 1 day)
nystatin oral tablet	1	QL (6 per 1 day)
ORAVIG	CED	PA; 14 tablets per fill
posaconazole oral suspension	2	PA; QL (20 per 1 day)
posaconazole oral tablet,delayed release (dr/ec)	2	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	3	QL (4 per 1 day)
terbinafine hcl oral	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
TOLSURA	CED	PA; QL (4 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	CED	PA; QL (10 per 1 day)
VIVJOA	3	PA; QL (18 per 84 days)
voriconazole oral suspension for reconstitution	CED	PA; QL (10 per 1 day)
voriconazole oral tablet 200 mg	2	QL (2 per 1 day)
voriconazole oral tablet 50 mg	2	QL (4 per 1 day)
ANTIVIRALS		
abacavir	1	SP
abacavir-lamivudine	2	SP
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir	4	PA; SP; QL (1 per 1 day)
amantadine hcl	1	
APRETUDE	4	SP; ACA; QL (3 per 30 days)
APTIVUS	4	SP
atazanavir	2	SP
BARACLUDE ORAL SOLUTION	4	SP; QL (20 per 1 day)
BARACLUDE ORAL TABLET	4	SP; QL (1 per 1 day)
BIKTARVY	4	SP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	PA; SP; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	PA; SP; QL (6 per 28 days)
CIMDUO	4	SP
COMPLERA	4	SP
darunavir	4	SP
DELSTRIGO	4	SP
DESCOVY	4	SP; ACA
DOVATO	4	SP; QL (1 per 1 day)
EDURANT	4	SP
EDURANT PED	4	SP; QL (6 per 1 day)
efavirenz oral tablet	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
efavirenz-emtricitabin-tenofov	4	SP
efavirenz-lamivu-tenofov disop	1	SP
emtricitabine	2	SP
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	SP
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	4	SP; ACA
emtricita-rilpivirine-tenof df	4	SP
EMTRIVA	4	SP
entecavir	4	SP; QL (1 per 1 day)
EPCLUSA	4	PA; SP; QL (1 per 1 day)
EPIVIR	4	SP
etravirine	4	SP
EVOTAZ	4	SP
famciclovir	1	
FLUMADINE ORAL TABLET	3	
fosamprenavir	2	SP
FUZEON SUBCUTANEOUS RECON SOLN	4	SP
GENVOYA	4	SP
HARVONI	4	PA; SP
INTELENCE	4	SP
ISENTRESS	4	SP
ISENTRESS HD	4	SP
JULUCA	4	SP
KALETRA	4	SP
lamivudine oral solution	1	SP
lamivudine oral tablet 100 mg	4	SP; QL (1 per 1 day)
lamivudine oral tablet 150 mg, 300 mg	1	SP
lamivudine-zidovudine	2	SP
LEDIPASVIR-SOFOSBUVIR	4	PA; SP
LIVTENCITY	4	PA; SP; QL (4 per 1 day)
lopinavir-ritonavir oral tablet	4	SP
maraviroc	4	SP
MAVYRET ORAL PELLETS IN PACKET	4	PA; SP; QL (6 per 1 day)
MAVYRET ORAL TABLET	4	PA; SP; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
nevirapine	2	SP
NORVIR ORAL POWDER IN PACKET	4	SP
NORVIR ORAL TABLET	4	SP
ODEFSEY	4	SP
oseltamivir	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (22 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (60 per 365 days)
PIFELTRO	4	SP
PREVYMIS ORAL PELLETS IN PACKET 120 MG	4	PA; SP; QL (2 per 1 day)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	4	PA; SP; QL (4 per 1 day)
PREVYMIS ORAL TABLET	4	PA; SP; QL (1 per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG	4	SP; QL (1 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	SP
PREZISTA ORAL SUSPENSION	4	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	SP
RELENZA DISKHALER	3	QL (20 per 180 days)
RETROVIR ORAL CAPSULE	4	SP
RETROVIR ORAL SYRUP	4	SP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	SP
REYATAZ ORAL POWDER IN PACKET	4	SP
ribavirin inhalation	4	SP
ribavirin oral capsule	4	SP
ribavirin oral tablet 200 mg	4	SP
rimantadine	1	
ritonavir	1	SP
RUKOBIA	4	PA; SP; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	4	SP
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	SP
SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SOVALDI	4	PA; SP
STRIBILD	4	SP
SUNLENCA ORAL	4	PA; SP; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	4	PA; SP; QL (3 per 126 days)
SYMFI	4	SP
SYMTUZA	4	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
TAMIFLU	3	
TEMBEXA ORAL SUSPENSION	3	65mL per fill
TEMBEXA ORAL TABLET	3	4 tablets per fill
tenofovir disoproxil fumarate	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
TRUVADA	4	SP
TYBOST	4	SP
valacyclovir	1	
VALCYTE ORAL RECON SOLN	4	PA for age 18 and older; SP
VALCYTE ORAL TABLET	4	SP
valganciclovir oral recon soln	4	PA for age 18 and older; SP
valganciclovir oral tablet	4	SP
VALTREX	3	
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	4	SP; QL (1 per 1 day)
VOSEVI	4	PA; SP
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
YEZTUGO ORAL	4	PA; SP; QL (4 per 365 days)
ZEPATIER	4	PA; SP
ZIAGEN ORAL SOLUTION	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
zidovudine	1	SP
CEPHALOSPORINS		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	2	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	
cefixime	2	
cefpodoxime	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	2	
cephalexin oral suspension for reconstitution	1	
cephalexin oral tablet	CED	PA
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral	1	
clarithromycin	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 ml per fill
DIFICID ORAL TABLET	3	PA; 20 tablets per fill
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES	3	PA for age 18 and older
ERYPED 200	3	PA for age 18 and older
ERYPED 400	3	PA for age 18 and older
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	2	
erythromycin ethylsuccinate oral suspension for reconstitution	2	PA for age 18 and older

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

Drug Name	Drug Tier	Requirements / Limits
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	2	
erythromycin oral tablet,delayed release (dr/ec)	2	
fidaxomicin	2	PA; 20 tablets per fill
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
albendazole	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	3	PA; QL (6 per 1 day)
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	
ARAKODA	3	
ARIKAYCE	4	PA; SP; LA; QL (8.4 per 1 day)
atovaquone	2	
atovaquone-proguanil	2	
BENZNIDAZOLE	3	PA
BETHKIS	4	SP
BILTRICIDE	3	
CAYSTON	4	SP; LA
chloroquine phosphate	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
clindamycin hcl	1	
clindamycin pediatric	1	
COARTEM	3	
cycloserine	2	
dapsone oral	1	
DARAPRIM	4	PA; SP; 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
EMVERM	3	PA; 2 tablets per fill
ethambutol	1	
HUMATIN	3	
hydroxychloroquine	1	
IMPAVIDO	4	SP
isoniazid oral	1	
ivermectin oral tablet 3 mg	1	PA; QL (20 per 90 days)
ivermectin oral tablet 6 mg	CED	PA; QL (10 per 90 days)
KITABIS PAK	4	SP
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
LIKMEZ	CED	PA
linezolid	1	
MALARONE	3	
MALARONE PEDIATRIC	3	
mefloquine	1	
MEPRON	3	
metronidazole oral capsule	CED	PA
METRONIDAZOLE ORAL TABLET 125 MG	CED	PA
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT	3	
neomycin	1	
nitazoxanide	2	PA; QL (6 per 1 day)
PASER	3	
pentamidine inhalation	2	
PLAQUENIL	3	
praziquantel	2	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	QL (8 per 1 day)
primaquine	1	
pyrazinamide	2	
pyrimethamine	4	PA; SP; QL (3 per 1 day)
quinine sulfate	2	
rifabutin	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
rifampin oral	1	
SIRTURO ORAL TABLET 100 MG	CED	PA; LA; QL (188 per 168 days)
SIRTURO ORAL TABLET 20 MG	CED	PA; LA; QL (940 per 168 days)
SIVEXTRO ORAL	4	SP
SOLOSEC	CED	PA
SOVUNA	CED	PA
STROMECTOL	3	PA; QL (20 per 90 days)
tinidazole	1	
TOBI	4	SP
TOBI PODHALER	4	ST; SP
tobramycin in 0.225 % nacl	4	SP
tobramycin inhalation	4	SP
TOBRAMYCIN WITH NEBULIZER	4	SP
XENLETA ORAL	3	PA; QL (10 per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
ZYVOX ORAL	3	
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN XR	3	
dicloxacillin	1	
MOXATAG	3	
penicillin v potassium	1	
QUINOLONES		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	

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

Drug Name	Drug Tier	Requirements / Limits
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution	2	
levofloxacin oral tablet	1	
moxifloxacin oral	2	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
sulfadiazine	2	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim	1	
TETRACYCLINES		
avidoxy	1	
AVIDOXY DK	CED	PA
demeclocycline	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	CED	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	CED	PA
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	CED	PA
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	CED	PA
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	CED	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	CED	PA
doxycycline monohydrate oral capsule,ir - delay rel,biphase	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 150 mg, 75 mg	CED	PA
EMROSI	CED	PA
minocycline oral capsule	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	CED	PA
minocycline oral tablet	CED	PA
minocycline oral tablet extended release 24 hr	CED	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	CED	PA
MORGIDOX 1X 50	CED	PA
MORGIDOX 1X100	CED	PA
NUZYRA ORAL	CED	PA
ORACEA	CED	PA
SEYSARA	3	ST
TARGADOX	CED	PA
tetracycline oral capsule	1	
tetracycline oral tablet	CED	PA
XIMINO	CED	PA
URINARY TRACT AGENTS		
fosfomycin tromethamine	2	
FURADANTIN	3	
MACROBID	3	
methenamine hippurate	2	
methenamine mandelate	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin macrocrystal oral capsule 25 mg	2	
nitrofurantoin monohyd/m-cryst	1	
nitrofurantoin oral suspension 25 mg/5 ml	2	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
PRIMSOL	3	
trimethoprim	1	
VANCOMYCIN		
FIRVANQ	CED	PA
VANCOCIN	3	
vancomycin oral capsule	2	
vancomycin oral recon soln	CED	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	2	
leucovorin calcium oral tablet 5 mg	1	
MESNEX ORAL	4	SP
VISTOGARD	4	SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; SP; QL (4 per 1 day)
abiraterone oral tablet 500 mg	CED	PA; SP; QL (2 per 1 day)
abirtega	4	PA; SP; QL (4 per 1 day)
AFINITOR	4	PA; SP; QL (1 per 1 day)
AFINITOR DISPERZ	4	PA; SP
AKEEGA	4	PA; SP; QL (2 per 1 day)
ALECENSA	4	PA; SP; QL (8 per 1 day)
ALKERAN	4	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; SP; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; SP; QL (30 per 365 days)
anastrozole	1	ACA
ARIMIDEX	3	
AROMASIN	3	
ASTAGRAF XL	CED	PA; SP
AUGTYRO ORAL CAPSULE 160 MG	4	PA; SP; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; QL (6 per 1 day)
AVMAPKI-FAKZYNJA	4	PA; SP; QL (66 per 28 days)
AYVAKIT	4	PA; SP; LA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
AZASAN	CED	PA
azathioprine oral tablet 100 mg, 75 mg	CED	PA
azathioprine oral tablet 50 mg	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)
bexarotene	4	PA; SP
bicalutamide	1	
BOSULIF ORAL CAPSULE 100 MG	4	PA; SP; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	4	PA; SP; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	4	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; SP; QL (1 per 1 day)
BRAFTOVI	4	PA; SP; LA; QL (6 per 1 day)
BRUKINSA ORAL CAPSULE	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)
capecitabine oral tablet 150 mg	4	PA; SP; QL (4 per 1 day)
capecitabine oral tablet 500 mg	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)
CASODEX	3	
CELLCEPT	4	SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; QL (84 per 28 days)
COPIKTRA	4	PA; SP; LA; QL (2 per 1 day)
COTELLIC	4	PA; SP; LA; QL (3 per 1 day)
cyclophosphamide oral capsule	4	SP
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	SP
cyclosporine modified	1	SP
cyclosporine oral capsule	1	SP

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

Drug Name	Drug Tier	Requirements / Limits
DANZITEN	4	PA; SP; QL (2 per 1 day)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	4	PA; SP; QL (1 per 1 day)
dasatinib oral tablet 20 mg	4	PA; SP; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	4	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; SP; QL (2 per 1 day)
DROXIA	2	
ELIGARD	4	PA; SP; QL (1 per 28 days)
ELIGARD (3 MONTH)	4	PA; SP; QL (1 per 63 days)
ELIGARD (4 MONTH)	4	PA; SP; QL (1 per 84 days)
ELIGARD (6 MONTH)	4	PA; SP; QL (1 per 126 days)
ENSACOVE	4	PA; SP; QL (2 per 1 day)
ENSPRYNG	4	PA; SP; QL (1 per 28 days)
ENVARSUS XR	CED	PA; SP
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)
erlotinib oral tablet 100 mg, 150 mg	4	PA; SP; QL (1 per 1 day)
erlotinib oral tablet 25 mg	4	PA; SP; QL (3 per 1 day)
etoposide oral	4	PA; SP
EULEXIN	4	PA; SP
everolimus (antineoplastic) oral tablet	4	PA; SP; QL (1 per 1 day)
everolimus (antineoplastic) oral tablet for suspension	4	PA; SP
everolimus (immunosuppressive)	4	SP
exemestane	1	ACA
FARESTON	4	PA; SP; QL (1 per 1 day)
FEMARA	3	
FENSOLVI	4	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	SP; QL (1 per 28 days)
FOTIVDA	4	PA; SP; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; SP; QL (84 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; SP; QL (21 per 28 days)
GAVRETO	4	PA; SP; LA; QL (4 per 1 day)
gefitinib	4	PA; SP; QL (1 per 1 day)
gengraf	1	SP
GILOTRIF	4	PA; SP; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	4	PA; SP; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	4	PA; SP; QL (2 per 1 day)
GLEOSTINE	4	PA; SP
GOMEKLI ORAL CAPSULE 1 MG	4	PA; SP; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA; SP; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	4	PA; SP; QL (168 per 28 days)
HERNEXEOS	4	PA; SP; QL (3 per 1 day)
HYCAMTIN ORAL	4	PA; SP
HYDREA	3	
hydroxyurea	1	
IBRANCE	4	PA; SP; QL (1 per 1 day)
IBTROZI	4	PA; SP; QL (3 per 1 day)
ICLUSIG	4	PA; SP; QL (1 per 1 day)
IDHIFA	4	PA; SP; LA; QL (1 per 1 day)
imatinib oral tablet 100 mg	4	PA; SP; QL (3 per 1 day)
imatinib oral tablet 400 mg	4	PA; SP; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; QL (1 per 1 day)
IMKELDI	4	PA; SP; QL (280 per 28 days)
IMURAN	3	
INLYTA ORAL TABLET 1 MG	4	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; SP; QL (4 per 1 day)
INQOVI	4	PA; SP; QL (5 per 28 days)
INREBIC	4	PA; SP; LA; QL (4 per 1 day)
IRESSA	4	PA; SP; QL (1 per 1 day)
ITOVEBI ORAL TABLET 3 MG	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
ITOVEBI ORAL TABLET 9 MG	4	PA; SP; QL (1 per 1 day)
IWILFIN	4	PA; SP; LA; QL (8 per 1 day)
JAKAFI	4	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	4	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; SP; QL (1 per 1 day)
JYLAMVO	CED	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; SP; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; SP; QL (63 per 28 days)
KLISYRI (250 MG)	3	PA; QL (5 per 365 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; SP; QL (4 per 1 day)
KRAZATI	4	PA; SP; QL (6 per 1 day)
lapatinib	4	PA; SP; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	4	PA; SP; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	4	PA; SP; LA; QL (2 per 1 day)
lenalidomide	4	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; SP; QL (30 per 28 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; SP; QL (90 per 28 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; SP; QL (60 per 28 days)
letrozole	1	
LEUKERAN	4	PA; SP
leuprolide subcutaneous kit	4	PA; SP; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; SP; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	4	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG, 240 MG	4	PA; SP; QL (2 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; SP; 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
LUPKYNIS	4	PA; SP; QL (6 per 1 day)
LUPRON DEPOT	4	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	4	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	4	PA; SP; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; SP; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; SP; QL (1 per 126 days)
LUTRATE DEPOT (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LYNPARZA	4	PA; SP; QL (4 per 1 day)
LYSODREN	4	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; SP; LA; QL (4 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; 4 packs per 28 days; SP; LA
MATULANE	4	PA; SP
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	CED	PA
megestrol oral tablet	1	
MEKINIST ORAL RECON SOLN	4	PA; SP; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (1 per 1 day)
MEKTOVI	4	PA; SP; LA; QL (6 per 1 day)
mercaptopurine oral suspension	CED	PA; SP
mercaptopurine oral tablet	1	
methotrexate sodium	1	
methotrexate sodium (pf) injection solution	1	
MYCAPSSA	4	PA; SP; LA; QL (4 per 1 day)
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral suspension for reconstitution	2	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP

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

Drug Name	Drug Tier	Requirements / Limits
MYFORTIC	3	SP
MYHIBBIN	4	PA for Age greater than 8 year(s); SP; QL (350 per 30 days)
MYLERAN	4	PA; SP
NEMLUVIO	4	PA; SP; QL (1 per 28 days)
NEORAL	3	SP
NERLYNX	4	PA; SP; LA; QL (6 per 1 day)
NEXAVAR	4	PA; SP; LA; QL (4 per 1 day)
NILANDRON	4	PA; SP; QL (1 per 1 day)
nilotinib hcl oral capsule 50 mg	4	PA; SP; QL (2 per 1 day)
NILOTINIB TARTRATE	CED	PA; SP; QL (4 per 1 day)
nilutamide	4	PA; SP; QL (1 per 1 day)
NINLARO	4	PA; SP; QL (3 per 28 days)
NUBEQA	4	PA; SP; LA; QL (4 per 1 day)
octreotide,microspheres	4	PA; SP
ODOMZO	4	PA; SP; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 MG	4	PA; SP; QL (6 per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; SP; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; SP; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; SP; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; SP; QL (24 per 28 days)
OJJAARA	4	PA; SP; QL (1 per 1 day)
ONUREG	4	PA; SP; QL (14 per 28 days)
ORGOVYX	4	PA; SP; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	4	PA; SP; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; SP; QL (3 per 1 day)
pazopanib	4	PA; SP; QL (4 per 1 day)
PEMAZYRE	4	PA; SP; LA; QL (14 per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (28 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
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 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)
PROGRAF ORAL CAPSULE	4	SP
PROGRAF ORAL GRANULES IN PACKET	CED	PA; SP
PURIXAN	CED	PA; SP
QINLOCK	4	PA; SP; LA; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; SP; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	4	PA; SP; LA; QL (3 per 1 day)
REVLIMID	4	PA; SP; LA; QL (1 per 1 day)
REVUFORJ ORAL TABLET 110 MG	4	PA; SP; QL (4 per 1 day)
REVUFORJ ORAL TABLET 160 MG	4	PA; SP; QL (2 per 1 day)
REVUFORJ ORAL TABLET 25 MG	4	PA; SP; QL (8 per 1 day)
REZLIDHIA	4	PA; SP; QL (2 per 1 day)
REZUROCK	4	PA; SP; QL (1 per 1 day)
ROMVIMZA	4	PA; SP; LA; QL (8 per 28 days)
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 CAPSULE	3	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA; SP
SCEMBLIX ORAL TABLET 100 MG	4	PA; SP; QL (4 per 1 day)
SCEMBLIX ORAL TABLET 20 MG	4	PA; SP; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; SP; QL (10 per 1 day)
SIGNIFOR	4	PA; SP
SIKLOS	CED	PA; SP
sirolimus	2	SP
SOLTAMOX	3	
sorafenib	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)

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

Drug Name	Drug Tier	Requirements / Limits
SPRYCEL ORAL TABLET 20 MG	4	PA; SP; QL (3 per 1 day)
STIVARGA	4	PA; SP; QL (84 per 28 days)
sunitinib malate	4	PA; SP; QL (1 per 1 day)
SUPPRELIN LA	4	PA; SP; QL (1 per 365 days)
SUTENT	4	PA; SP; QL (1 per 1 day)
TABLOID	4	PA; SP
TABRECTA	4	PA; SP; QL (4 per 1 day)
tacrolimus oral capsule	1	SP
TAFINLAR ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; SP; QL (30 per 1 day)
TAGRISSO	4	PA; SP; LA; QL (1 per 1 day)
TALZENNA	4	PA; SP; QL (1 per 1 day)
tamoxifen	1	ACA
TARGRETIN	4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	4	PA; SP; QL (2 per 1 day)
TAZVERIK	4	PA; SP; LA; QL (8 per 1 day)
temozolomide	4	PA; SP
TEPMETKO	4	PA; SP; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; QL (1 per 1 day)
TIBSOVO	4	PA; SP; QL (2 per 1 day)
toremifene	4	PA; SP; QL (1 per 1 day)
torpenz	4	PA; SP; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; SP; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; SP; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; SP; QL (1 per 28 days)
tretinoin (antineoplastic)	4	PA; SP
TREXALL	CED	PA
TRIPTODUR	4	PA; SP; QL (1 per 126 days)
TRUQAP	4	PA; SP; QL (64 per 28 days)
TUKYSA	4	PA; SP; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	4	PA; SP; LA; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TYKERB	4	PA; SP; LA; QL (6 per 1 day)
VANFLYTA	4	PA; SP; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	4	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	4	PA; SP; QL (42 per 365 days)
VERZENIO	4	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	4	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; SP; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; SP; LA; QL (10 per 1 day)
VIZIMPRO	4	PA; SP; QL (1 per 1 day)
VONJO	4	PA; SP; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	4	PA; SP; QL (1 per 1 day)
VOTRIENT	4	PA; SP; QL (4 per 1 day)
WELIREG	4	PA; SP; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLET 150 MG	4	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; SP; QL (4 per 1 day)
XATMEP	CED	PA
XELODA ORAL TABLET 150 MG	4	PA; SP; QL (4 per 1 day)
XELODA ORAL TABLET 500 MG	4	PA; SP; QL (10 per 1 day)
XERMELO	4	PA; SP; LA
XOSPATA	4	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	4	PA; SP; LA; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	4	PA; SP; LA; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	4	PA; SP; LA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
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)
XROMI	CED	PA for age 9 and older.
XTANDI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	4	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA; SP; QL (2 per 1 day)
YONSA	4	PA; SP; QL (4 per 1 day)
ZEJULA ORAL TABLET	4	PA; SP; LA; QL (1 per 1 day)
ZELBORAF	4	PA; SP; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; SP; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; SP; QL (1 per 28 days)
ZOLINZA	4	PA; SP; QL (4 per 1 day)
ZORTRESS	4	SP
ZYDELIG	4	PA; SP; QL (2 per 1 day)
ZYKADIA	4	PA; SP; QL (3 per 1 day)
ZYTIGA ORAL TABLET 250 MG	4	PA; SP; QL (4 per 1 day)
ZYTIGA ORAL TABLET 500 MG	CED	PA; SP; QL (2 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (2 per 1 day)
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA; QL (20 per 1 day)
BRIVIACT ORAL TABLET	3	PA; QL (2 per 1 day)
carbamazepine oral capsule, er multiphase 12 hr	2	
carbamazepine oral suspension 100 mg/5 ml	2	
carbamazepine oral suspension 200 mg/10 ml	CED	PA
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	2	
carbamazepine oral tablet,chewable 100 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	CED	PA
CARBATROL	3	PA
CELONTIN ORAL CAPSULE 300 MG	3	
clobazam oral suspension	2	PA
clobazam oral tablet	2	
clonazepam oral tablet	1	
clonazepam oral tablet,disintegrating	2	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIACOMIT ORAL CAPSULE 250 MG	4	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; SP; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; SP; QL (6 per 1 day)
diazepam rectal	2	
DILANTIN	3	PA; QL (3 per 1 day)
DILANTIN EXTENDED	3	PA
DILANTIN INFATABS	3	PA
DILANTIN-125	3	PA
divalproex oral capsule, delayed rel sprinkle	2	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (dr/ec)	1	
ELEPSIA XR	CED	PA
EPIDIOLEX	4	PA; SP; LA
EPRONTIA	CED	PA
EQUETRO	3	PA
eslicarbazepine oral tablet 200 mg, 400 mg	2	PA; QL (1 per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	2	PA; QL (2 per 1 day)
ethosuximide	2	
felbamate	2	PA
FELBATOL ORAL TABLET	3	PA
FINTEPLA	4	PA; SP; LA; 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
FYCOMPA ORAL SUSPENSION	3	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	3	PA; QL (1 per 1 day)
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	2	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin oral tablet extended release 24 hr	CED	PA
GABARONE	CED	PA; QL (3 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
KLONOPIN	3	
lacosamide oral	2	PA
LAMICTAL ODT	CED	PA
LAMICTAL ODT STARTER (BLUE)	CED	PA
LAMICTAL ODT STARTER (GREEN)	CED	PA
LAMICTAL ODT STARTER (ORANGE)	CED	PA
LAMICTAL ORAL TABLET	3	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	PA
LAMICTAL STARTER (BLUE) KIT	CED	PA
LAMICTAL STARTER (GREEN) KIT	CED	PA
LAMICTAL STARTER (ORANGE) KIT	CED	PA
LAMICTAL XR	CED	PA
LAMICTAL XR STARTER (BLUE)	CED	PA
LAMICTAL XR STARTER (GREEN)	CED	PA
LAMICTAL XR STARTER (ORANGE)	CED	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	CED	PA
lamotrigine oral tablet extended release 24hr	CED	PA
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet,disintegrating	CED	PA
lamotrigine oral tablets,dose pack	CED	PA
levetiracetam oral solution	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
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	CED	PA
LYRICA	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	ST; QL (1 per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	ST; QL (2 per 1 day)
methsuximide	2	
MOTPOLY XR	CED	PA
MYSOLINE	3	PA
NAYZILAM	3	PA; QL (10 per 30 days)
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine oral suspension	2	
oxcarbazepine oral tablet	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	2	PA; QL (2 per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	2	PA; QL (4 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	PA; QL (2 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; QL (4 per 1 day)
perampanel	2	PA; QL (1 per 1 day)
phenobarbital	1	
PHENYTEK	3	PA
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	2	
pregabalin oral capsule	1	
pregabalin oral solution	2	
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	2	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
pregabalin oral tablet extended release 24 hr 330 mg	2	ST; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	CED	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	CED	PA
rufinamide	2	PA
SABRIL	4	PA; SP; LA
SPRITAM	CED	PA
subvenite	1	
subvenite starter (blue) kit	CED	PA
subvenite starter (green) kit	CED	PA
subvenite starter (orange) kit	CED	PA
SYMPAZAN	CED	PA
TEGRETOL ORAL SUSPENSION	3	PA
TEGRETOL ORAL TABLET	3	PA
TEGRETOL XR	3	PA
tiagabine	2	PA
TOPAMAX	3	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	
topiramate oral capsule, sprinkle 50 mg	CED	PA; QL (2 per 1 day)
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	CED	PA; QL (1 per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	CED	PA; QL (2 per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	CED	PA; QL (1 per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	CED	PA; QL (2 per 1 day)
topiramate oral solution	CED	PA
topiramate oral tablet	1	
TRILEPTAL	3	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	CED	PA; QL (2 per 1 day)
valproic acid	1	

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Drug Name	Drug Tier	Requirements / Limits
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
VALTOCO	3	PA; QL (10 per 30 days)
vigabatrin	4	PA; SP; LA
vigadrone	4	PA; SP
VIGAFYDE	4	PA; SP
VIMPAT ORAL SOLUTION	3	PA
VIMPAT ORAL TABLET	3	PA
XCOPRI MAINTENANCE PACK	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	3	PA; 1 unit per day; 1 box in 365 days
ZARONTIN	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA
ZONISADE	CED	PA
zonisamide	1	
ZTALMY	4	PA; SP; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; SP; LA; QL (3 per 1 day)
apomorphine	4	PA; SP; QL (3 per 1 day)
AZILECT	3	
benztropine oral	1	
bromocriptine	1	
carbidopa	2	PA; QL (8 per 1 day)
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
CREXONT	3	PA; QL (6 per 1 day)
DHIVY	CED	PA; QL (8 per 1 day)
DUOPA	4	SP; QL (2800 per 28 days)
entacapone	1	
GOCOVRI	CED	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL (10 per 1 day)
LODOSYN	3	PA; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NEUPRO	3	PA; QL (1 per 1 day)
NOURIANZ	4	PA; SP; LA; QL (1 per 1 day)
ONAPGO	4	PA; SP; QL (600 per 30 days)
ONGENTYS	3	PA; QL (1 per 1 day)
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	CED	PA
rasagiline	2	
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr	2	
RYTARY	3	PA; QL (10 per 1 day)
selegiline hcl	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	PA; QL (6 per 1 day)
tolcapone	2	PA; QL (6 per 1 day)
trihexyphenidyl	1	
VYALEV	4	PA; SP; QL (420 per 30 days)
XADAGO	3	PA; QL (1 per 1 day)
ZELAPAR	CED	PA
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)
almotriptan malate	2	QL (12 per 30 days)
dihydroergotamine injection	2	PA; QL (8 per 30 days)
dihydroergotamine nasal	2	PA; QL (8 per 28 days)
eletriptan	2	QL (12 per 30 days)
ELYXYB	CED	PA; QL (16 per 1 day)
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)
ergotamine-caffeine	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
FROVA	3	QL (12 per 30 days)
frovatriptan	2	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	3	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	3	QL (18 per 30 days)
IMITREX STATDOSE PEN	3	QL (6 per 30 days)
IMITREX STATDOSE REFILL	3	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	3	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	QL (12 per 30 days)
migergot	CED	PA
MIGRANAL	3	PA; QL (8 per 28 days)
naratriptan	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
ONZETRA XSAIL	CED	PA
QULIPTA	2	PA; QL (1 per 1 day)
RELPAX	3	QL (12 per 30 days)
REYVOW	3	PA; QL (4 per 30 days)
rizatriptan	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (6 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (6 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (6 per 30 days)
sumatriptan succinate subcutaneous solution	1	QL (6 per 30 days)
sumatriptan-naproxen	CED	PA
SYMBRAVO	CED	PA; QL (9 per 30 days)
TOSYMRA	CED	PA
TREXIMET	CED	PA
TRUDHESA	CED	PA; QL (8 per 30 days)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; 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
ZEMBRACE SYMTOUCH	CED	PA
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	ST; QL (12 per 30 days)
zolmitriptan nasal spray,non-aerosol 5 mg	2	ST; QL (12 per 30 days)
zolmitriptan oral tablet	1	QL (12 per 30 days)
zolmitriptan oral tablet,disintegrating	CED	PA; QL (12 per 30 days)
ZOMIG NASAL	3	ST; QL (12 per 30 days)
ZOMIG ORAL	3	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	CED	PA
AMPYRA	4	SP; LA; QL (2 per 1 day)
ARICEPT	3	
AUSTEDO	2	PA; SP; LA; QL (4 per 1 day)
AUSTEDO XR	2	PA; SP; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; SP; QL (28 per 365 days)
dalfampridine	4	SP; QL (2 per 1 day)
DAYBUE	4	PA; SP; QL (120 per 1 day)
dichlorphenamide	4	PA; SP; QL (4 per 1 day)
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	2	
donepezil oral tablet,disintegrating	1	
EVRYSDI ORAL RECON SOLN	4	PA; SP; LA; QL (6.7 per 1 day)
EVRYSDI ORAL TABLET	4	PA; SP; LA; QL (1 per 1 day)
EXELON PATCH	3	
FIRDAPSE	4	PA; SP; LA; QL (10 per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr	2	
galantamine oral solution	CED	PA
galantamine oral tablet	2	
HORIZANT	CED	PA
INGREZZA	2	PA; SP; LA; QL (1 per 1 day)
INGREZZA INITIATION PK(TARDIV)	2	PA; SP; QL (28 per 365 days)
INGREZZA SPRINKLE	2	PA; LA; QL (1 per 1 day)
KEVEYIS	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
memantine oral capsule,sprinkle,er 24hr	2	
memantine oral solution	CED	PA
memantine oral tablet	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
memantine-donepezil	CED	PA
MIPLYFFA	4	PA; SP; LA; QL (3 per 1 day)
NAMENDA TITRATION PAK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	CED	PA
NUEDEXTA	4	PA; SP; QL (2 per 1 day)
NULIBRY	4	PA; SP
ormalvi	CED	PA; SP; QL (4 per 1 day)
RADICAVA ORS STARTER KIT SUSP	4	PA; SP
rivastigmine	1	
rivastigmine tartrate	1	
SKYCLARYS	4	PA; SP; LA; QL (3 per 1 day)
tetrabenazine oral tablet 12.5 mg	4	PA; SP; QL (8 per 1 day)
tetrabenazine oral tablet 25 mg	4	PA; SP; QL (4 per 1 day)
WAINUA	4	PA; SP; QL (1 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; SP; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	4	PA; SP; LA; 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)
ZUNVEYL	CED	PA; QL (2 per 1 day)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	CED	PA
baclofen oral solution	CED	PA
baclofen oral suspension	CED	PA; QL (16 per 1 day)
baclofen oral tablet 10 mg, 20 mg	1	
baclofen oral tablet 15 mg	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
baclofen oral tablet 5 mg	2	QL (3 per 1 day)
carisoprodol oral tablet 250 mg	CED	PA; QL (3 per 1 day)
carisoprodol oral tablet 350 mg	1	QL (4 per 1 day)
carisoprodol-aspirin	1	
carisoprodol-aspirin-codeine	1	PA
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	CED	PA
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral capsule,extended release 24hr	CED	PA
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	CED	PA
DANTRIUM ORAL CAPSULE 25 MG	3	QL (3 per 1 day)
dantrolene oral capsule 100 mg	2	QL (4 per 1 day)
dantrolene oral capsule 25 mg, 50 mg	2	QL (3 per 1 day)
FEXMID	CED	PA
FLEQSUVY	CED	PA; QL (16 per 1 day)
LORZONE	CED	PA
meprobamate	1	
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
metaxalone oral tablet 400 mg	CED	PA
METAXALONE ORAL TABLET 640 MG	CED	PA; QL (4 per 1 day)
metaxalone oral tablet 800 mg	2	ST; QL (4 per 1 day)
methocarbamol oral tablet 1,000 mg	CED	PA
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	CED	PA
NORGESIC FORTE	CED	PA
orphenadrine citrate oral	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	CED	PA
orphengesic forte	CED	PA
OZOBAX	CED	PA
OZOBAX DS	CED	PA
pyridostigmine bromide oral syrup	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
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
SOMA ORAL TABLET 250 MG	CED	PA; QL (3 per 1 day)
SOMA ORAL TABLET 350 MG	3	QL (4 per 1 day)
tanlor	CED	PA
tizanidine oral capsule	2	
tizanidine oral tablet	1	
vanadom	1	QL (4 per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	4	PA; SP; QL (20 per 28 days)
ZANAFLEX	3	
ZILBRYSQ	4	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	CED	PA
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	PA
acetaminophen-codeine oral tablet	1	PA
ascomp with codeine	1	PA
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; SP; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; SP; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; SP; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; SP; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; SP; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	4	PA; SP; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	4	PA; SP; QL (0.27 per 28 days)
buprenorphine	2	PA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
buprenorphine hcl sublingual tablet 2 mg	1	QL (12 per 1 day)
buprenorphine hcl sublingual tablet 8 mg	1	QL (3 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	CED	PA
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA
butalbital-acetaminophen oral capsule	CED	PA
butalbital-acetaminophen oral tablet 50-300 mg	CED	PA
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (6 per 1 day)
butalbital-acetaminophen-caff oral capsule	CED	PA; QL (6 per 1 day)
butalbital-acetaminophen-caff oral solution	2	PA; QL (90 per 1 day)
butalbital-acetaminophen-caff oral tablet	1	QL (6 per 1 day)
butalbital-aspirin-caffeine	1	
BUTRANS	3	PA; QL (4 per 28 days)
codeine sulfate	1	PA
codeine-butalbital-asa-caff	1	PA
DILAUDID	3	PA
endocet	1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	CED	PA
FIORICET	CED	PA; QL (6 per 1 day)
FIORICET WITH CODEINE	CED	PA
hydrocodone bitartrate	2	PA
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)	2	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	PA
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA
hydrocodone-acetaminophen oral tablet 2.5-325 mg	CED	PA
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	PA
hydromorphone oral liquid	1	PA
hydromorphone oral tablet	1	PA
hydromorphone oral tablet extended release 24 hr	2	PA
hydromorphone rectal	1	PA
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA
levorphanol tartrate	CED	PA
meperidine oral solution	1	PA
meperidine oral tablet 50 mg	1	PA
methadone oral concentrate	1	PA
methadone oral solution	1	PA
methadone oral tablet	1	PA
methadose oral concentrate	1	PA
morphine concentrate oral solution	1	PA
morphine oral capsule, er multiphase 24 hr	CED	PA
morphine oral capsule,extend.release pellets	CED	PA
morphine oral solution	1	PA
morphine oral tablet	1	PA
morphine oral tablet extended release	1	PA
morphine rectal	2	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA
NALOCET	CED	PA
oxycodone oral capsule	1	PA
oxycodone oral concentrate	1	PA
oxycodone oral solution	1	PA
oxycodone oral tablet	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY	CED	PA
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	CED	PA
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	CED	PA
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA
oxymorphone oral tablet	1	PA
oxymorphone oral tablet extended release 12 hr	2	PA
PERCOCET	3	PA
PRIMLEV	CED	PA
PROLATE ORAL SOLUTION	CED	PA
prolate oral tablet	CED	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA
ROXYBOND	CED	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; SP; QL (1.5 per 28 days)
tencon	1	QL (6 per 1 day)
TREZIX	CED	PA
XTAMPZA ER	3	PA
NON-NARCOTIC ANALGESICS		
adult aspirin regimen	1	ACA; OTC
ANAPROX DS	3	
ARTHROTEC 50	3	PA; QL (4 per 1 day)
ARTHROTEC 75	3	PA; QL (4 per 1 day)
aspirin childrens	1	ACA; OTC
aspirin oral tablet 81 mg	CED	OTC
aspirin oral tablet,chewable	1	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
bayer low dose aspirin	1	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg	2	QL (2 per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg	2	QL (12 per 1 day)
buprenorphine-naloxone sublingual film 4-1 mg	2	QL (6 per 1 day)
buprenorphine-naloxone sublingual film 8-2 mg	2	QL (3 per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL (12 per 1 day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	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
butorphanol nasal	1	PA
CAPSFENAC PAK	CED	PA
CAPSINAC	CED	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	3	QL (1 per 1 day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 per 1 day)
celecoxib oral capsule 400 mg	1	QL (1 per 1 day)
CONZIP	CED	PA
COXANTO	CED	PA
DICLOFENAC EPOLAMINE	3	PA; QL (2 per 1 day)
diclofenac potassium oral capsule	CED	PA; QL (4 per 1 day)
diclofenac potassium oral powder in packet	CED	PA; QL (9 per 30 days)
diclofenac potassium oral tablet 25 mg	CED	PA
diclofenac potassium oral tablet 50 mg	2	QL (4 per 1 day)
diclofenac sodium oral tablet extended release 24 hr	2	QL (2 per 1 day)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	2	QL (4 per 1 day)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	1	QL (4 per 1 day)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	1	QL (2 per 1 day)
diclofenac sodium topical drops	CED	PA; QL (300 per 30 days)
diclofenac sodium topical solution in metered-dose pump	CED	PA; QL (224 per 30 days)
DICLOFENAC SUBMICRONIZED	CED	PA; QL (3 per 1 day)
diclofenac-misoprostol	2	PA; QL (4 per 1 day)
DICLOFEX DC	CED	PA
DICLOPR	CED	PA
DICLOSAICIN	CED	PA
DICLOTRAL	CED	PA
diflunisal	2	QL (3 per 1 day)
DIMENTHO	CED	PA
DISALCID	3	
DITHOL	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
DOLOBID	CED	PA; QL (2 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG	3	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	QL (2 per 1 day)
ecotrin low strength	1	ACA; OTC
etodolac oral capsule 200 mg	2	QL (4 per 1 day)
etodolac oral capsule 300 mg	2	QL (3 per 1 day)
etodolac oral tablet	1	QL (2 per 1 day)
etodolac oral tablet extended release 24 hr 400 mg, 500 mg	2	QL (2 per 1 day)
etodolac oral tablet extended release 24 hr 600 mg	2	QL (1 per 1 day)
FENOPROFEN ORAL CAPSULE 200 MG	CED	PA; QL (6 per 1 day)
fenoprofen oral capsule 400 mg	CED	PA; QL (4 per 1 day)
fenoprofen oral tablet	CED	PA; QL (4 per 1 day)
FENOPRON	CED	PA; QL (4 per 1 day)
FLECTOR	3	PA; QL (2 per 1 day)
flurbiprofen oral tablet 100 mg	1	QL (3 per 1 day)
ibu	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 300 mg	CED	PA; QL (3 per 1 day)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	CED	PA; QL (3 per 1 day)
ICLOFENAC CP	CED	PA
INDOCIN ORAL	3	PA; QL (40 per 1 day)
INDOCIN RECTAL	3	PA; QL (4 per 1 day)
indomethacin oral capsule 25 mg	1	QL (3 per 1 day)
indomethacin oral capsule 50 mg	1	QL (4 per 1 day)
indomethacin oral capsule, extended release	1	QL (2 per 1 day)
indomethacin oral suspension	2	PA; QL (40 per 1 day)
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	CED	PA
indomethacin rectal suppository 50 mg	2	PA; QL (4 per 1 day)
JOURNAVX	3	PA; QL (30 per 68 days)
ketoprofen oral capsule	CED	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	CED	PA; QL (1 per 1 day)
ketorolac oral	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
LICART	CED	PA; QL (1 per 1 day)
LIFEMS NALOXONE	3	
LODINE ORAL TABLET	3	QL (2 per 1 day)
lofena	CED	PA
lofexidine	CED	PA
LUCEMYRA	CED	PA
meclofenamate	CED	PA; QL (4 per 1 day)
mefenamic acid	2	29 capsules per fill
MELOXICAM ORAL SUSPENSION	3	
meloxicam oral tablet	1	
meloxicam submicronized	CED	PA; QL (1 per 1 day)
nabumetone oral tablet 500 mg	1	QL (4 per 1 day)
nabumetone oral tablet 750 mg	1	QL (2 per 1 day)
NALFON ORAL CAPSULE 400 MG	CED	PA; QL (4 per 1 day)
NALFON ORAL TABLET	CED	PA; QL (4 per 1 day)
naloxone injection solution	1	
naloxone injection syringe	1	
naltrexone	1	
NAPRELAN CR	CED	PA; QL (2 per 1 day)
NAPROSYN ORAL SUSPENSION	CED	PA; QL (40 per 1 day)
NAPROSYN ORAL TABLET 500 MG	3	QL (3 per 1 day)
naproxen oral suspension	CED	PA; QL (40 per 1 day)
naproxen oral tablet 250 mg	1	QL (6 per 1 day)
naproxen oral tablet 375 mg	1	QL (4 per 1 day)
naproxen oral tablet 500 mg	1	QL (3 per 1 day)
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	QL (4 per 1 day)
naproxen oral tablet,delayed release (dr/ec) 500 mg	2	QL (2 per 1 day)
naproxen sodium oral tablet 275 mg, 550 mg	2	
naproxen sodium oral tablet, er multiphase 24 hr	CED	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
naproxen-esomeprazole	CED	PA; QL (2 per 1 day)
NARCAN	3	2 sprays per fill
NUCYNTA	3	PA
NUCYNTA ER	3	PA
OPVEE	3	2 units per fill
OXAPROZIN ORAL CAPSULE	CED	PA
oxaprozin oral tablet	1	QL (2 per 1 day)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	CED	PA; QL (224 per 30 days)
pentazocine-naloxone	2	PA
piroxicam	1	QL (1 per 1 day)
PROFINAC	CED	PA
RELAFEN DS	CED	PA; QL (2 per 1 day)
REXTOVY	3	2 sprays per fill
salsalate	1	
SPRIX	CED	PA; SP; QL (5 per 30 days)
st joseph aspirin	1	ACA; OTC
st. joseph aspirin	1	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (12 per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	QL (6 per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (3 per 1 day)
sulindac	1	QL (2 per 1 day)
TOLECTIN 600	CED	PA
tolmetin oral capsule	CED	PA
tolmetin oral tablet 600 mg	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	CED	PA
TRAMADOL ORAL SOLUTION	CED	PA
tramadol oral tablet 100 mg	CED	PA
TRAMADOL ORAL TABLET 25 MG, 75 MG	CED	PA
tramadol oral tablet 50 mg	1	PA
tramadol oral tablet extended release 24 hr	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
tramadol oral tablet, er multiphase 24 hr	2	PA
tramadol-acetaminophen	1	PA
VAROPHEN (DICLOFENAC)	CED	PA
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	CED	PA; QL (2 per 1 day)
VIVITROL	4	SP
VIVLODEX	CED	PA; QL (1 per 1 day)
ZICLOPRO	CED	PA
ZIMHI	3	1 ml per fill
ZIPSOR	CED	PA; QL (4 per 1 day)
ZORVOLEX	3	PA; QL (3 per 1 day)
ZUBSOLV	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	CED	PA for age 17 and younger; QL (2.4 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	CED	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	2	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY ORAL TABLET	3	PA for age 17 and younger; QL (1 per 1 day)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	3	PA for age 19 and older; QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
ADZENYS XR-ODT	3	PA; QL (1 per 1 day)
alprazolam intensol	2	
alprazolam oral tablet	1	
alprazolam oral tablet extended release 24 hr	1	
alprazolam oral tablet,disintegrating	2	
AMBIEN	3	QL (1 per 1 day)
AMBIEN CR	3	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
amitriptyline	1	
amitriptyline-chlordiazepoxide	2	
amoxapine	2	
amphetamine sulfate oral tablet 10 mg	2	PA; QL (6 per 1 day)
amphetamine sulfate oral tablet 5 mg	2	PA; QL (3 per 1 day)
ANAFRANIL	3	
APLENZIN	CED	PA
APTENSIO XR	3	PA; QL (1 per 1 day)
aripiprazole oral solution	CED	PA for age 17 and younger; QL (30 per 1 day)
aripiprazole oral tablet	1	PA for age 17 and younger; QL (1 per 1 day)
aripiprazole oral tablet,disintegrating	CED	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	2	PA for age 17 and younger; QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	2	QL (1 per 1 day)
armodafinil oral tablet 50 mg	2	QL (2 per 1 day)
asenapine maleate	2	PA; QL (2 per 1 day)
ATIVAN ORAL	3	
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (2 per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 per 1 day)
AUVELITY	3	PA; QL (2 per 1 day)
AZSTARYS	3	PA; QL (1 per 1 day)
BELSOMRA	3	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
BUCAPSOL	CED	PA; QL (2 per 1 day)
bupropion hcl oral tablet 100 mg	1	QL (4.5 per 1 day)
bupropion hcl oral tablet 75 mg	1	QL (6 per 1 day)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 per 1 day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 per 1 day)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	CED	PA; QL (1 per 1 day)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (2 per 1 day)
buspirone	1	
CAPLYTA ORAL CAPSULE 10.5 MG	3	PA; PA for age 18 and older; QL (1 per 1 day)
CAPLYTA ORAL CAPSULE 21 MG	3	PA; PA for age 18 and older
CAPLYTA ORAL CAPSULE 42 MG	3	PA; PA for age 18 years and older; QL (1 per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG	3	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	3	QL (1 per 1 day)
chlordiazepoxide hcl	1	
chlorpromazine oral concentrate 100 mg/ml	CED	PA for age 17 and younger; QL (8 per 1 day)
chlorpromazine oral concentrate 30 mg/ml	CED	PA for age 17 and younger; QL (27 per 1 day)
chlorpromazine oral tablet	2	PA for age 17 and younger; QL (4 per 1 day)
CITALOPRAM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
citalopram oral solution	2	QL (20 per 1 day)
citalopram oral tablet 10 mg, 20 mg	1	QL (1.5 per 1 day)
citalopram oral tablet 40 mg	1	QL (1 per 1 day)
clomipramine	2	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium	2	
clozapine oral tablet 100 mg	2	PA for age 17 and younger; QL (9 per 1 day)
clozapine oral tablet 200 mg	2	PA for age 17 and younger; QL (4.5 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
clozapine oral tablet 25 mg, 50 mg	2	PA for age 17 and younger; QL (3 per 1 day)
clozapine oral tablet,disintegrating 100 mg	CED	PA; QL (9 per 1 day)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	CED	PA; QL (3 per 1 day)
clozapine oral tablet,disintegrating 150 mg	CED	PA; QL (6 per 1 day)
clozapine oral tablet,disintegrating 200 mg	CED	PA; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	3	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	3	PA for age 17 and younger; QL (3 per 1 day)
COBENFY	3	PA; PA for age 18 years and older; QL (2 per 1 day)
COBENFY STARTER PACK	3	PA; PA for age 18 years and older; QL (56 per 365 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PA for age 19 and older; QL (2 per 1 day)
COTEMPLA XR-ODT	3	PA; QL (2 per 1 day)
DAYTRANA	3	PA; QL (1 per 1 day)
DAYVIGO	3	ST; QL (1 per 1 day)
desipramine	2	
DESOXYN	CED	PA for age 19 and older; QL (5 per 1 day)
DESVENLAFAXINE	CED	PA; QL (1 per 1 day)
desvenlafaxine succinate	2	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	PA for age 19 and older; QL (4 per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50	2	PA for age 19 and older; QL (1 per 1 day)
dexmethylphenidate oral tablet	1	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	2	PA for age 19 and older; QL (4 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 5 mg	2	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral solution	2	PA for age 19 and older; QL (60 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg	CED	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	2	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	CED	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr	2	PA; QL (1 per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine-amphetamine oral tablet 30 mg	1	PA for age 19 and older; QL (2 per 1 day)
diazepam intensol	2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	
DORAL	CED	PA
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	CED	PA
DRIZALMA SPRINKLE	CED	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (2 per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	CED	PA; QL (3 per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; QL (8 per 1 day)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	PA; QL (1 per 1 day)
EDLUAR	CED	PA
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	QL (3 per 1 day)
EMSAM	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
ergoloid	2	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	CED	PA for age 17 and younger; QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	CED	PA for age 17 and younger; QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	CED	PA for age 17 and younger; QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	CED	PA for age 17 and younger; QL (2.25 per 365 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	CED	PA for age 17 and younger; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	CED	PA for age 17 and younger; QL (0.5 per 28 days)
escitalopram oxalate oral solution	2	QL (20 per 1 day)
escitalopram oxalate oral tablet 10 mg, 5 mg	1	QL (1.5 per 1 day)
escitalopram oxalate oral tablet 20 mg	1	QL (1 per 1 day)
estazolam	1	
eszopiclone	1	QL (1 per 1 day)
EVEKEO ORAL TABLET 10 MG	3	PA; QL (6 per 1 day)
EVEKEO ORAL TABLET 5 MG	3	PA; QL (3 per 1 day)
FANAPT	3	PA; PA for age 18 and older; QL (2 per 1 day)
FANAPT TITRATION PACK A	3	PA; PA for age 18 and older; QL (8 per 365 days)
FANAPT TITRATION PACK B	3	PA; QL (12 per 365 days)
FANAPT TITRATION PACK C	3	PA; QL (8 per 365 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	PA; QL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; QL (1 per 1 day)
fluoxetine oral capsule	1	QL (2 per 1 day)
fluoxetine oral capsule,delayed release(dr/ec)	CED	PA; QL (4 per 28 days)
fluoxetine oral solution	2	QL (20 per 1 day)
fluoxetine oral tablet 10 mg, 20 mg	2	QL (1 per 1 day)
fluoxetine oral tablet 60 mg	2	PA; QL (1 per 1 day)
fluphenazine decanoate	2	PA for age 17 and younger; QL (5 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
fluphenazine hcl injection	2	PA for age 17 and younger; QL (5 per 30 days)
fluphenazine hcl oral concentrate	2	PA for age 17 and younger; QL (8 per 1 day)
fluphenazine hcl oral elixir	2	PA for age 17 and younger; QL (80 per 1 day)
fluphenazine hcl oral tablet	2	PA for age 17 and younger; QL (4 per 1 day)
flurazepam	1	QL (1 per 1 day)
fluvoxamine oral capsule,extended release 24hr	CED	PA; QL (2 per 1 day)
fluvoxamine oral tablet 100 mg	2	QL (3 per 1 day)
fluvoxamine oral tablet 25 mg, 50 mg	2	QL (1.5 per 1 day)
FOCALIN	3	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	3	PA for age 19 and older; QL (1 per 1 day)
FORFIVO XL	CED	PA; QL (1 per 1 day)
GEODON ORAL	3	PA for age 17 and younger; QL (2 per 1 day)
guanfacine oral tablet extended release 24 hr	1	
HALCION ORAL TABLET 0.25 MG	3	QL (1 per 1 day)
haloperidol decanoate	2	PA for age 17 and younger
haloperidol lactate injection	1	PA for age 17 and younger
haloperidol lactate intramuscular	1	PA for age 17 and younger
haloperidol lactate oral	1	PA for age 17 and younger; QL (15 per 1 day)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	1	PA for age 17 and younger; QL (3 per 1 day)
haloperidol oral tablet 20 mg	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	4	PA; SP; QL (1 per 1 day)
HETLIOZ LQ	4	PA; SP
imipramine hcl	1	
imipramine pamoate	CED	PA
INTUNIV ER	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for age 17 and younger; QL (3.5 per 135 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 HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for age 17 and younger; QL (5 per 135 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	PA; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	PA; QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for age 17 and younger; QL (2.63 per 63 days)
JORNAY PM	3	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	ST; PA for age 17 and younger; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	3	ST; PA for age 17 and younger; QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	3	QL (1 per 1 day)
lisdexamfetamine oral capsule	1	PA for age 19 and older; QL (1 per 1 day)
lisdexamfetamine oral tablet,chewable	2	PA for age 19 and older; QL (1 per 1 day)
lithium carbonate	1	
lithium citrate	CED	PA; QL (30 per 1 day)
LITHOBID	3	
lorazepam intensol	2	

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Drug Name	Drug Tier	Requirements / Limits
lorazepam oral concentrate	2	
lorazepam oral tablet	1	
LOREEV XR	CED	PA; QL (1 per 1 day)
loxapine succinate oral capsule 10 mg	2	PA for age 17 and younger; QL (8 per 1 day)
loxapine succinate oral capsule 25 mg, 5 mg	2	PA for age 17 and younger; QL (4 per 1 day)
loxapine succinate oral capsule 50 mg	2	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	4	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK	4	PA; SP; QL (28 per 365 days)
LUNESTA	3	QL (1 per 1 day)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	2	ST; PA for age 17 and younger; QL (1 per 1 day)
lurasidone oral tablet 80 mg	2	ST; PA for age 17 and younger; QL (2 per 1 day)
LYBALVI	CED	PA; QL (1 per 1 day)
MARPLAN	3	
METADATE CD	3	PA for age 19 and older; QL (1 per 1 day)
methamphetamine	CED	PA for age 19 and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	PA for age 19 and older; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	PA for age 19 and older; QL (60 per 1 day)
methylphenidate	2	PA; QL (1 per 1 day)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	2	PA; QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	CED	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml	2	PA for age 19 and older; QL (30 per 1 day)
methylphenidate hcl oral solution 5 mg/5 ml	2	PA for age 19 and older; QL (60 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet	1	PA for age 19 and older; QL (3 per 1 day)
methylphenidate hcl oral tablet extended release	1	PA for age 19 and older; QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	2	PA for age 19 and older; QL (2 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG	CED	PA for age 19 and older; QL (1 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 63 MG	CED	PA for age 19 and older
methylphenidate hcl oral tablet extended release 24hr 72 mg	CED	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral tablet,chewable	2	PA for age 19 and older; QL (3 per 1 day)
midazolam oral syrup 2 mg/ml	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	QL (1 per 1 day)
mirtazapine oral tablet 7.5 mg	2	QL (1 per 1 day)
mirtazapine oral tablet,disintegrating	2	QL (1 per 1 day)
modafinil	2	QL (1 per 1 day)
molindone	2	
MYDAYIS	3	PA; QL (1 per 1 day)
NARDIL	3	
nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg	2	QL (2 per 1 day)
nefazodone oral tablet 200 mg	2	QL (3 per 1 day)
nortriptyline oral capsule	1	
nortriptyline oral solution	2	
NUPLAZID	4	PA; SP; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	3	QL (2 per 1 day)
olanzapine oral tablet	1	PA for age 17 and younger; QL (1 per 1 day)
olanzapine oral tablet,disintegrating	CED	PA for age 17 and younger; QL (1 per 1 day)
olanzapine-fluoxetine	CED	PA for age 17 and younger

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

Drug Name	Drug Tier	Requirements / Limits
ONYDA XR	CED	PA; QL (4 per 1 day)
OPIPZA ORAL FILM 10 MG	CED	PA for age 17 and younger; QL (3 per 1 day)
OPIPZA ORAL FILM 2 MG, 5 MG	CED	PA for age 17 and younger; QL (1 per 1 day)
oxazepam	2	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	2	PA; QL (1 per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	2	PA; QL (2 per 1 day)
PAMELOR	3	
PARNATE	3	QL (6 per 1 day)
paroxetine hcl oral suspension	CED	PA; QL (30 per 1 day)
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (1.5 per 1 day)
paroxetine hcl oral tablet 20 mg	1	QL (1 per 1 day)
paroxetine hcl oral tablet 30 mg	1	QL (2 per 1 day)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	CED	PA; QL (1 per 1 day)
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	CED	PA; QL (2 per 1 day)
paroxetine mesylate(menop.sym)	CED	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	CED	PA; QL (2 per 1 day)
PAXIL ORAL SUSPENSION	CED	PA; QL (30 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	3	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	3	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	3	QL (2 per 1 day)
perphenazine oral tablet 16 mg	2	PA for age 17 and younger; QL (2 per 1 day)
perphenazine oral tablet 2 mg, 4 mg, 8 mg	2	PA for age 17 and younger; QL (4 per 1 day)
perphenazine-amitriptyline	2	PA for age 17 and younger
PERSERIS	2	PA for age 17 and younger; QL (1 per 28 days)
phenelzine	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
pimozide oral tablet 1 mg	2	QL (10 per 1 day)
pimozide oral tablet 2 mg	2	QL (5 per 1 day)
PRISTIQ	3	QL (1 per 1 day)
procentra	2	PA for age 19 and older; QL (60 per 1 day)
protriptyline	2	
PROVIGIL	3	QL (1 per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG	3	QL (2 per 1 day)
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)
QUAZEPAM	CED	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	PA for age 17 and younger; QL (3 per 1 day)
QUETIAPINE ORAL TABLET 150 MG	CED	PA for age 17 and younger; QL (5 per 1 day)
quetiapine oral tablet 300 mg, 400 mg	1	PA for age 17 and younger; QL (2 per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	2	PA for age 17 and younger; QL (1 per 1 day)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	2	PA for age 17 and younger; QL (2 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	3	PA; QL (1 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	3	PA; QL (2 per 1 day)
QUILLIVANT XR	3	PA; QL (12 per 1 day)
QUVIVIQ	3	ST
RALDESY	CED	PA; QL (60 per 1 day)
ramelteon	2	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	PA for age 19 and older; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	3	QL (1 per 1 day)
REMERON SOLTAB	3	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	3	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
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	CED	PA; QL (1 per 1 day)
REXULTI ORAL TABLET	3	PA; QL (1 per 1 day)
RISPERDAL CONSTA	3	PA for age 17 and younger; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	PA for age 17 and younger; QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA for age 17 and younger; QL (2 per 1 day)
risperidone microspheres	2	PA for age 17 and younger; QL (2 per 28 days)
risperidone oral solution	1	PA for age 17 and younger; QL (8 per 1 day)
risperidone oral tablet	1	PA for age 17 and younger; QL (2 per 1 day)
risperidone oral tablet,disintegrating	CED	PA; QL (2 per 1 day)
RITALIN	3	PA for age 19 and older; QL (3 per 1 day)
RITALIN LA	3	PA for age 19 and older; QL (1 per 1 day)
ROZEREM	3	QL (1 per 1 day)
RYKINDO	2	PA for age 17 and younger; QL (2 per 28 days)
SAPHRIS	3	PA; QL (2 per 1 day)
SECUADO	CED	PA
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA for age 17 and younger; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	PA for age 17 and younger; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	PA for age 17 and younger; QL (2 per 1 day)
sertraline oral capsule	CED	PA; QL (1 per 1 day)
sertraline oral concentrate	2	QL (10 per 1 day)
sertraline oral tablet 100 mg	1	QL (2 per 1 day)
sertraline oral tablet 25 mg, 50 mg	1	QL (1.5 per 1 day)
SILENOR	CED	PA
SODIUM OXYBATE	4	PA; SP; LA; QL (18 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
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	4	PA; SP; QL (8 per 28 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	4	PA; SP; QL (12 per 28 days)
SUNOSI	3	PA; QL (1 per 1 day)
tasimelteon	4	PA; SP; QL (1 per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 per 1 day)
temazepam oral capsule 22.5 mg, 7.5 mg	CED	PA; QL (1 per 1 day)
thioridazine oral tablet 10 mg, 25 mg, 50 mg	2	PA for age 17 and younger; QL (4 per 1 day)
thioridazine oral tablet 100 mg	2	PA for age 17 and younger; QL (8 per 1 day)
thiothixene oral capsule 1 mg, 2 mg, 5 mg	2	PA for age 17 and younger; QL (3 per 1 day)
thiothixene oral capsule 10 mg	2	PA for age 17 and younger; QL (6 per 1 day)
tranylcypromine	2	QL (6 per 1 day)
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	QL (3 per 1 day)
trazodone oral tablet 300 mg	2	QL (2 per 1 day)
triazolam	1	QL (1 per 1 day)
trifluoperazine	2	PA for age 17 and younger; QL (4 per 1 day)
trimipramine	2	
TRINTELLIX	3	PA; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	2	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	PA for age 17 and younger; QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	PA for age 17 and younger; QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	PA for age 17 and younger; QL (0.7 per 28 days)

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

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

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

Drug Name	Drug Tier	Requirements / Limits
COPAXONE SUBCUTANEOUS SYRINGE	4	SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	SP; QL (60 per 365 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	4	SP; QL (2 per 1 day)
fingolimod	4	SP
GILENYA ORAL CAPSULE 0.25 MG	CED	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	4	SP
glatiramer	4	SP
glatopa	4	SP
KESIMPTA PEN	4	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 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	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; SP; QL (1 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
PONVORY	4	PA; SP; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	4	PA; SP; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	4	ST; SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	ST; SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	ST; SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	4	ST; SP; QL (4.2 per 365 days)
TASCENSO ODT	CED	PA; SP; QL (1 per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	SP; QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	SP; QL (2 per 1 day)
teriflunomide	4	SP
VUMERITY	4	PA; SP; QL (4 per 1 day)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	2	
amiodarone oral tablet 200 mg	1	
BETAPACE	3	
BETAPACE AF	3	
disopyramide phosphate oral capsule	2	
dofetilide	2	QL (2 per 1 day)
flecainide	1	
mexiletine	2	
MULTAQ	2	
NORPACE	3	
NORPACE CR	3	
pacerone oral tablet 100 mg	2	
pacerone oral tablet 200 mg	1	
propafenone oral capsule,extended release 12 hr	2	
propafenone oral tablet	1	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
sotalol af	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
sotalol oral	1	
SOTYLIZE	CED	PA
TIKOSYN	3	QL (2 per 1 day)
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
acebutolol	1	
ALDACTONE	3	
aliskiren	2	ST; QL (1 per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	3	
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	2	
amlodipine-valsartan	2	
amlodipine-valsartan-hcthiazid	CED	PA
ARBLI	CED	PA; QL (5 per 1 day)
ATACAND	3	ST; QL (1 per 1 day)
ATACAND HCT	3	ST
atenolol	1	
atenolol-chlorthalidone	1	
AVALIDE	3	
AVAPRO ORAL TABLET 150 MG, 300 MG	3	
AZOR	3	
benazepril	1	
benazepril-hydrochlorothiazide	1	
BENICAR	3	
BENICAR HCT	3	
betaxolol oral	1	
BIDIL	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	CED	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
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	
candesartan	2	ST; QL (1 per 1 day)
candesartan-hydrochlorothiazid	2	ST
captopril	1	
captopril-hydrochlorothiazide	1	
CARDIZEM CD	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	CED	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	
CARDURA XL	CED	PA
CAROSPIR	CED	PA
cartia xt	1	
carvedilol	1	
carvedilol phosphate	CED	PA; QL (1 per 1 day)
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine	2	
clonidine hcl oral tablet	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
CONJUPRI	CED	PA
CONSENSI	CED	PA
COREG	3	
COREG CR	CED	PA; QL (1 per 1 day)
COZAAR	3	
DEMSER	3	PA; QL (16 per 1 day)
DIBENZYLINE	3	PA; QL (24 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
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	CED	PA
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	2	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl oral tablet extended release 24 hr 420 mg	CED	PA
dilt-xr	1	
DIOVAN	3	
DIOVAN HCT	3	
DIURIL	3	
doxazosin	1	
DYRENIUM	3	
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECRIN	3	PA
enalapril maleate oral solution	CED	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
EPANED	CED	PA
eplerenone	1	
eprosartan	2	
ethacrynic acid	2	PA
EXFORGE	3	
EXFORGE HCT	CED	PA
felodipine	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
FUROSCIX	3	PA; 2 kits per fill

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

Drug Name	Drug Tier	Requirements / Limits
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
guanfacine oral tablet	1	
HEMANGEOL	3	PA
HEMICLOR	CED	PA; QL (1 per 1 day)
hydralazine oral	1	
hydrochlorothiazide	1	
HYZAAR	3	
indapamide	1	
INDERAL LA	3	
INDERAL XL	CED	PA
INNOPRAN XL	CED	PA
INSPRA	3	
INZIRQO	CED	PA; QL (320 per 30 days)
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide-hydralazine	2	
isradipine	2	
KAPSPARGO SPRINKLE	CED	PA
KATERZIA	CED	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (1 per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LABETALOL ORAL TABLET 400 MG	CED	PA
LASIX	3	
LEVAMLODIPINE	CED	PA
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR ORAL SOLUTION	CED	PA; QL (20 per 1 day)
LOPRESSOR ORAL TABLET	3	
losartan	1	
losartan-hydrochlorothiazide	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
LOTREL	3	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	2	
matzim la oral tablet extended release 24 hr 420 mg	CED	PA
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	2	
metoprolol tartrate oral	1	
metyrosine	2	PA; QL (16 per 1 day)
MICARDIS HCT	CED	PA
MICARDIS ORAL TABLET 40 MG, 80 MG	3	
minoxidil oral	1	
moexipril	1	
nadolol	1	
nebivolol	2	
NEXICLON XR	CED	PA
nicardipine oral	2	
nifedipine	1	
nimodipine oral capsule	2	
nimodipine oral solution	CED	PA
nisoldipine	2	
NORLIQVA	CED	PA
NORVASC	3	
NYMALIZE	CED	PA
olmesartan	1	
olmesartan-amlodipin-hcthiazid	CED	PA
olmesartan-hydrochlorothiazide	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)
perindopril erbumine	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
phenoxybenzamine	2	PA; QL (24 per 1 day)
pindolol	2	
prazosin	1	
PRESTALIA	CED	PA
PROCARDIA XL	3	
propranolol oral	1	
propranolol-hydrochlorothiazid	1	
QBRELIS	CED	PA
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
SOAANZ ORAL TABLET 40 MG	CED	PA
spironolactone oral suspension	CED	PA
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA	3	ST; QL (1 per 1 day)
telmisartan	1	
telmisartan-amlodipine	CED	PA
telmisartan-hydrochlorothiazid	CED	PA
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
terazosin	1	
TEZRULY	CED	PA; QL (10 per 1 day)
THALITONE	CED	PA
tiadylt er	1	
TIAZAC	3	
timolol maleate oral	2	
TOPROL XL	3	
torsemide oral	1	
trandolapril	1	
trandolapril-verapamil	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
triamterene	1	
triamterene-hydrochlorothiazid	1	
TRIBENZOR	CED	PA
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)
valsartan oral solution	CED	PA
valsartan oral tablet 160 mg, 80 mg	1	
valsartan oral tablet 320 mg, 40 mg	2	
valsartan-hydrochlorothiazide	1	
VASERETIC	3	
VASOTEC	3	
verapamil oral capsule, 24 hr er pellet ct	CED	PA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	CED	PA
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
ZESTORETIC	3	
ZESTRIL	3	
CARDIAC GLYCOSIDES		
digoxin oral solution	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	CED	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	CED	PA
COAGULATION THERAPY		
ALHEMO PEN	4	PA; SP
ALVAIZ ORAL TABLET 18 MG, 9 MG	4	PA; SP; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	4	PA; SP; QL (2 per 1 day)
AMICAR	3	
aminocaproic acid oral solution	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
aminocaproic acid oral tablet	1	
ARIXTRA	4	SP
aspirin-dipyridamole	2	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; SP; LA; QL (59 per 365 days)
cilostazol	1	
clopidogrel	1	
dabigatran etexilate	2	
dipyridamole oral	1	
DOPTELET (15 TAB PACK)	4	PA; SP; LA; QL (2 per 1 day)
EFFIENT	3	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS ORAL TABLET	2	
eltrombopag olamine oral powder in packet 12.5 mg	4	PA; SP; QL (1 per 1 day)
eltrombopag olamine oral powder in packet 25 mg	4	PA; SP; QL (3 per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	4	PA; SP; QL (1 per 1 day)
eltrombopag olamine oral tablet 50 mg	4	PA; SP; QL (3 per 1 day)
eltrombopag olamine oral tablet 75 mg	4	PA; SP; QL (2 per 1 day)
enoxaparin	4	SP
fondaparinux	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION	4	SP
FRAGMIN SUBCUTANEOUS SYRINGE	4	SP
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection	1	
HYMPAVZI PEN	4	PA; SP; QL (4 per 28 days)
jantoven	1	
LOVENOX	4	SP
MULPLETA	4	PA; SP; QL (7 per 365 days)
pentoxifylline	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
PLAVIX ORAL TABLET 75 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
PRADAXA ORAL CAPSULE	3	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	3	PA; QL (4 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 150 MG	3	PA; QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 20 MG	3	PA; QL (1 per 1 day)
prasugrel hcl	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	4	PA; SP; LA; QL (2 per 1 day)
QFITLIA	4	PA; SP; QL (0.2 per 28 days)
QFITLIA PEN	4	PA; SP; QL (0.5 per 28 days)
rivaroxaban oral suspension for reconstitution	2	QL (20 per 1 day)
rivaroxaban oral tablet	2	
SAVAYSA	3	PA
TAVALISSE	4	PA; SP; LA; QL (2 per 1 day)
ticagrelor	2	
warfarin	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
YOSPRALA	3	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	CED	PA
amlodipine-atorvastatin	2	
ATORVALIQ	CED	PA
atorvastatin oral tablet 10 mg, 20 mg	1	ACA
atorvastatin oral tablet 40 mg, 80 mg	1	
CADUET	3	

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

Drug Name	Drug Tier	Requirements / Limits
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	2	
COLESTID ORAL GRANULES	3	
COLESTID ORAL TABLET	3	
colestipol	1	
CRESTOR	3	
ezetimibe	1	
EZETIMIBE-ROSUVASTATIN	CED	PA
ezetimibe-simvastatin	2	PA
fenofibrate micronized oral capsule 130 mg, 43 mg	CED	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	CED	PA
fenofibrate nanocrystallized	1	
FENOFIBRATE ORAL CAPSULE	CED	PA
fenofibrate oral tablet 120 mg, 40 mg	CED	PA
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	CED	PA
fenofibric acid (choline)	1	
FIBRICOR ORAL TABLET 105 MG	CED	PA
FLOLIPID	3	
fluvastatin oral capsule	2	ACA
fluvastatin oral tablet extended release 24 hr	CED	PA; ACA
gemfibrozil	1	
icosapent ethyl	2	PA; QL (4 per 1 day)
JUXTAPID	4	PA; SP; LA
LESCOL XL	CED	PA
LIPITOR	3	
LIPOFEN	CED	PA
LIVALO	3	ST
LOPID	3	
lovastatin	1	ACA
LOVAZA	3	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
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
niacin oral tablet 500 mg	2	
niacin oral tablet extended release 24 hr	2	
NIACOR	2	
omega-3 acid ethyl esters	2	QL (4 per 1 day)
pitavastatin calcium	2	ST; ACA
PRALUENT PEN	3	PA; QL (2 per 28 days)
pravastatin	1	ACA
prevalite	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA SYRINGE	2	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA
rosuvastatin oral tablet 20 mg, 40 mg	1	
ROSZET	CED	PA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA
simvastatin oral tablet 80 mg	1	
TRICOR	3	
TRYNGOLZA	4	PA; SP; LA; QL (0.8 per 30 days)
VASCEPA	3	PA; QL (4 per 1 day)
VYTORIN 10-10	3	PA
VYTORIN 10-20	3	PA
VYTORIN 10-40	3	PA
VYTORIN 10-80	3	PA
WELCHOL	3	
ZETIA	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	
ZYPITAMAG	3	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY	4	PA; SP; QL (4 per 1 day)
CAMZYOS	4	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
CORLANOR ORAL SOLUTION	3	QL (15 per 1 day)
CORLANOR ORAL TABLET	3	QL (2 per 1 day)
ENTRESTO	3	
ENTRESTO SPRINKLE	CED	PA; QL (8 per 1 day)
FILSPARI	4	PA; SP; QL (1 per 1 day)
ivabradine	2	QL (2 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
ranolazine	2	
sacubitril-valsartan	2	
TRYVIO	4	PA; SP; QL (1 per 1 day)
VANRAFIA	4	PA; SP; QL (1 per 1 day)
VECAMYL	3	PA; SP
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		
GONITRO	CED	PA
ISORDIL	CED	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	CED	PA
isosorbide mononitrate	1	
nitro-bid	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	2	
NITROLINGUAL	3	
NITROMIST	CED	PA
NITROSTAT	3	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	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
ANALPRAM-HC TOPICAL	3	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; QL (1 per 28 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	4	PA; QL (2 per 42 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; SP; QL (1 per 28 days)
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	4	PA; SP; QL (2 per 42 days)
calcipotriene scalp	2	
calcipotriene topical cream	2	
CALCIPOTRIENE TOPICAL FOAM	CED	PA
calcipotriene topical ointment	2	
calcipotriene-betamethasone topical ointment	CED	PA
calcipotriene-betamethasone topical suspension	2	
calcitriol topical	2	
COSENTYX (2 SYRINGES)	4	PA; SP; QL (2 per 28 days)
COSENTYX PEN	4	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; SP; QL (2 per 28 days)
ENSTILAR	CED	PA
EPIFOAM	CED	PA
ILUMYA	4	PA; SP; QL (1 per 63 days)
PRAMOSONE TOPICAL CREAM 1-1 %	CED	PA
PRAMOSONE TOPICAL LOTION	3	
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %	2	
SILIQ	4	PA; SP; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE	4	PA; SP; QL (1 per 63 days)
SORILUX	CED	PA
SOTYKTU	4	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
SPEVIGO SUBCUTANEOUS	4	PA; SP; QL (2 per 28 days)
STELARA INTRAVENOUS	4	PA; SP; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (1 per 42 days)
TACLONEX TOPICAL SUSPENSION	3	
TALTZ AUTOINJECTOR	4	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; SP; QL (1 per 28 days)
TREMFYA ONE-PRESS	4	PA; SP; QL (1 per 42 days)
TREMFYA PEN INDUCTION PK-CROHN	4	PA; SP; QL (12 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (1 per 42 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; SP; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; SP; QL (2 per 28 days)
VECTICAL	3	
VTAMA	3	PA; QL (1 per 30 days)
WYNZORA	CED	PA
ZORYVE TOPICAL CREAM	3	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	3	PA; SP; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	3	
silver sulfadiazine	1	
ssd	1	
KERATOLYTICS		
KERALYT RX	CED	PA
KERALYT SCALP	CED	PA
keralyt topical shampoo	CED	PA
MISCELLANEOUS DERMATOLOGICALS		

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Drug Name	Drug Tier	Requirements / Limits
ADBRY	4	PA; SP; QL (4 per 28 days)
ammonium lactate	1	
CARAC	CED	PA; QL (30 per 365 days)
CIBINQO	4	PA; SP; QL (1 per 1 day)
CONDYLOX TOPICAL GEL	3	
CORTANE-B	CED	PA
diclofenac sodium topical gel 3 %	1	QL (100 per 365 days)
doxepin topical	CED	PA
DRYSOL DAB-O-MATIC	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
EFUDEX TOPICAL CREAM	3	QL (40 per 365 days)
ELIDEL	3	ST
EUCRISA	3	ST; QL (1 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	CED	PA; QL (30 per 365 days)
fluorouracil topical cream 5 %	1	QL (40 per 365 days)
fluorouracil topical solution	1	QL (10 per 365 days)
HYFTOR	4	PA; SP; QL (3 per 30 days)
imiquimod topical cream in metered-dose pump	2	PA; QL (15 per 365 days)
imiquimod topical cream in packet 3.75 %	2	PA; QL (56 per 365 days)
imiquimod topical cream in packet 5 %	1	QL (36 per 365 days)
methoxsalen	4	SP
OPZELURA	4	PA; SP; QL (60 per 30 days)
PANRETIN	4	PA; SP
pimecrolimus	2	ST
podofilox topical gel	2	
podofilox topical solution	1	
prudoxin	CED	PA
QBREXZA	3	PA; QL (30 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
SOFDRA	CED	PA; QL (1 per 30 days)
tacrolimus topical	1	
VALCHLOR	4	PA; SP; QL (60 per 30 days)
VEREGEN	CED	PA
ZELSUVMI	4	PA; SP; QL (31 per 28 days)
ZONALON	CED	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	PA; QL (15 per 365 days)
ZYCLARA TOPICAL CREAM IN PACKET	3	PA; QL (56 per 365 days)
THERAPY FOR ACNE		
ABSORICA LD	CED	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	CED	PA
ACANYA TOPICAL GEL WITH PUMP	CED	PA
accutane	CED	PA
ACZONE TOPICAL GEL	3	ST
ACZONE TOPICAL GEL WITH PUMP	CED	PA
adapalene topical cream	2	PA for age 29 and older
adapalene topical gel 0.3 %	2	PA for age 29 and older
adapalene topical gel with pump	CED	PA; PA for age 29 and older
ADAPALENE TOPICAL LOTION	CED	PA; PA for age 29 and older; QL (1 per 30 days)
adapalene topical solution	2	
adapalene topical swab	CED	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	2	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	2	PA
AKLIEF	3	PA; QL (45 per 30 days)
ALTRENO	CED	PA
amnesteem	2	
AMZEEQ	3	PA; QL (30 per 30 days)
ARAZLO	CED	PA
ATRALIN	CED	PA; PA for age 29 and older
avar	1	

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Drug Name	Drug Tier	Requirements / Limits
azelaic acid	2	
AZELEX	3	PA
BENZAMYCIN	3	ST
BENZEPRO (MICROSPHERES)	3	
benzepro topical towelette	CED	PA
brimonidine topical	2	PA; QL (30 per 30 days)
CABTREO	CED	PA
claravis	2	
CLEOCIN T TOPICAL LOTION	3	
clindacin	CED	PA
CLINDACIN ETZ TOPICAL KIT	CED	PA
clindacin etz topical swab	1	
clindacin p	1	
CLINDACIN PAC	CED	PA
CLINDAGEL	CED	PA
clindamycin phosphate topical foam	CED	PA
clindamycin phosphate topical gel	2	
clindamycin phosphate topical gel, once daily	CED	PA
clindamycin phosphate topical lotion	2	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %	CED	PA
clindamycin-benzoyl peroxide topical gel with pump	CED	PA
clindamycin-tretinoin	CED	PA
dapsone topical gel 5 %	2	ST
DAPSONE TOPICAL GEL 7.5 %	CED	PA
dapsone topical gel with pump	CED	PA
DIFFERIN TOPICAL CREAM	3	PA for age 29 and older
DIFFERIN TOPICAL GEL WITH PUMP	CED	PA; PA for age 29 and older
DIFFERIN TOPICAL LOTION	CED	PA; PA for age 29 and older; QL (1 per 30 days)
EPIDUO FORTE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
EPSOLAY	CED	PA
ery pads	2	
erygel	2	
erythromycin with ethanol topical gel	2	
erythromycin with ethanol topical solution	1	
erythromycin-benzoyl peroxide	2	ST
EVOCLIN	CED	PA
FABIOR	3	PA
FINACEA TOPICAL FOAM	CED	PA
isotretinoin	CED	PA
ivermectin topical cream	2	PA
METROCREAM	3	
METROGEL TOPICAL GEL 1 %	3	QL (60 per 30 days)
metronidazole topical cream	1	
metronidazole topical gel 0.75 %	1	QL (45 per 30 days)
metronidazole topical gel 1 %	2	QL (60 per 30 days)
metronidazole topical gel with pump	2	QL (60 per 30 days)
metronidazole topical lotion	CED	PA
MIRVASO	3	PA; QL (30 per 30 days)
neuac	1	
NEUAC KIT	CED	PA
NORITATE	CED	PA
ONEXTON TOPICAL GEL WITH PUMP	CED	PA
RETIN-A MICRO	CED	PA; PA for Age greater than or equal to 29 year(s)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	CED	PA; PA for age 29 and older
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	CED	PA
RETIN-A TOPICAL CREAM	3	PA for age 29 and older
RETIN-A TOPICAL GEL	CED	PA; PA for age 29 and older
RHOFADE	3	PA; QL (30 per 30 days)
rosadan topical cream	1	
rosadan topical gel	1	QL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND GEL	CED	PA
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	PA
SOOLANTRA	3	PA
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	
tazarotene topical cream 0.05 %	CED	PA
tazarotene topical cream 0.1 %	2	
TAZAROTENE TOPICAL FOAM	3	PA
tazarotene topical gel	CED	PA
TAZORAC TOPICAL CREAM 0.05 %	CED	PA
TAZORAC TOPICAL CREAM 0.1 %	3	
TAZORAC TOPICAL GEL	CED	PA
tretinoin microspheres topical gel	CED	PA; PA for Age greater than or equal to 29 year(s)
tretinoin microspheres topical gel with pump	CED	PA; PA for age 29 and older
tretinoin topical cream 0.025 %, 0.05 %	1	PA for age 29 and older
tretinoin topical cream 0.1 %	2	PA for age 29 and older
tretinoin topical gel	CED	PA; PA for age 29 and older
TWYNEO	CED	PA
VELTIN	CED	PA
WINLEVI	3	PA; QL (60 per 30 days)
zenatane	2	
ZIANA	CED	PA
ZILXI	3	PA; QL (30 per 30 days)
TOPICAL ANESTHETICS		
ANODYNE LPT	CED	PA
dermacinrx lidocan	2	QL (3 per 1 day)
DOLOTRANZ	CED	PA
lidocaine hcl laryngotracheal	CED	PA
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	
lidocaine hcl topical cream 3 %	CED	PA
lidocaine topical adhesive patch,medicated 5 %	2	QL (3 per 1 day)
lidocaine topical ointment	1	

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Drug Name	Drug Tier	Requirements / Limits
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	
lidocaine-prilocaine topical kit	CED	PA
LIDOCAINE-TETRACAINE	3	PA
lidocan iii	2	QL (3 per 1 day)
lidocan iv	2	QL (3 per 1 day)
lidocan v	2	QL (3 per 1 day)
LIDODERM	3	QL (3 per 1 day)
lidopin topical cream 3 %	CED	PA
LIDO-PRILO CAINE PACK	CED	PA
PLIAGLIS	CED	PA
ZTLIDO	CED	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	PA; 30 grams per fill
CENTANY	3	
CENTANY AT	CED	PA
gentamicin topical	1	
KLARON	3	
mupirocin	1	
mupirocin calcium	CED	PA
NEO-SYNALAR	CED	PA
NEO-SYNALAR KIT	CED	PA
sulfacetamide sodium (acne)	2	
SULFAMYLON TOPICAL CREAM	CED	PA
XEPI	3	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
ciclodan	1	
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	CED	PA
ciclopirox topical cream	1	
ciclopirox topical gel	2	
ciclopirox topical shampoo	2	
ciclopirox topical solution	1	
ciclopirox topical suspension	2	

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Drug Name	Drug Tier	Requirements / Limits
ciclopirox-ure-camph-menth-euc	CED	PA
clotrimazole-betamethasone topical cream	1	
clotrimazole-betamethasone topical lotion	2	
econazole nitrate topical cream	2	
ECOZA	CED	PA
ERTACZO	CED	PA
EXELDERM	CED	PA
EXODERM	3	
EXTINA	CED	PA
JUBLIA	CED	PA
ketoconazole topical cream	1	
ketoconazole topical foam	CED	PA
ketoconazole topical shampoo	1	
ketodan	CED	PA
ketodan kit	CED	PA
klayesta	1	
LOPROX (AS OLAMINE)	3	
LOPROX KIT	CED	PA
LULICONAZOLE	CED	PA
LUZU	CED	PA
MICONAZOLE NITRATE-ZINC OX-PET	CED	PA
naftifine topical cream	2	PA
naftifine topical gel	CED	PA
NAFTIN TOPICAL GEL 2 %	CED	PA
nyamyc	1	
nystatin topical	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole	CED	PA
OXISTAT TOPICAL LOTION	CED	PA
SULCONAZOLE	CED	PA
tavaborole	CED	PA
VUSION	3	PA
TOPICAL ANTIVIRALS		

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

Drug Name	Drug Tier	Requirements / Limits
acyclovir topical cream	CED	PA
acyclovir topical ointment	1	
DENAVIR	3	PA; 5 grams per fill
penciclovir	2	PA; 5 grams per fill
XERESE	CED	PA
ZOVIRAX TOPICAL CREAM	3	PA
ZOVIRAX TOPICAL OINTMENT	3	
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	CED	PA
alclometasone	2	
amcinonide topical cream	2	
amcinonide topical ointment	2	
apexicon e	CED	PA
beser	2	
BESER KIT	CED	PA
betamethasone dipropionate	2	
betamethasone valerate	2	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical gel	CED	PA
betamethasone, augmented topical lotion	CED	PA
betamethasone, augmented topical ointment	2	
BRYHALI	CED	PA
CAPEX	3	
clobetasol scalp	1	
CLOBETASOL TOPICAL CREAM 0.025 %	CED	PA
clobetasol topical cream 0.05 %	1	
clobetasol topical foam	2	
clobetasol topical gel	2	
clobetasol topical lotion	CED	PA
clobetasol topical ointment	1	
clobetasol topical shampoo	2	
clobetasol topical spray,non-aerosol	2	
clobetasol-emollient	2	
CLOBEX TOPICAL SHAMPOO	3	

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

Drug Name	Drug Tier	Requirements / Limits
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	
clocortolone pivalate	CED	PA
clodan	2	
CLODAN KIT	CED	PA
CORDRAN TAPE LARGE ROLL	3	
DERMA-SMOOTHE/FS BODY OIL	3	
DERMA-SMOOTHE/FS SCALP OIL	3	
DERMAWERX SDS	CED	PA
desonide topical cream	2	
desonide topical gel	CED	PA
desonide topical lotion	2	
desonide topical ointment	2	
desoximetasone topical cream 0.05 %	CED	PA
desoximetasone topical cream 0.25 %	2	
desoximetasone topical gel	CED	PA
desoximetasone topical ointment 0.05 %	CED	PA
desoximetasone topical ointment 0.25 %	2	
desoximetasone topical spray,non-aerosol	CED	PA
diflorasone	2	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	
DUOBRII	CED	PA
fluocinolone and shower cap	2	
fluocinolone topical cream 0.01 %	2	
fluocinolone topical cream 0.025 %	1	
fluocinolone topical oil	2	
fluocinolone topical ointment	2	
fluocinolone topical solution	2	
fluocinonide topical cream 0.05 %	2	
fluocinonide topical cream 0.1 %	CED	PA
fluocinonide topical gel	CED	PA
fluocinonide topical ointment	2	
fluocinonide topical solution	2	
fluocinonide-e	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
flurandrenolide	2	
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	2	
fluticasone propionate topical ointment	1	
halcinonide	CED	PA
halobetasol propionate topical cream	2	
halobetasol propionate topical foam	CED	PA
halobetasol propionate topical ointment	CED	PA
HALOG TOPICAL CREAM	CED	PA
HALOG TOPICAL OINTMENT	CED	PA
hydrocortisone butyrate topical cream	2	
hydrocortisone butyrate topical lotion	CED	PA
hydrocortisone butyrate topical ointment	2	
hydrocortisone butyrate topical solution	2	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2 %	CED	PA
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone topical solution	CED	PA
hydrocortisone valerate topical cream	2	
hydrocortisone valerate topical ointment	CED	PA
IMPOYZ	3	
KENALOG TOPICAL	3	
mometasone topical	1	
NOXIPAK	CED	PA
NUCORT	CED	PA
OLUX	3	
PANDEL	CED	PA
prednicarbate topical cream	1	
prednicarbate topical ointment	2	
QUINIXIL	CED	PA
scalacort	2	PA
SCALACORT DK	CED	PA
SERNIVO	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
SURE RESULT TAC PAK	CED	PA
SYNALAR	3	
SYNALAR CREAM KIT	CED	PA
SYNALAR OINTMENT KIT	CED	PA
SYNALAR TS	CED	PA
TEXACORT	3	
TOPICORT TOPICAL CREAM 0.05 %	CED	PA
TOPICORT TOPICAL CREAM 0.25 %	3	
TOPICORT TOPICAL GEL	CED	PA
TOPICORT TOPICAL OINTMENT 0.05 %	CED	PA
TOPICORT TOPICAL OINTMENT 0.25 %	3	
TOPICORT TOPICAL SPRAY,NON-AEROSOL	CED	PA
tovet emollient	2	
TOVET KIT	CED	PA
triamcinolone acetonide topical aerosol	2	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	CED	PA
triderm topical cream 0.5 %	1	
ULTRAVATE TOPICAL LOTION	CED	PA
VANOS	CED	PA
VERDESO	CED	PA
WHYTEDERM TDPAK	CED	PA
WHYTEDERM TRILASIL PAK	CED	PA
XILAPAK	CED	PA
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	2	QL (60 per 30 days)
ELIMITE	3	QL (120 per 30 days)
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	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
malathion	1	QL (120 per 30 days)
NATROBA	3	QL (120 per 30 days)
OVIDE	3	QL (120 per 30 days)
permethrin	1	QL (120 per 30 days)
pruradik	2	QL (60 per 30 days)
spinosad	2	QL (120 per 30 days)
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	4	PA; SP; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
acamprosate	2	
AGRYLIN	3	
anagrelide	1	
BUPHENYL	4	PA; SP
caffeine citrate oral	1	
CARBAGLU	4	PA; SP; LA
carglumic acid	4	PA; SP
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
cevimeline	2	
CHEMET	3	PA for age 18 and older
CUVRIOR	4	PA; SP; QL (10 per 1 day)
deferasirox	4	PA; SP
deferiprone	4	PA; SP
disulfiram	2	
droxidopa	4	PA; SP
DUVYZAT	4	PA; SP; QL (3 per 32 days)
ENDARI	4	PA; SP; QL (6 per 1 day)
EVOXAC	3	
EXJADE	4	PA; SP; LA
FABHALTA	4	PA; SP; QL (2 per 1 day)
FERRIPROX	4	PA; SP
FERRIPROX (2 TIMES A DAY)	CED	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
glutamine (sickle cell)	4	PA; SP; QL (6 per 1 day)
INCRELEX	4	PA; SP; LA
JADENU	4	PA; SP
JADENU SPRINKLE	4	PA; SP
JOENJA	4	PA; SP; QL (2 per 1 day)
levocarnitine (with sugar)	2	
levocarnitine oral solution 100 mg/ml	2	
levocarnitine oral tablet	2	
LITFULO	4	PA; SP; QL (1 per 1 day)
LITHOSTAT	3	
midodrine	1	
nitisinone	4	PA; SP; LA
NITYR	4	PA; SP; LA
NORTHERA	4	PA; SP
OLPRUVA	4	PA; SP
ORFADIN	4	PA; SP; LA
PHEBURANE	4	PA; SP
PIASKY	4	PA; SP; QL (6 per 28 days)
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; SP; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tablets per day; 7 tablets in 365 days; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; SP; LA; QL (14 per 365 days)
RAVICTI	4	PA; SP; QL (17.5 per 1 day)
REVCOVI	4	PA; SP; LA
REZDIFFRA	4	PA; SP; QL (1 per 1 day)
riluzole	2	
risedronate oral tablet 30 mg	2	
sodium chloride irrigation	1	
sodium phenylbutyrate	4	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; SP; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; SP; LA; QL (1 per 1 day)
SYPRINE	4	PA; SP; QL (8 per 1 day)
TAVNEOS	4	PA; SP; QL (6 per 1 day)
THIOLA	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
THIOLA EC	4	PA; SP
TIGLUTIK	CED	PA; SP; QL (20 per 1 day)
tiopronin	4	PA; SP
trientine oral capsule 250 mg	4	PA; SP; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; SP; QL (4 per 1 day)
venxxiva	4	PA; SP
VOYDEYA	4	PA; SP; LA; QL (180 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PA; SP; QL (3 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	PA; SP; QL (4 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; SP; QL (7 per 1 day)
XURIDEN	4	SP
ZOKINVY	4	PA; SP
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	ACA; QL (2 per 1 day)
CHANTIX	3	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX CONTINUING MONTH BOX	3	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX STARTING MONTH BOX	3	183 DAY SUPPLY IN A ROLLING 365 DAYS
NICODERM CQ	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL GUM 2 MG	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
nicorette buccal gum 4 mg	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICORETTE BUCCAL LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL MINI LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
nicotine	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine (polacrilex) buccal gum	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
nicotine (polacrilex) buccal lozenge 2 mg	9	183 day supply in rolling 365 days; ACA; OTC
nicotine (polacrilex) buccal lozenge 4 mg	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine (polacrilex) buccal mini lozenge	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
quit 2	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
quit 4	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
stop smoking aid	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
varenicline tartrate	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	
chlorhexidine gluconate mucous membrane	1	
denta 5000 plus	1	
denta 5000 plus sensitive	1	
dentagel	1	
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	
GELCLAIR	3	15 units per fill
ipratropium bromide nasal	1	
kourzeq	1	
olopatadine nasal	2	
oralone	1	
paroex oral rinse	1	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	

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

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT DENTAL GEL	3	
SALAGEN (PILOCARPINE)	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	
CETRAXAL	CED	PA
ciprofloxacin hcl otic (ear)	2	
DERMOTIC OIL	3	
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
ciprofloxacin-dexamethasone	2	
CIPROFLOXACIN-FLUOCINOLONE	3	PA
CORTISPORIN-TC	3	
neomycin-polymyxin-hc otic (ear)	1	
OTOVEL	CED	PA
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; SP
ACTHAR SELFJECT	4	PA; SP
AGAMREE	3	PA; QL (200 per 26 days)
ALKINDI SPRINKLE	CED	PA
CORTEF	3	
cortisone	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
CORTROPHIN GEL	4	PA; SP
deflazacort	4	PA; SP
dexabliss	CED	PA
dexamethasone intensol	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	CED	PA
EMFLAZA	4	PA; SP; LA
fludrocortisone	1	
HEMADY	CED	PA
hydrocortisone oral	1	
KHINDIVI	CED	PA
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
methylprednisolone oral tablet 16 mg, 32 mg, 8 mg	2	
methylprednisolone oral tablet 4 mg	1	
methylprednisolone oral tablets,dose pack	1	
millipred dp	CED	PA
millipred oral tablet	CED	PA
ORAPRED ODT	CED	PA
prednisolone oral solution	1	
prednisolone oral tablet	2	PA
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	CED	PA
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	2	
prednisolone sodium phosphate oral tablet,disintegrating	CED	PA
prednisone	1	
prednisone intensol	2	
RAYOS	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX	CED	PA
TARPEYO	4	PA; SP; QL (4 per 1 day)
ZCORT	CED	PA
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN	1	OTC
ACCU-CHEK AVIVA PLUS TEST STRP	2	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 365 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 365 days)
ACCU-CHEK GUIDE TEST STRIPS	2	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	1	OTC
ACCU-CHEK SMARTVIEW TEST STRIP	2	OTC; QL (100 per 30 days)
DEXCOM G6 RECEIVER	3	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	3	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	3	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	3	PA; CGM; QL (1 per 720 days)
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	2	PA; CGM; QL (2 per 28 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA TEST	2	OTC; QL (100 per 30 days)
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO TEST STRIPS	2	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	CED	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	2	QL (1 per 720 days)
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
diazoxide	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
glucagon emergency kit (human)	2	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
PROGLYCEM	3	
ZEGALOGUE AUTOINJECTOR	3	ST
ZEGALOGUE SYRINGE	3	ST
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
GENTEEL VACUUM LANCING DEVICE	1	OTC; QL (2 per 365 days)
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC; QL (2 per 365 days)
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
V-GO 20	2	QL (30 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
V-GO 30	2	QL (30 per 30 days)
V-GO 40	2	QL (30 per 30 days)
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	3	PA; QL (100 per 30 days)
ADMELOG U-100 INSULIN LISPRO	3	PA; QL (100 per 30 days)
AFREZZA	3	PA; QL (100 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	PA; QL (100 per 30 days)
APIDRA U-100 INSULIN	3	PA; QL (100 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	3	PA; QL (100 per 30 days)
BASAGLAR TEMPO PEN(U-100)INSLN	CED	PA; QL (100 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	PA; QL (100 per 30 days)
FIASP PENFILL U-100 INSULIN	3	PA; QL (100 per 30 days)
FIASP PUMPCART	3	PA; QL (100 per 30 days)
FIASP U-100 INSULIN	3	PA; QL (100 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	2	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN	2	QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	2	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	2	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	2	QL (100 per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
HUMALOG U-100 INSULIN	2	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)
INSULIN ASP PRT-INSULIN ASPART	2	PA; QL (100 per 30 days)
INSULIN ASPART U-100	2	PA; QL (100 per 30 days)
INSULIN DEGLUDEC	3	PA; QL (100 per 30 days)
INSULIN GLARGINE U-300 CONC	3	PA; QL (100 per 30 days)
INSULIN GLARGINE-YFGN	3	PA; QL (100 per 30 days)
INSULIN LISPRO	2	PA; QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN-LISPRO	2	PA; 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)
LYUMJEV KWIKPEN U-100 INSULIN	3	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	3	PA; QL (100 per 30 days)
LYUMJEV TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
LYUMJEV U-100 INSULIN	3	PA; QL (100 per 30 days)
MERILOG	3	PA; QL (100 per 30 days)
MERILOG SOLOSTAR	3	PA; QL (100 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	3	ST; QL (100 per 30 days)
NOVOLIN N FLEXPEN	3	ST; QL (100 per 30 days)
NOVOLIN R FLEXPEN	3	ST; QL (100 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	3	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	3	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	3	PA; QL (100 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	3	PA; QL (100 per 30 days)
NOVOLOG U-100 INSULIN ASPART	3	PA; QL (100 per 30 days)
RELION NOVOLIN 70/30	3	ST; QL (100 per 30 days)
RELION NOVOLIN N	3	ST; QL (100 per 30 days)
RELION NOVOLIN R	3	ST; QL (100 per 30 days)
REZVOGLAR KWIKPEN	CED	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	PA; 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		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA
cabergoline	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
calcitonin (salmon) nasal	1	
calcitriol oral	1	
CERDELGA	4	PA; SP; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN	4	PA; SP
cinacalcet oral tablet 30 mg, 60 mg	2	PA; QL (2 per 1 day)
cinacalcet oral tablet 90 mg	2	PA; QL (4 per 1 day)
CRENESSITY ORAL CAPSULE	4	PA; SP; QL (2 per 1 day)
CRENESSITY ORAL SOLUTION	4	PA; SP; QL (4 per 1 day)
danazol	2	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	3	PA
desmopressin injection	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	SP
desmopressin oral	1	
doxercalciferol oral	2	
GALAFOLD	4	PA; SP; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; LA; QL (4 per 1 day)
JATENZO	CED	PA
javygtor	4	PA; SP
JYNARQUE ORAL TABLET 15 MG	4	PA; SP; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	4	PA; SP; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; SP; LA; QL (56 per 28 days)
KORLYM	4	PA; SP; QL (4 per 1 day)
KUVAN	4	PA; SP
KYZATREX	3	PA; QL (2 per 1 day)
METHITEST	CED	PA
methyltestosterone oral capsule	2	QL (5 per 1 day)
mifepristone oral tablet 300 mg	4	PA; SP; QL (4 per 1 day)
miglustat	4	PA; SP; LA; QL (3 per 1 day)
MYALEPT	4	PA; SP; LA
NATESTO	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA; SP
OPFOLDA	4	PA; SP; QL (8 per 28 days)
ORILISSA	3	PA
OVIDREL	4	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; SP; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; SP; LA; QL (3 per 1 day)
paricalcitol oral	2	
PREGNYL	4	PA; SP
RAYALDEE	3	PA; QL (2 per 1 day)
RECORLEV	4	PA; SP; QL (8 per 1 day)
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET 15 MG	4	PA; SP; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	4	PA; SP; QL (60 per 365 days)
sapropterin	4	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	PA; QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	3	PA; QL (4 per 1 day)
SOMAVERT	4	PA; SP
STRENSIQ	4	PA; SP; LA
SYNAREL	4	PA; SP; QL (8 per 28 days)
TESTIM	3	PA
testosterone cypionate intramuscular oil 100 mg/ml	1	PA
testosterone cypionate intramuscular oil 200 mg/ml	2	PA
testosterone enanthate	1	PA
testosterone transdermal	2	PA
TLANDO	CED	PA
tolvaptan (polycys kidney dis) oral tablet 15 mg	4	PA; SP; QL (2 per 1 day)
tolvaptan (polycys kidney dis) oral tablet 30 mg	4	PA; SP; QL (1 per 1 day)
tolvaptan (polycys kidney dis) oral tablets, sequential	4	PA; SP; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
tolvaptan oral tablet 15 mg	4	PA; SP; LA; QL (30 per 365 days)
tolvaptan oral tablet 30 mg	4	PA; SP; LA; QL (60 per 365 days)
UNDECATREX	CED	PA; QL (2 per 1 day)
VOGELXO	3	PA
VOXZOGO	4	PA; SP; QL (1 per 1 day)
XYOSTED	CED	PA
YORVIPATH	4	PA; SP; QL (2 per 28 days)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose	1	
ACTOPLUS MET	3	
ACTOS	3	
ALOGLIPTIN	3	ST
ALOGLIPTIN-METFORMIN	3	ST
ALOGLIPTIN-PIOGLITAZONE	3	ST
BRENZAVVY	3	ST; QL (1 per 1 day)
BRYNOVIN	CED	PA; QL (4 per 1 day)
BYDUREON BCISE	3	PA
CYCLOSET	3	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	CED	PA; QL (1 per 1 day)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	CED	PA; QL (2 per 1 day)
DAPAGLIFLOZIN PROPANEDIOL	CED	PA; QL (1 per 1 day)
DUETACT	CED	PA
exenatide	2	PA
FARXIGA	2	QL (1 per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
GLIMEPIRIDE ORAL TABLET 3 MG	CED	PA; QL (1 per 1 day)
glipizide oral tablet 10 mg, 5 mg	1	
GLIPIZIDE ORAL TABLET 2.5 MG	CED	PA
glipizide oral tablet extended release 24hr	1	
glipizide-metformin	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
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
GLYXAMBI	2	
INPEFA	3	PA; QL (1 per 1 day)
INVOKAMET	3	ST; QL (2 per 1 day)
INVOKAMET XR	3	ST; QL (2 per 1 day)
INVOKANA	3	ST; QL (1 per 1 day)
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
liraglutide	2	PA; QL (9 per 28 days)
metformin oral solution	CED	PA
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
METFORMIN ORAL TABLET 625 MG	CED	PA
metformin oral tablet 750 mg	CED	PA; QL (2 per 1 day)
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24hr	CED	PA
metformin oral tablet,er gast.retention 24 hr 1,000 mg	CED	PA; QL (2 per 1 day)
metformin oral tablet,er gast.retention 24 hr 500 mg	CED	PA
miglitol	2	
MOUNJARO	2	PA; QL (2 per 28 days)
nateglinide	2	
NESINA ORAL TABLET 12.5 MG, 25 MG	3	ST
OSENI ORAL TABLET 25-45 MG	3	ST
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
pioglitazone	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
pioglitazone-glimepiride	CED	PA
pioglitazone-metformin	1	
PRECOSE	3	
repaglinide	2	
RIOMET	CED	PA
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)
saxagliptin	2	ST
saxagliptin-metformin	2	ST
SEGLUROMET	3	ST
SITAGLIPTIN	CED	PA
SITAGLIPTIN-METFORMIN ORAL TABLET	CED	PA; QL (2 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR	CED	PA
STEGLATRO	3	ST
STEGLUJAN	3	ST
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)
VICTOZA 2-PAK	3	PA; QL (9 per 28 days)
VICTOZA 3-PAK	3	PA; QL (9 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)
ZITUVIMET	CED	PA; QL (2 per 1 day)
ZITUVIMET XR	CED	PA
ZITUVIO	CED	PA
THYROID HORMONES		

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Drug Name	Drug Tier	Requirements / Limits
ARMOUR THYROID	3	
CYTOMEL	3	
ERMEZA	CED	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE ORAL CAPSULE	3	
levothyroxine oral tablet	1	
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	1	
liothyronine oral	1	
np thyroid	1	
SYNTHROID	3	
THYQUIDITY	CED	PA
TIROSINT	3	
TIROSINT-SOL	CED	PA
unithroid	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz	1	
chlordiazepoxide-clidinium	2	
CUVPOSA	3	PA
DARTISLA	CED	PA
dicyclomine oral capsule	1	
dicyclomine oral solution	2	QL (40 per 1 day)
dicyclomine oral tablet 20 mg	1	
DICYCLOMINE ORAL TABLET 40 MG	CED	PA; QL (4 per 1 day)
diphenoxylate-atropine oral liquid	CED	PA; QL (40 per 1 day)
diphenoxylate-atropine oral tablet	1	
ed-spaz	1	
GLYCATE	CED	PA
glycopyrrolate oral solution	2	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate oral tablet 1.5 mg	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet extended release 12 hr	1	
hyoscyamine sulfate oral tablet,disintegrating	1	
hyoscyamine sulfate sublingual	1	
hyosyne oral drops	CED	PA
hyosyne oral elixir	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
methscopolamine	1	
MOTOFEN	CED	PA
MYTESI	3	PA
NULEV	3	
oscimin	1	
oscimin sl	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
alosetron	2	PA; QL (2 per 1 day)
alvimopan	2	
AMITIZA	3	QL (2 per 1 day)
ANALPRAM-HC RECTAL	3	
ANTIVERT ORAL TABLET 50 MG	CED	PA
anucort-hc	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANUSOL-HC TOPICAL	3	

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

Drug Name	Drug Tier	Requirements / Limits
aprepitant oral capsule 125 mg	2	QL (5 per 28 days)
aprepitant oral capsule 40 mg	2	1 capsule per fill
aprepitant oral capsule 80 mg	2	QL (10 per 28 days)
aprepitant oral capsule,dose pack	2	QL (15 per 28 days)
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide	1	
betaine	4	SP
bisacodyl oral	9	ACA; OTC
BONJESTA	CED	PA
budesonide oral capsule,delayed,extend.release	1	
budesonide oral tablet,delayed and ext.release	2	PA
budesonide rectal	2	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; SP; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; SP; LA; QL (10 per 1 day)
BYLVAY ORAL PELLET 200 MCG	4	PA; SP; LA; QL (8 per 1 day)
BYLVAY ORAL PELLET 600 MCG	4	PA; SP; LA; QL (4 per 1 day)
CANASA	3	QL (1 per 1 day)
CHENODAL	4	PA; SP; LA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL (4 per 1 day)
CIMZIA POWDER FOR RECONST	4	PA; SP; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; SP; QL (2 per 28 days)
citrate of magnesia	9	ACA; OTC
citroma	9	ACA; OTC
clearlax oral powder	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
COLAZAL	3	
COMPAZINE	3	
compro	1	
constulose	1	
CORTENEMA	3	

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

Drug Name	Drug Tier	Requirements / Limits
CORTIFOAM	3	
CREON	2	
cromolyn oral	1	
CTEXLI	4	PA; SP; QL (3 per 1 day)
CYSTADANE	4	SP
DICLEGIS	3	ST; QL (4 per 1 day)
DIPENTUM	3	ST
doxylamine-pyridoxine (vit b6)	2	ST; QL (4 per 1 day)
dronabinol	1	
dulcolax (magnesium hydroxide) oral suspension	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	3	QL (15 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL (5 per 28 days)
ENTYVIO PEN	4	PA; SP; QL (1.36 per 28 days)
enulose	1	
EOHILIA	4	PA; SP; QL (600 per 30 days)
GASTROCROM	3	
GATTEX 30-VIAL	4	PA; SP
gavilax oral powder	9	ACA; OTC
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-n	1	ACA
generlac	1	
gentle laxative (bisacodyl) oral	9	ACA; OTC
gentle laxative (mag hydrox)	9	ACA; OTC
gentlelax	9	ACA; OTC
GIMOTI	CED	PA
GOLYTELY	3	
granisetron hcl oral	1	QL (10 per 30 days)
hemmorex-hc rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone acetate topical cream with perineal applicator	CED	PA
hydrocortisone rectal	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
hydrocortisone topical cream with perineal applicator 2.5 %	1	
hydrocortisone-pramoxine rectal cream	2	
IBSRELA	3	PA; QL (2 per 1 day)
IQIRVO	4	PA; SP; QL (1 per 1 day)
KRISTALOSE	CED	PA
lactulose oral packet	CED	PA
lactulose oral solution	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec)	9	ACA; OTC
laxative peg 3350	9	ACA; OTC
LIALDA	3	
lidocaine hcl-hydrocortison ac rectal cream	1	
LINZESS	2	QL (1 per 1 day)
LIVDELZI	4	PA; SP; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP; LA; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; SP; LA; QL (3 per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	4	PA; SP; QL (2 per 1 day)
LIVMARLI ORAL TABLET 30 MG	4	PA; SP; QL (1 per 1 day)
LOTRONEX	3	PA; QL (2 per 1 day)
lubiprostone	2	QL (2 per 1 day)
magnesium citrate oral solution	9	ACA; OTC
MARINOL	3	
meclizine oral tablet 12.5 mg, 25 mg	1	
meclizine oral tablet 50 mg	CED	PA
mesalamine oral capsule (with del rel tablets)	2	
mesalamine oral capsule, extended release	2	
mesalamine oral capsule,extended release 24hr	2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	2	ST
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL (1 per 1 day)
mesalamine with cleansing wipe	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
MICORT-HC	CED	PA
milk of magnesia	9	ACA; OTC
milk of magnesia concentrated	9	ACA; OTC
MOTEGRITY	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
MOVIPREP	CED	PA
natura-lax	9	ACA; OTC
nitroglycerin rectal	2	
OCALIVA	4	PA; SP; LA; QL (1 per 1 day)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; SP; QL (3 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; SP; QL (3 per 28 days)
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	CED	PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	
onelax magnesium citrate	9	ACA; OTC
oral saline laxative	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
peg 3350-electrolytes	1	ACA
peg3350-sod sul-nacl-kcl-asb-c	CED	PA; ACA
peg-electrolyte soln	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	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
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
PERTZYE	3	ST
phosphate laxative	9	ACA; OTC
PLENVU	3	
polyethylene glycol 3350 oral powder	9	ACA; OTC
powderlax oral powder	9	ACA; OTC
prochlorperazine	1	
prochlorperazine maleate	1	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc topical	1	
proctozone-hc	1	
prucalopride	2	ST; QL (1 per 1 day)
purelax oral powder	9	ACA; OTC
RECTIV	3	
REGLAN ORAL	3	
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)
RELTONE	CED	PA
ROWASA RECTAL ENEMA KIT	CED	PA
SANCUSO	3	QL (4 per 28 days)
scopolamine base	1	QL (10 per 30 days)
SFROWASA	3	
SKYRIZI INTRAVENOUS	4	PA; SP; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; QL (2.4 per 42 days)
smoothlax oral powder	9	ACA; OTC
sodium,potassium,mag sulfates	2	ACA
SUCRAID	4	PA; SP; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SUFLAVE	3	
sulfasalazine	1	
SUPREP BOWEL PREP KIT	3	
SUTAB	CED	PA
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
TRANSDERM-SCOP	3	QL (10 per 30 days)
trimethobenzamide oral	1	
TRULANCE	3	PA; QL (1 per 1 day)
UCERIS ORAL	3	PA
UCERIS RECTAL	3	
URSO FORTE	3	
ursodiol oral capsule 200 mg, 400 mg	CED	PA
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; SP; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; SP; QL (12 per 365 days)
women's gentle laxative(bisac)	9	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA	4	PA; SP; QL (2 per 28 days)
ULCER THERAPY		
ACIPHEX	3	QL (2 per 1 day)
amoxicil-clarithromy-lansopraz	2	QL (224 per 365 days)
bismuth subcit k-metronidz-tcn	CED	PA; QL (240 per 365 days)
CARAFATE	3	
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	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
CYTOTEC	3	
DEXILANT	3	ST; QL (1 per 1 day)
dexlansoprazole	2	ST; QL (1 per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	QL (2 per 1 day)
esomeprazole magnesium oral granules dr for susp in packet	2	PA for age 9 and older; QL (2 per 1 day)
famotidine oral suspension for reconstitution	2	
famotidine oral tablet 20 mg, 40 mg	1	
KONVOMEP	CED	PA
lansoprazole oral capsule,delayed release(dr/ec)	1	QL (2 per 1 day)
lansoprazole oral tablet,disintegrat, delay rel	2	PA for age 8 and older; QL (1 per 1 day)
misoprostol	1	
NEXIUM	3	QL (2 per 1 day)
NEXIUM PACKET	3	PA for age 9 and older; QL (2 per 1 day)
nizatidine oral capsule	2	
OMECLAMOX-PAK	CED	PA
omeprazole oral capsule,delayed release(dr/ec)	1	QL (2 per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	CED	PA
omeprazole-sodium bicarbonate oral packet	CED	PA
pantoprazole oral granules dr for susp in packet	CED	PA; QL (1 per 1 day)
pantoprazole oral tablet,delayed release (dr/ec)	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	3	
PREVACID	3	QL (2 per 1 day)
PREVACID SOLUTAB	3	PA for age 8 and older; QL (1 per 1 day)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	CED	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	CED	PA; QL (1 per 1 day)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL (2 per 1 day)
PYLERA	CED	PA; QL (240 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
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	CED	PA; QL (1 per 1 day)
rabeprazole oral tablet,delayed release (dr/ec)	2	QL (2 per 1 day)
sucralfate oral suspension	2	
sucralfate oral tablet	1	
TALICIA	3	QL (336 per 365 days)
VOQUEZNA	3	ST; QL (1 per 1 day)
VOQUEZNA DUAL PAK	3	QL (2 per 365 days)
VOQUEZNA TRIPLE PAK	3	QL (2 per 365 days)
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; SP
ARCALYST	4	PA; SP; QL (4 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; SP
FULPHILA	4	PA; SP
FYLNETRA	4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	4	PA; SP
MIRCERA	4	PA; SP
NEULASTA	4	PA; SP
NEULASTA ONPRO	4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NYPOZI INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
NYVEPRIA	4	SP
PROCRIT	4	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	SP; QL (2.4 per 1 day)
RETACRIT	4	PA; SP
ROLVEDON	4	PA; SP
RYZNEUTA	4	PA; SP
STIMUFEND	4	PA; SP
UDENYCA	4	PA; SP
UDENYCA AUTOINJECTOR	4	PA; SP
UDENYCA ONBODY	4	PA; SP
XOLREMDI	4	PA; SP; QL (4 per 1 day)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
ZIEXTENZO	4	PA; SP
GROWTH HORMONES		
EGRIFTA SV	4	PA; SP
EGRIFTA WR	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
GENOTROPIN	4	PA; SP
GENOTROPIN MINIQUICK	4	PA; SP
HUMATROPE INJECTION CARTRIDGE	4	PA; SP
NGENLA	4	PA; SP
NORDITROPIN FLEXPRO	4	PA; SP
NUTROPIN AQ NUSPIN	4	PA; SP
OMNITROPE	4	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; SP
SOGROYA	4	PA; SP; QL (3 per 28 days)
ZOMACTON	4	PA; SP
INTERFERONS		
ACTIMMUNE	4	PA; SP
ALFERON N	4	SP
BESREMI	4	PA; SP; QL (2 per 28 days)
PEGASYS	4	SP
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA 2025-2026 (3YR UP)(PF)	9	ACA
AREXVY (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA; SP; QL (2 per 63 days)
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA; SP; QL (1 per 63 days)
CAPVAXIVE	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DAXXIFY	4	PA; SP; QL (3 per 63 days)
DENGVAXIA (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
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	4	PA; SP; QL (1 per 63 days)
DYSPORT INTRAMUSCULAR RECON SOLN 500 UNIT	4	PA; SP; QL (3 per 63 days)
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD 2025-2026 (65 YR UP)(PF)	9	ACA
FLUARIX 2025-2026 (PF)	9	ACA
FLUBLOK 2025-2026 (PF)	9	ACA
FLUCELVAX 2025-2026 (PF)	9	ACA
FLULAVAL 2025-2026 (PF)	9	ACA
FLUMIST 2025-2026	9	ACA
FLUZONE 2025-2026 (PF)	9	ACA
FLUZONE HIGH-DOSE 2025-26 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF)	9	ACA
IPOL	9	ACA
JYNNEOS (PF)	9	ACA
KINRIX (PF)	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF)	9	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 24-25(6M-11Y)PF	9	ACA
MRESVIA (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
MYOBLOC	4	PA; SP; QL (1 per 63 days)
NOVAVAX COVID 2024-25(PF)(EUA)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 0)	4	PA; SP; QL (15 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 1)	4	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; SP; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	4	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; SP; QL (60 per 365 days)
PALFORZIA INITIAL (1-3 YRS)	4	PA; SP; QL (7 per 365 days)
PALFORZIA INITIAL (4-17 YRS)	4	PA; SP; QL (13 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; SP; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA
PENMENVY MEN A-B-C-W-Y (PF)	9	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (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
VARIVAX (PF)	9	ACA
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA; SP; QL (1 per 63 days)
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; SP; QL (2 per 63 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	CED	PA
colchicine oral capsule	CED	PA
colchicine oral tablet	1	
COLCRYS	3	
febuxostat	1	ST
GLOPERBA	CED	PA
MITIGARE	CED	PA
probenecid	1	
probenecid-colchicine	1	
ULORIC	3	ST
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	
alendronate oral solution	CED	PA
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
ATELVIA	3	PA
BINOSTO	CED	PA
EVISTA	3	
FORTEO	4	PA; SP; QL (1 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D	2	
ibandronate oral	1	
raloxifene	1	ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	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
risedronate oral tablet,delayed release (dr/ec)	CED	PA
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; SP; QL (1 per 28 days)
TYMLOS	4	PA; SP; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	CED	PA; SP; QL (2 per 28 days)
ABRILADA(CF) PEN	CED	PA; SP; QL (2 per 28 days)
ACTEMRA ACTPEN	4	PA; SP; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS	CED	PA; SP; QL (3 per 365 days)
ADALIMUMAB-AACF(CF) PEN PS-UV	CED	PA; SP; QL (2 per 365 days)
ADALIMUMAB-AATY	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS	CED	PA; SP; QL (3 per 365 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADBM	4	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	4	PA; SP; QL (6 per 365 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	4	PA; SP; QL (4 per 365 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	CED	PA; SP; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ARAVA	3	
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL (4 per 28 days)
CUPRIMINE	4	PA; SP; QL (16 per 1 day)
CYLTEZO(CF)	CED	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN	CED	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	CED	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	CED	PA; SP; QL (4 per 365 days)
DEPEN TITRATABS	4	PA; SP; QL (16 per 1 day)
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)
HADLIMA	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA PUSHTOUCH	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA(CF)	CED	PA; SP; QL (0.8 per 28 days)
HADLIMA(CF) PUSHTOUCH	CED	PA; SP; QL (0.8 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	CED	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
KEVZARA	4	PA; SP; QL (2.28 per 28 days)
KINERET	4	PA; SP; QL (18.76 per 28 days)
leflunomide	1	
LEQSELVI	4	PA; SP; QL (2 per 1 day)
OLUMIANT	4	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	4	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; SP; QL (2.8 per 28 days)
OTEZLA	4	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL (55 per 365 days)
penicillamine	4	PA; SP; QL (16 per 1 day)
RASUVO (PF)	3	ST
RIDAURA	3	PA; SP; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
RINVOQ LQ	4	PA; SP; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; SP; QL (56 per 365 days)
SAVELLA	3	ST
SIMLANDI(CF)	4	PA; SP; QL (2 per 28 days)
SIMLANDI(CF) AUTOINJECTOR	4	PA; SP; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	4	PA; SP; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	4	PA; SP; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET	4	PA; SP; QL (2 per 1 day)
XELJANZ XR	4	PA; SP; QL (1 per 1 day)
YUFLYMA(CF)	CED	PA; SP; QL (2 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	CED	PA; SP; QL (3 per 365 days)
YUFLYMA(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)
YUSIMRY(CF) PEN	CED	PA; SP; QL (1.6 per 28 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC
DUREX TROPICAL CONDOM	9	ACA; OTC
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
WIDE-SEAL DIAPHRAGM	9	ACA
ESTROGENS & PROGESTINS		
abigale	2	

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Drug Name	Drug Tier	Requirements / Limits
abigale lo	2	
ACTIVELLA	3	
ANGELIQ	3	
BIJUVA	3	QL (1 per 1 day)
camila	1	ACA
CLIMARA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
covaryx	2	
covaryx h.s.	2	
CRINONE	3	PA
deblitane	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	PA
DIVIGEL	3	
dotti	2	
DUAVEE	3	PA
eemt	2	
eemt hs	2	
ELESTRIN	3	
emzahh	1	ACA
errin	1	ACA
ESTRACE VAGINAL	3	
estradiol oral	1	
estradiol transdermal	2	
estradiol vaginal	2	
estradiol-norethindrone acet	2	
ESTRATEST H.S.	3	
ESTRING	3	
ESTROGEL	3	
estrogens-methyltestosterone	2	
EVAMIST	3	
FEMRING	3	

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Drug Name	Drug Tier	Requirements / Limits
fyavolv	2	
gallifrey	1	
heather	1	ACA
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA
jencycla	1	ACA
jinteli	2	
lyleq	1	ACA
lyllana	2	
lyza	1	ACA
medroxyprogesterone intramuscular	1	ACA
medroxyprogesterone oral	1	
meleya	1	ACA
MENEST	3	
MENOSTAR	3	
mimvey	2	
MINIVELLE	3	
nora-be	1	ACA
norethindrone (contraceptive)	1	ACA
norethindrone acetate	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
OPILL	9	OTC
orquidea	1	ACA
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone	1	
progesterone micronized	1	
PROMETRIUM	3	
PROVERA	3	
sharobel	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
tulana	1	ACA
VAGIFEM	3	
VIVELLE-DOT	3	
yuvafem	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	QL (1 per 365 days)
CLEOCIN VAGINAL	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
eluryng	1	ACA
enilloring	1	ACA
etonogestrel-ethinyl estradiol	1	ACA
GYNAZOLE-1	2	
haloette	1	ACA
INTRAROSA	3	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository	1	
MIFEPREX	3	
mifepristone oral tablet 200 mg	2	
MYFEMBREE	3	PA; QL (1 per 1 day)
norelgestromin-ethin.estradiol	1	ACA
NUVARING	3	PA
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
OSPHENA	3	PA
PHEXXI	CED	PA
terconazole	1	
tranexamic acid oral	2	
TWIRLA	CED	PA
vandazole	1	
VCF CONTRACEPTIVE FILM	CED	PA; OTC
VCF CONTRACEPTIVE GEL	CED	PA; ACA; OTC
VEOZAH	3	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
XACIATO	3	
xulane	1	ACA
zafemy	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle	1	ACA
after pill	9	ACA; OTC
AFTERA	CED	PA; OTC
altavera (28)	1	ACA
alyacen 1/35 (28)	1	ACA
alyacen 7/7/7 (28)	1	ACA
amethia	1	ACA
amethyst (28)	1	ACA
apri	1	ACA
aranelle (28)	1	ACA
ashlyna	1	ACA
aubra	1	ACA
aubra eq	1	ACA
aurovela 1.5/30 (21)	1	ACA
aurovela 1/20 (21)	1	ACA
aurovela 24 fe	1	ACA
aurovela fe 1.5/30 (28)	1	ACA
aurovela fe 1-20 (28)	1	ACA
AVERI	CED	PA
aviane	1	ACA
ayuna	1	ACA
azurette (28)	1	ACA
BALCOLTRA	3	PA
balziva (28)	1	ACA
BEYAZ	3	PA
blisovi 24 fe	1	ACA
blisovi fe 1.5/30 (28)	1	ACA
blisovi fe 1/20 (28)	1	ACA
briellyn	1	ACA
camrese	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
camrese lo	1	ACA
caziant (28)	1	ACA
charlotte 24 fe	1	ACA
chateal eq (28)	1	ACA
cryselle (28)	1	ACA
cyred	1	ACA
cyred eq	1	ACA
dasetta 1/35 (28)	1	ACA
dasetta 7/7/7 (28)	1	ACA
daysee	1	ACA
desog-e.estradiol/e.estradiol	1	ACA
dolishale	1	ACA
drospirenone-e.estradiol-lm.fa	1	ACA
drospirenone-ethinyl estradiol	1	ACA
econtra ez	9	ACA; OTC
econtra one-step	9	ACA; OTC
elinest	1	ACA
ELLA	3	ACA
enpresse	1	ACA
enskyce	1	ACA
estarylla	1	ACA
ethynodiol diac-eth estradiol	1	ACA
falmina (28)	1	ACA
feirza	1	ACA
FEMLYV	CED	PA
finzala	1	ACA
galbriela	1	ACA
gemmily	CED	PA; ACA
hailey	1	ACA
hailey 24 fe	1	ACA
hailey fe 1.5/30 (28)	1	ACA
hailey fe 1/20 (28)	1	ACA
iclevia	1	ACA
introvale	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
isibloom	1	ACA
jaimiess	1	ACA
jasmiel (28)	1	ACA
jolessa	1	ACA
joyeaux	1	ACA
juleber	1	ACA
junel 1.5/30 (21)	1	ACA
junel 1/20 (21)	1	ACA
junel fe 1.5/30 (28)	1	ACA
junel fe 1/20 (28)	1	ACA
junel fe 24	1	ACA
kaitlib fe	1	ACA
kalliga	1	ACA
kariva (28)	1	ACA
kelnor 1/35 (28)	1	ACA
kurvelo (28)	1	ACA
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
larin 1.5/30 (21)	1	ACA
larin 1/20 (21)	1	ACA
larin 24 fe	1	ACA
larin fe 1.5/30 (28)	1	ACA
larin fe 1/20 (28)	1	ACA
leena 28	1	ACA
lessina	1	ACA
levonest (28)	1	ACA
levonorgest-eth.estradiol-iron	1	ACA
levonorgestrel	9	ACA; OTC
levonorgestrel-ethinyl estrad	1	ACA
levonorg-eth estrad triphasic	1	ACA
levora-28	1	ACA
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	3	PA
LOESTRIN 1/20 (21)	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN FE 1.5/30 (28-DAY)	3	PA
LOESTRIN FE 1/20 (28-DAY)	3	PA
lojaimiess	1	ACA
loryna (28)	1	ACA
low-ogestrel (28)	1	ACA
lo-zumandimine (28)	1	ACA
lutera (28)	1	ACA
marlissa (28)	1	ACA
merzee	1	PA; ACA
mibelas 24 fe	1	ACA
microgestin 1.5/30 (21)	1	ACA
microgestin 1/20 (21)	1	ACA
microgestin fe 1.5/30 (28)	1	ACA
microgestin fe 1/20 (28)	1	ACA
mili	1	ACA
minzoya	1	ACA
mono-linyah	1	ACA
my choice	9	ACA; OTC
my way	9	ACA; OTC
NATAZIA	3	
necon 0.5/35 (28)	1	ACA
new day	9	ACA; OTC
NEXTSTELLIS	3	
nikki (28)	1	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral capsule	CED	PA; ACA
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
norethindrone-e.estradiol-iron oral tablet,chewable	1	ACA
norgestimate-ethinyl estradiol	1	ACA
nortrel 0.5/35 (28)	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
nortrel 1/35 (21)	1	ACA
nortrel 1/35 (28)	1	ACA
nortrel 7/7/7 (28)	1	ACA
nylia 1/35 (28)	1	ACA
nylia 7/7/7 (28)	1	ACA
ocella	1	ACA
opcicon one-step	9	ACA; OTC
option-2	9	ACA; OTC
philith	1	ACA
pimtrea (28)	1	ACA
PLAN B ONE-STEP	CED	PA; OTC
portia 28	1	ACA
reclipsen (28)	1	ACA
rivelsa	1	ACA
rosyrah	1	ACA
SAFYRAL	3	PA
setlakin	1	ACA
simliya (28)	1	ACA
simpesse	1	ACA
SLYND	3	
sprintec (28)	1	ACA
sronyx	1	ACA
syeda	1	ACA
TAKE ACTION	CED	PA; OTC
tarina 24 fe	1	ACA
tarina fe 1/20 (28)	1	ACA
TAYTULLA	CED	PA
tilia fe	1	ACA
tri-estarylla	1	ACA
tri-legest fe	1	ACA
tri-linyah	1	ACA
tri-lo-estarylla	1	ACA
tri-lo-marzia	1	ACA
tri-lo-mili	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
tri-lo-sprintec	1	ACA
tri-mili	1	ACA
tri-sprintec (28)	1	ACA
tri-vylibra	1	ACA
tri-vylibra lo	1	ACA
turqoz (28)	1	ACA
TYBLUME	CED	PA
valtya	1	ACA
velivet triphasic regimen (28)	1	ACA
vestura (28)	1	ACA
vienva	1	ACA
viorele (28)	1	ACA
volnea (28)	1	ACA
vyfemla (28)	1	ACA
vylibra	1	ACA
wera (28)	1	ACA
wymzya fe	1	ACA
xarah fe	1	ACA
xelria fe	1	ACA
YASMIN (28)	3	PA
YAZ (28)	3	PA
zarah	1	ACA
zovia 1-35 (28)	1	ACA
zumandimine (28)	1	ACA
OXYTOCICS		
methylergonovine oral	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
bacitracin ophthalmic (eye)	2	
bacitracin-polymyxin b	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	

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

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

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Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC OCUDOSE (PF)	CED	PA
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	2	
ATROPINE SULFATE (PF)	CED	PA
CYCLOGYL	3	
cyclopentolate ophthalmic (eye) drops 1 %	1	
homatropaire	1	
MYDRIACYL	3	
tropicamide	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
pilocarpine hcl ophthalmic (eye) drops 1.25 %	CED	PA
QLOSI	CED	PA
VUITY	CED	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	CED	PA; QL (1 per 30 days)
ALCAINE	3	
allergy eye (ketotifen)	1	OTC
altacaine	1	
azelastine ophthalmic (eye)	1	
bepotastine besilate	2	ST
BEPREVE	3	ST
CEQUA	3	ST
cromolyn ophthalmic (eye)	1	
cyclosporine ophthalmic (eye)	2	QL (2 per 1 day)
CYSTADROPS	4	PA; SP; QL (20 per 28 days)
CYSTARAN	4	PA; SP; QL (60 per 28 days)
epinastine	2	
eye itch relief	1	OTC
ketotifen fumarate	1	OTC
MIEBO (PF)	3	PA; QL (3 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
OXERVATE	4	PA; SP; QL (56 per 720 days)
proparacaine	1	
RESTASIS	3	QL (2 per 1 day)
RESTASIS MULTIDOSE	3	ST; QL (5.5 per 28 days)
tetracaine hcl	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
TYRVAYA	3	ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS
VERKAZIA	CED	PA
VEVYE	CED	PA
XDEMVY	4	PA; SP; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
ZERVIATE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
ACUVAIL (PF)	CED	PA
bromfenac	2	
BROMSITE	3	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	2	
ILEVRO	3	
ketorolac ophthalmic (eye)	1	
NEVANAC	3	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	
methazolamide	2	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
bimatoprost ophthalmic (eye)	2	
brimonidine-timolol	2	
brinzolamide	2	
COMBIGAN	3	

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

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Drug Name	Drug Tier	Requirements / Limits
dexamethasone sodium phosphate ophthalmic (eye)	1	
difluprednate	2	
DUREZOL	3	
EYSUVIS	CED	PA
FLAREX	3	
fluorometholone	1	
FML FORTE	CED	PA
FML LIQUIFILM	3	
INVELTYS	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	CED	PA
LOTEMAX OPHTHALMIC (EYE) OINTMENT	CED	PA
LOTEMAX SM	CED	PA
loteprednol etabonate ophthalmic (eye) drops,gel	CED	PA
loteprednol etabonate ophthalmic (eye) drops,suspension	2	
MAXIDEX	3	
PRED FORTE	3	
PRED MILD	CED	PA
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye)	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	ST
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
apraclonidine	1	
brimonidine ophthalmic (eye) drops 0.1 %	2	ST
brimonidine ophthalmic (eye) drops 0.15 %	2	
brimonidine ophthalmic (eye) drops 0.2 %	1	

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

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Drug Name	Drug Tier	Requirements / Limits
NEFFY	CED	PA
promethazine oral	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
RYCLORA	CED	PA
RYVENT	2	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM	3	
brompheniramine-pseudoeph-dm	1	
CLARINEX-D 12 HOUR	CED	PA
codeine-guaifenesin	1	
g tussin ac	1	
HYCODAN (WITH HOMATROPINE)	3	
hydrocodone-chlorpheniramine	1	QL (120 per 30 days)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
hydromet	1	
maxi-tuss ac	1	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenylephrine	1	
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		
24 hour nasal allergy	1	OTC
ACCOLATE	3	
acetylcysteine	1	
ADCIRCA	4	PA; SP; QL (2 per 1 day)
ADEMPAS	4	PA; SP; LA; QL (3 per 1 day)
ADVAIR DISKUS	3	PA
ADVAIR HFA	2	
AIRSUPRA	CED	PA
albuterol sulfate inhalation hfa aerosol inhaler	2	PA

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Drug Name	Drug Tier	Requirements / Limits
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral	1	
ALVESCO	3	PA
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; SP; QL (2 per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; SP; QL (3 per 1 day)
alyq	4	PA; SP; QL (2 per 1 day)
ambrisentan	4	PA; SP; LA; QL (1 per 1 day)
ANDEMBRY AUTOINJECTOR	4	PA; SP; QL (1.2 per 30 days)
ANORO ELLIPTA	2	
arformoterol	2	
ARNUITY ELLIPTA	2	
ASMANEX HFA	3	ST
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	ST
ATROVENT HFA	3	
azelastine-fluticasone	2	ST
BEVESPI AEROSPHERE	3	ST
bosentan oral tablet	4	PA; SP; QL (2 per 1 day)
bosentan oral tablet for suspension	2	PA; SP; QL (4 per 1 day)
BREO ELLIPTA	2	
breyna	2	
BREZTRI AEROSPHERE	3	ST; QL (1 per 30 days)
BRONCHITOL	4	PA; 20 capsules per day; 10 capsules per 365 days; SP
BROVANA	3	
budesonide inhalation	1	
budesonide nasal	1	OTC
budesonide-formoterol	2	
CINRYZE	4	PA; SP
COMBIVENT RESPIMAT	2	
cromolyn inhalation	1	

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

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Drug Name	Drug Tier	Requirements / Limits
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	4	PA; SP; LA; QL (1 per 28 days)
OFEV	4	PA; SP; QL (2 per 1 day)
OHTUVAYRE	4	PA; SP; QL (5 per 1 day)
OMNARIS	3	ST
OPSUMIT	4	PA; SP; LA; QL (1 per 1 day)
OPSYNVI	4	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	4	PA; SP; QL (4 per 1 day)
ORLADEYO	4	PA; SP; LA; QL (1 per 1 day)
PERFOROMIST	3	
pirfenidone oral capsule	4	PA; SP; QL (6 per 1 day)
pirfenidone oral tablet 267 mg	4	PA; SP; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; QL (3 per 1 day)
pirfenidone oral tablet 801 mg	4	PA; SP; QL (3 per 1 day)
PROAIR RESPICLICK	3	PA
PULMICORT	3	
PULMICORT FLEXHALER	2	
pulmosal	1	
PULMOZYME	4	PA; SP; QL (5 per 1 day)
QNASL	3	ST
QVAR REDIHALER	2	
REVATIO ORAL TABLET	4	PA; SP; QL (3 per 1 day)
roflumilast	2	PA; QL (1 per 1 day)
RUCONEST	4	PA; SP; QL (2 per 28 days)
RYALTRIS	CED	PA; QL (3 per 90 days)
sajazir	4	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	2	
sildenafil (pulm.hypertension) oral suspension for reconstitution	4	PA; SP; QL (6 per 1 day)
sildenafil (pulm.hypertension) oral tablet	4	PA; SP; QL (3 per 1 day)
SINGULAIR	3	
sodium chloride inhalation	1	

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Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT	2	
SPIRIVA WITH HANDIHALER	CED	PA
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	3	PA
SYMDEKO	4	PA; SP; QL (2 per 1 day)
tadalafil (pulm. hypertension)	4	PA; SP; QL (2 per 1 day)
TADLIQ	4	PA; SP; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; SP; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; SP; LA; QL (2 per 28 days)
terbutaline oral	1	
TEZSPIRE	4	PA; SP; QL (1.91 per 28 days)
THEO-24	3	
theophylline oral elixir	CED	PA
theophylline oral solution	CED	PA
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide	CED	PA
TRACLEER ORAL TABLET	4	PA; SP; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; SP; QL (4 per 1 day)
TRELEGY ELLIPTA	2	
triamcinolone acetonide nasal	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)
TUDORZA PRESSAIR	3	ST
TYVASO	4	PA; SP; QL (11.6 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 DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; SP; QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
TYVASO REFILL KIT	4	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; SP; QL (1 per 365 days)
UMECLIDINIUM-VILANTEROL	CED	PA
VENTAVIS	4	PA; SP; QL (9 per 1 day)
VENTOLIN HFA	1	
WINREVAIR	4	PA; SP; QL (1 per 20 days)
wixela inhub	1	
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
XOPENEX HFA	3	ST
YUPELRI	3	ST; QL (3 per 1 day)
YUTREPIA	4	PA; SP; QL (112 per 28 days)
zafirlukast	2	
zileuton	2	PA; QL (4 per 1 day)
ZYFLO	3	PA; QL (4 per 1 day)
PULMONARY DEVICES		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	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
FLEXICHAMBER	2	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin	2	
fesoterodine	2	ST; QL (1 per 1 day)
flavoxate	1	
GEMTESA	3	ST; QL (1 per 1 day)
mirabegron	2	ST; QL (1 per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	CED	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL (1 per 1 day)
oxybutynin chloride oral syrup	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	CED	PA
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	
OXYTROL	CED	PA
solifenacin	1	
tolterodine	2	
TOVIAZ	3	ST; QL (1 per 1 day)
trospium oral capsule,extended release 24hr	2	
trospium oral tablet	1	
VESICARE	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin	1	
AVODART	3	
dutasteride	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
dutasteride-tamsulosin	2	
ENTADFI	CED	PA; QL (1 per 1 day)
finasteride oral tablet 5 mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
silodosin	2	
tadalafil oral tablet 2.5 mg, 5 mg	1	QL (1 per 1 day)
tamsulosin	1	
UROXATRAL	3	
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	SP; LA
ELMIRON	3	
K-PHOS NO 2	3	
OXLUMO	4	PA; SP
potassium citrate oral tablet extended release	1	
PROCYSBI	4	PA; SP
RIVFLOZA	4	PA; SP; QL (1 per 28 days)
UROCIT-K 10	3	
UROCIT-K 15	3	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA	CED	PA; ST; QL (12 per 1 day)
calcium acetate(phosphat bind)	1	QL (12 per 1 day)
effer-k oral tablet, effervescent 25 meq	1	
FERRIC CITRATE	3	ST; QL (12 per 1 day)
FOSRENOL ORAL POWDER IN PACKET	CED	PA; QL (3 per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; 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
GALZIN	3	
klor-con	CED	PA
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
lanthanum	2	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)
POKONZA	CED	PA; QL (1 per 1 day)
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	CED	PA
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	CED	PA
potassium chloride oral tablet,er particles/crystals	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	CED	PA; QL (17 per 1 day)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	CED	PA; QL (5 per 1 day)
RENVELA ORAL TABLET	3	QL (17 per 1 day)
sevelamer carbonate oral powder in packet 0.8 gram	CED	PA; QL (17 per 1 day)
sevelamer carbonate oral powder in packet 2.4 gram	CED	PA; QL (5 per 1 day)
sevelamer carbonate oral tablet	1	QL (17 per 1 day)
sevelamer hcl oral tablet 400 mg	CED	PA; QL (32 per 1 day)
sevelamer hcl oral tablet 800 mg	CED	PA; QL (16 per 1 day)
sodium polystyrene sulfonate oral powder	1	
sps (with sorbitol)	2	
VELPHORO	3	ST; QL (6 per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	3	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	PA; QL (1 per 1 day)
XPHOZAH	3	PA; QL (2 per 1 day)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	PA; SP; LA
VITAMINS & HEMATINICS		
b complex 1 (with folic acid)	9	ACA; OTC
b complex-vitamin c-folic acid oral tablet	9	ACA; OTC
balanced b-100 oral tablet	9	ACA; OTC
bal-care dha	1	
b-complex with vitamin c oral tablet 400-500 mcg-mg	9	ACA; OTC
classic prenatal	9	ACA; OTC
c-nate dha	1	
complete natal dha	1	
cyanocobalamin (vitamin b-12) injection	1	
dialyvite 800 oral tablet	9	ACA; OTC
dodex	1	
elite-ob	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
flotrex oral tablet,chewable 0.25 mg, 0.5 mg	CED	ACA; OTC
fluoride (sodium) oral drops	9	ACA; OTC
fluoride (sodium) oral tablet,chewable	9	ACA; OTC
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	9	ACA; OTC
folitab	9	ACA; OTC
folivane-ob	1	
foltabs 800	9	ACA; OTC
full spectrum b-vitamin c	9	ACA; OTC
kobee	9	ACA; OTC
ludent fluoride	9	ACA; OTC
m-natal plus	1	
multi-vitamin with fluoride	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
multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride	CED	ACA; OTC
mvc-fluoride	9	ACA; OTC
mynatal	1	
mynatal plus	1	
mynatal-z	1	
newgen	1	
one daily prenatal	9	ACA; OTC
pnv-dha	1	
pnv-omega	1	
pnv-select	1	
pr natal 400	1	
pr natal 400 ec	1	
pr natal 430	1	
pr natal 430 ec	1	
prenatabs fa	1	
prenatabs rx	1	
prenatal complete	9	ACA; OTC
prenatal multi-dha (algal oil)	9	ACA; OTC
prenatal multivitamins	9	ACA; OTC
prenatal one daily	9	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	9	ACA; OTC
prenatal plus	1	
prenatal plus (calcium carb)	1	
prenatal vit no.179-iron-folic	9	ACA; OTC
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	9	ACA; OTC
prenatal vitamin with minerals	9	ACA; OTC
prenatal-u	1	
purevita folic acid oral tablet	CED	ACA; OTC
rena-vite	9	ACA; OTC
se-natal 19	1	
se-natal 19 chewable	1	
soluvita	9	ACA; OTC
soluvita a,c,d with fluoride	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
stress formula with iron	9	ACA; OTC
stress formula with iron(sulf)	9	ACA; OTC
super b-50 complex	9	ACA; OTC
super quints	9	ACA; OTC
taron-c dha	1	
tricon	9	ACA; OTC
trinatal rx 1	1	
trinate	1	
tri-vitamin with fluoride	9	ACA; OTC
vitamin b complex-folic acid oral tablet	9	ACA; OTC
vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml	9	ACA; OTC
wesnatal dha complete	1	
westab plus	1	
zatean-pn dha	1	
zatean-pn plus	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 135
A
abacavir.....4
abacavir-lamivudine.....4
abigale.....119
abigale lo.....120
ABILIFY 43
ABILIFY ASIMTUFII.....43
ABILIFY MAINTENA.....43
abiraterone.....14
abirtega 14
ABRILADA(CF).....116
ABRILADA(CF) PEN 116
ABRYSVO (PF).....112
ABSORICA.....76
ABSORICA LD 76
acamprosate 86
ACANYA.....76
acarbose 98
ACCOLATE.....135
ACCU-CHEK AVIVA CONTROL SOLN.....92
ACCU-CHEK AVIVA PLUS TEST STRP.....92
ACCU-CHEK GUIDE GLUCOSE METER.....92
ACCU-CHEK GUIDE L1-L2 CTRL SOL 92
ACCU-CHEK GUIDE ME GLUCOSE MTR.....92
ACCU-CHEK GUIDE TEST STRIPS.....92
ACCU-CHEK SMARTVIEW CONTRL SOL 92
ACCU-CHEK SMARTVIEW TEST STRIP 92
ACCUPRIL 61
ACCURETIC 61
accutane 76
acebutolol.....61
acetaminophen-caff-dihydrocod.....35
acetaminophen-codeine.....35
acetazolamide.....131
acetic acid 90
acetylcysteine 135
ACIPHEX.....108
acitretin 72
ACTEMRA 116
ACTEMRA ACTPEN.....116
ACTHAR.....90
ACTHAR SELFJECT 90
ACTHIB (PF).....112
ACTIMMUNE 112
ACTIVELLA.....120
ACTONEL 115
ACTOPLUS MET.....98
ACTOS.....98
ACULAR.....131
ACULAR LS.....131
ACUVAIL (PF).....131
acyclovir 4, 82
ACZONE.....76
ADACEL(TDAP ADOLESN/ADULT)(PF) 112
ADALIMUMAB-AACF 116
ADALIMUMAB-AACF(CF) PEN CROHNS 116
ADALIMUMAB-AACF(CF) PEN PS-UV.....116
ADALIMUMAB-AATY....116
ADALIMUMAB-AATY(CF) AI CROHNS.....116
ADALIMUMAB-ADAZ....116
ADALIMUMAB-ADBM...116
ADALIMUMAB-ADBM(CF) PEN CROHNS 116
ADALIMUMAB-ADBM(CF) PEN PS-UV.....116
ADALIMUMAB-FKJP.....116
ADALIMUMAB-RYVK ...116
adapalene 76
ADAPALENE.....76
adapalene-benzoyl peroxide.76
ADBRY.....75
ADCIRCA.....135
ADDERALL 43
ADDERALL XR.....43
ADDYI.....43
adefovir.....4
ADEMPAS.....135
ADLARITY.....32
ADMELOG SOLOSTAR U-100 INSULIN 94
ADMELOG U-100 INSULIN LISPRO 94
adult aspirin regimen 38
ADVAIR DISKUS 135
ADVAIR HFA.....135
ADZENYS XR-ODT 43
AEROCHAMBER MECHANICAL VENT..140
AEROCHAMBER MINI ...140
AEROCHAMBER PLUS FLOW-VU.....140
AEROCHAMBER PLUS Z STAT 140
AEROCHAMBER2GO.....140
AEROVENT PLUS.....140
AFINITOR 14
AFINITOR DISPERZ 14
afirmelle.....123
AFLURIA 2025-2026 (3YR UP)(PF).....112
AFREZZA 94
after pill 123
AFTERA.....123
AGAMREE 90
AGRYLIN 86
AIMOVIG AUTOINJECTOR 30
AIRSUPRA 135
AJOVY AUTOINJECTOR..30
AJOVY SYRINGE.....30
AKEEGA.....14
AKLIEF 76
AKTEN (PF) 130
AKYNZEO (NETUPITANT) 102
ALA-SCALP 82
albendazole.....9
albuterol sulfate.....135, 136
ALCAINE.....130
alclometasone.....82
ALDACTONE.....61
ALECENSA 14
alendronate.....115
ALFERON N.....112
alfuzosin.....141

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

ALHEMO PEN 67
ALINIA 9
aliskiren 61
ALKERAN 14
ALKINDI SPRINKLE 90
allergy eye (ketotifen) 130
allopurinol 115
almotriptan malate 30
ALOGLIPTIN 98
ALOGLIPTIN-METFORMIN 98
ALOGLIPTIN-PIOGLITAZONE 98
alosetron 102
ALPHAGAN P 133
alprazolam 43
alprazolam intensol 43
ALREX 132
ALTABAX 80
altacaine 130
ALTACE 61
altavera (28) 123
ALTOPREV 69
ALTRENO 76
ALUNBRIG 14
ALVAIZ 67
ALVESCO 136
alvimopan 102
alyacen 1/35 (28) 123
alyacen 7/7/7 (28) 123
ALYFTREK 136
alyq 136
amantadine hcl 4
AMBIEN 43
AMBIEN CR 43
ambrisentan 136
amcinonide 82
amethia 123
amethyst (28) 123
AMICAR 67
amikacin 9
amiloride 61
amiloride-hydrochlorothiazide 61
aminocaproic acid 67, 68
amiodarone 60
AMITIZA 102
amitriptyline 44
amitriptyline-chlordiazepoxide 44
AMJEVITA(CF) 117
AMJEVITA(CF) AUTOINJECTOR 117
amlodipine 61
amlodipine-atorvastatin 69
amlodipine-benazepril 61
amlodipine-olmesartan 61
amlodipine-valsartan 61
amlodipine-valsartan-hcthiazid 61
ammonium lactate 75
amnesteem 76
amoxapine 44
amoxicil-clarithromy-lansopraz 108
amoxicillin 11
amoxicillin-pot clavulanate 11
amphetamine sulfate 44
ampicillin 11
AMPYRA 32
AMRIX 33
AMZEEQ 76
ANAFRANIL 44
anagrelide 86
ANALPRAM-HC 73, 102
ANAPROX DS 38
anaspaz 101
anastrozole 14
ANCOBON 3
ANDEMBRY AUTOINJECTOR 136
ANDROGEL 95
ANGELIQ 120
ANNOVERA 122
ANODYNE LPT 79
ANORO ELLIPTA 136
ANTIVERT 102
anucort-hc 102
ANUSOL-HC 102
apexicon e 82
APIDRA SOLOSTAR U-100 INSULIN 94
APIDRA U-100 INSULIN 94
APLENZIN 44
APOKYN 29
apomorphine 29
apraclonidine 133
aprepitant 103
APRETUDE 4
apri 123
APRISO 103
APTENSIO XR 44
APTIOM 24
APTIVUS 4
ARAKODA 9
aranelle (28) 123
ARANESP (IN POLYSORBATE) 110
ARAVA 117
ARAZLO 76
ARBLI 61
ARCALYST 110
AREXVY (PF) 112
arformoterol 136
ARICEPT 32
ARIKAYCE 9
ARIMIDEX 14
aripiprazole 44
ARISTADA 44
ARISTADA INITIO 44
ARIXTRA 68
armodafinil 44
ARMOUR THYROID 101
ARNUITY ELLIPTA 136
AROMASIN 14
ARTHROTEC 50 38
ARTHROTEC 75 38
ascomp with codeine 35
asenapine maleate 44
ashlyna 123
ASMANEX HFA 136
ASMANEX TWISTHALER 136
aspirin 38
aspirin childrens 38
aspirin-dipyridamole 68
ASTAGRAF XL 14
ATACAND 61
ATACAND HCT 61
atazanavir 4
ATELVIA 115
atenolol 61
atenolol-chlorthalidone 61
ATIVAN 44
atomoxetine 44
ATORVALIQ 69
atorvastatin 69
atovaquone 9
atovaquone-proguanil 9
ATRALIN 76

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

atropine 130
ATROPINE SULFATE (PF) 130
ATROVENT HFA 136
ATTRUBY 71
AUBAGIO 58
aubra 123
aubra eq 123
AUGMENTIN 11
AUGMENTIN ES-600 11
AUGMENTIN XR 11
AUGTYRO 14
aurovela 1.5/30 (21) 123
aurovela 1/20 (21) 123
aurovela 24 fe 123
aurovela fe 1.5/30 (28) 123
aurovela fe 1-20 (28) 123
AURYXIA 142
AUSTEDO 32
AUSTEDO XR 32
AUSTEDO XR TITRATION KT(WK1-4) 32
AUVELITY 44
AUVI-Q 134
AVALIDE 61
AVAPRO 61
avar 76
AVERI 123
aviane 123
avidoxy 12
AVIDOXY DK 12
AVMAPKI-FAKZYNJA 14
AVODART 141
AVONEX 58
ayuna 123
AYVAKIT 14
AZASAN 15
AZASITE 128
azathioprine 15
azelaic acid 77
azelastine 89, 130
azelastine-fluticasone 136
AZELEX 77
AZILECT 29
azithromycin 8
AZOPT 131
AZOR 61
AZSTARYS 44
AZULFIDINE 103
AZULFIDINE EN-TABS 103
azurette (28) 123

B

b complex 1 (with folic acid) 144
b complex-vitamin c-folic acid 144
bacitracin 128
bacitracin-polymyxin b 128
baclofen 33, 34
BACTRIM 12
BACTRIM DS 12
BAFIERTAM 58
balanced b-100 144
bal-care dha 144
BALCOLTRA 123
balsalazide 103
BALVERSA 15
balziva (28) 123
BANZEL 24
BAQSIMI 93
BARACLUDE 4
BASAGLAR KWIKPEN U-100 INSULIN 94
BASAGLAR TEMPO PEN(U-100)INSLN 94
BAXDELA 11
bayer low dose aspirin 38
b-complex with vitamin c 144
BD INTEGRA NEEDLE 93
BD MICROTAINER LANCET 93
BD SPECIALTY USE NEEDLES 93
BELBUCA 35
BELSOMRA 44
benazepril 61
benazepril-hydrochlorothiazide 61
BENICAR 61
BENICAR HCT 61
BENLYSTA 117
BENZAMYCIN 77
benzepro 77
BENZEPRO (MICROSPHERES) 77
BENZNIDAZOLE 9
benzonatate 135
benztropine 29
bepotastine besilate 130
BEPREVE 130
beser 82
BESER KIT 82
BESIVANCE 128
BESREMI 112
BETADINE OPHTHALMIC PREP 128
betaine 103
betamethasone dipropionate 82
betamethasone valerate 82
betamethasone, augmented 82
BETAPACE 60
BETAPACE AF 60
BETASERON 58
betaxolol 61, 129
bethanechol chloride 142
BETHKIS 9
BETIMOL 129
BETOPTIC S 129
BEVESPI AEROSPHERE 136
bexarotene 15
BEXSERO 112
BEYAZ 123
bicalutamide 15
BIDIL 61
BIJUVA 120
BIKTARVY 4
BILTRICIDE 9
bimatoprost 131
BIMZELX 73
BIMZELX AUTOINJECTOR 73
BINOSTO 115
bisacodyl 103
bismuth subcit k-metronidz-tcn 108
bisoprolol fumarate 61
BISOPROLOL FUMARATE 61
bisoprolol-hydrochlorothiazide 62
blisovi 24 fe 123
blisovi fe 1.5/30 (28) 123
blisovi fe 1/20 (28) 123
BONJESTA 103
BOOSTRIX TDAP 112
bosentan 136
BOSULIF 15
BOTOX 112
BRAFTOVI 15
BRENZAVVY 98

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

BREO ELLIPTA 136
BREXAFEMME 3
breyna 136
BREZTRI AEROSPHERE 136
briellyn 123
BRILINTA 68
brimonidine 77, 133
brimonidine-timolol 131
brinzolamide 131
BRIVIACT 24
BRIXADI 35
BROMFED DM 135
bromfenac 131
bromocriptine 29
brompheniramine-pseudoeph-dm 135
BROMSITE 131
BRONCHITOL 136
BROVANA 136
BRUKINSA 15
BRYHALI 82
BRYNOVIN 98
BUCAPSOL 45
budesonide 103, 136
budesonide-formoterol 136
bumetanide 62
BUPHENYL 86
buprenorphine 35
buprenorphine hcl 36
buprenorphine-naloxone 38
bupropion hcl 45
BUPROPION HCL 45
bupropion hcl (smoking deter) 88
buspirone 45
butalbital-acetaminop-caf-cod 36
butalbital-acetaminophen 36
butalbital-acetaminophen-caff 36
butalbital-aspirin-caffeine 36
butorphanol 39
BUTRANS 36
BYDUREON BCISE 98
BYLVAY 103
BYSTOLIC 62

C

CABENUVA 4
cabergoline 95
CABLIVI 68
CABOMETYX 15
CABTREO 77
CADUET 69
caffeine citrate 86
calcipotriene 73
CALCIPOTRIENE 73
calcipotriene-betamethasone 73
calcitonin (salmon) 96
calcitriol 73, 96
calcium acetate(phosphat bind) 142
CALQUENCE (ACALABRUTINIB MAL) 15
camila 120
camrese 123
camrese lo 124
CAMZYOS 71
CANASA 103
candesartan 62
candesartan-hydrochlorothiazid 62
capecitabine 15
CAPEX 82
CAPLYTA 45
CAPRELSA 15
CAPSFENAC PAK 39
CAPSINAC 39
captopril 62
captopril-hydrochlorothiazide 62
CAPVAXIVE 112
CARAC 75
CARAFATE 108
CARBAGLU 86
carbamazepine 24
CARBAMAZEPINE 25
CARBATROL 25
carbidopa 29
carbidopa-levodopa 29
carbidopa-levodopa-entacapone 29
carbinoxamine maleate 134
CARBINOXAMINE MALEATE 134
carbzah 134
CARDIZEM 62
CARDIZEM CD 62
CARDIZEM LA 62
CARDURA 62
CARDURA XL 62
carglumic acid 86
carisoprodol 34
carisoprodol-aspirin 34
carisoprodol-aspirin-codeine 34
CARNITOR 86
CARNITOR (SUGAR-FREE) 86
CAROSPIR 62
carteolol 129
cartia xt 62
carvedilol 62
carvedilol phosphate 62
CASODEX 15
CATAPRES-TTS-1 62
CATAPRES-TTS-2 62
CATAPRES-TTS-3 62
CAYA CONTOURED 119
CAYSTON 9
caziant (28) 124
cefaclor 8
cefadroxil 8
cefdinir 8
cefixime 8
cefpodoxime 8
cefprozil 8
cefuroxime axetil 8
CELEBREX 39
celecoxib 39
CELEXA 45
CELLCEPT 15
CELONTIN 25
CENTANY 80
CENTANY AT 80
cephalexin 8
CEQUA 130
CERDELGA 96
cetirizine 134
CETRAXAL 90
cevimeline 86
CHANTIX 88
CHANTIX CONTINUING MONTH BOX 88
CHANTIX STARTING MONTH BOX 88
charlotte 24 fe 124
chateal eq (28) 124
CHEMET 86
CHENODAL 103

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

chlordiazepoxide hcl 45
chlordiazepoxide-clidinium 101
chlorhexidine gluconate 89
chloroquine phosphate 9
chlorpromazine 45
chlorthalidone 62
chlorzoxazone 34
CHOLBAM 103
cholestyramine (with sugar) . 70
cholestyramine light 70
CHORIONIC GONADOTROPIN, HUMAN 96
CIBINQO 75
ciclodan 80
CICLODAN KIT 80
ciclopirox 80
ciclopirox-ure-camph-menth-euc 81
cilostazol 68
CILOXAN 128
CIMDUO 4
cimetidine 108
cimetidine hcl 108
CIMZIA 103
CIMZIA POWDER FOR RECONST 103
cinacalcet 96
CINRYZE 136
CIPRO 11, 12
CIPRO HC 90
ciprofloxacin 12
ciprofloxacin hcl 12, 90, 129
ciprofloxacin-dexamethasone 90
CIPROFLOXACIN-FLUOCINOLONE 90
citalopram 45
CITALOPRAM 45
citrate of magnesia 103
citroma 103
claravis 77
CLARINEX 134
CLARINEX-D 12 HOUR .. 135
clarithromycin 8
classic prenatal 144
clearlax 103
clemastine 134
CLENPIQ 103
CLEOCIN 122
CLEOCIN HCL 9
CLEOCIN PEDIATRIC 9
CLEOCIN T 77
CLIMARA 120
CLIMARA PRO 120
clindacin 77
clindacin etz 77
CLINDACIN ETZ 77
clindacin p 77
CLINDACIN PAC 77
CLINDAGEL 77
clindamycin hcl 9
clindamycin pediatric 9
clindamycin phosphate . 77, 122
clindamycin-benzoyl peroxide 77
clindamycin-tretinoin 77
CLINDESSE 122
clobazam 25
clobetasol 82
CLOBETASOL 82, 132
clobetasol-emollient 82
CLOBEX 82, 83
clocortolone pivalate 83
clodan 83
CLODAN KIT 83
clomipramine 45
clonazepam 25
clonidine 62
clonidine hcl 45, 62
CLONIDINE HCL 62
clopidogrel 68
clorazepate dipotassium 45
clotrimazole 3
clotrimazole-betamethasone . 81
clozapine 45, 46
CLOZARIL 46
c-nate dha 144
COARTEM 9
COBENFY 46
COBENFY STARTER PACK 46
codeine sulfate 36
codeine-butalbital-asa-caff .. 36
codeine-guaifenesin 135
COLAZAL 103
colchicine 115
COLCRYS 115
colesevelam 70
COLESTID 70
colestipol 70
COMBIGAN 131
COMBIPATCH 120
COMBIVENT RESPIMAT 136
COMETRIQ 15
COMPACT SPACE CHAMBER 140
COMPAZINE 103
COMPLERA 4
complete natal dha 144
compro 103
CONCERTA 46
CONDYLOX 75
CONJUPRI 62
CONSENSI 62
constulose 103
CONZIP 39
COPAXONE 59
COPIKTRA 15
CORDRAN TAPE LARGE ROLL 83
COREG 62
COREG CR 62
CORLANOR 72
CORTANE-B 75
CORTEF 90
CORTENEMA 103
CORTIFOAM 104
cortisone 90
CORTISPORIN-TC 90
CORTROPHIN GEL 91
COSENTYX 73
COSENTYX (2 SYRINGES) 73
COSENTYX PEN 73
COSENTYX PEN (2 PENS) 73
COSENTYX UNOREADY PEN 73
COSOPT 132
COSOPT (PF) 132
COTELLIC 15
COTEMPLA XR-ODT 46
covaryx 120
covaryx h.s. 120
COXANTO 39
COZAAR 62
CRENESSITY 96
CREON 104
CRESEMBA 3
CRESTOR 70

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

CREXONT 29
CRINONE 120
cromolyn 104, 130, 136
crotan 85
cryselle (28) 124
CTEXLI 104
CUPRIMINE 117
CUVPOSA 101
CUVRIOR 86
cyanocobalamin (vitamin b-12) 144
cyclobenzaprine 34
CYCLOGYL 130
CYCLOMYDRIL 134
cyclopentolate 130
cyclophosphamide 15
CYCLOPHOSPHAMIDE 15
cycloserine 9
CYCLOSET 98
cyclosporine 15, 130
cyclosporine modified 15
CYLTEZO(CF) 117
CYLTEZO(CF) PEN 117
CYLTEZO(CF) PEN CROHN'S-UC-HS 117
CYLTEZO(CF) PEN PSORIASIS-UV 117
cyproheptadine 134
cyred 124
cyred eq 124
CYSTADANE 104
CYSTADROPS 130
CYSTAGON 142
CYSTARAN 130
CYTOMEL 101
CYTOTEC 109

D

dabigatran etexilate 68
dalfampridine 32
DALIRESP 137
danazol 96
DANTRIUM 34
dantrolene 34
DANZITEN 16
DAPAGLIFLOZ PROPANED-METFORMIN 98
DAPAGLIFLOZIN PROPANEDIOL 98
dapsone 9, 77
DAPSONE 77
DAPTACEL (DTAP PEDIATRIC) (PF) 112
DARAPRIM 9
darifenacin 141
DARTISLA 101
darunavir 4
dasatinib 16
dasetta 1/35 (28) 124
dasetta 7/7/7 (28) 124
DAURISMO 16
DAXXIFY 112
DAYBUE 32
daysee 124
DAYTRANA 46
DAYVIGO 46
DDAVP 96
deblitane 120
deferasirox 86
deferiprone 86
deflazacort 91
DELSTRIGO 4
demeclocycline 12
DEMSER 62
DENAVIR 82
DENGVAXIA (PF) 112
denta 5000 plus 89
denta 5000 plus sensitive 89
dentagel 89
DEPAKOTE 25
DEPAKOTE ER 25
DEPAKOTE SPRINKLES 25
DEPEN TITRATABS 117
DEPO-PROVERA 120
DEPO-TESTOSTERONE 96
dermacinrx lidocan 79
DERMA-SMOOTHE/FS BODY OIL 83
DERMA-SMOOTHE/FS SCALP OIL 83
DERMAWERX SDS 83
DERMOTIC OIL 90
DESCOVY 4
desipramine 46
desloratadine 134
desmopressin 96
DESMOPRESSIN 96
desog-e.estradiol/e.estradiol 124
desonide 83
desoximetasone 83
DESOXYN 46
DESVENLAFAXINE 46
desvenlafaxine succinate 46
dexabliss 91
dexamethasone 91
dexamethasone intensol 91
dexamethasone sodium phosphate 133
dexchlorpheniramine maleate 134
DEXCOM G6 RECEIVER 92
DEXCOM G6 SENSOR 92
DEXCOM G6 TRANSMITTER 92
DEXCOM G7 RECEIVER 92
DEXCOM G7 SENSOR 92
DEXEDRINE SPANSULE 46
DEXILANT 109
dexlansoprazole 109
dexmethylphenidate 46
dextroamphetamine sulfate 46, 47
dextroamphetamine-amphetamine 47
DHIVY 29
DIACOMIT 25
dialyvite 800 144
diazepam 25, 47
diazepam intensol 47
diazoxide 93
DIBENZYLINE 62
dichlorphenamide 32
DICLEGIS 104
DICLOFENAC EPOLAMINE 39
diclofenac potassium 39
diclofenac sodium 39, 75, 131
DICLOFENAC SUBMICRONIZED 39
diclofenac-misoprostol 39
DICLOFEX DC 39
DICLOPR 39
DICLOSAICIN 39
DICLOTRAL 39
dicloxacillin 11
dicyclomine 101
DICYCLOMINE 101
DIFFERIN 77
DIFICID 8

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

diflorasone 83
DIFLUCAN 3
diflunisal 39
difluprednate 133
digoxin 67
dihydroergotamine 30
DILANTIN 25
DILANTIN EXTENDED 25
DILANTIN INFATABS 25
DILANTIN-125 25
DILAUDID 36
diltiazem 63
dilt-xr 63
DIMENTHO 39
dimethyl fumarate 59
DIOVAN 63
DIOVAN HCT 63
DIPENTUM 104
diphenoxylate-atropine 101
DIPROLENE (AUGMENTED) 83
dipyridamole 68
DISALCID 39
disopyramide phosphate 60
disulfiram 86
DITHOL 39
DIURIL 63
divalproex 25
DIVIGEL 120
dodex 144
dofetilide 60
DOJOLVI 144
dolishale 124
DOLOBID 40
DOLOTRANZ 79
donepezil 32
DOPTELET (15 TAB PACK) 68
DORAL 47
DORYX 12
DORYX MPC 12
dorzolamide 132
dorzolamide-timolol 132
dorzolamide-timolol (pf) 132
dotti 120
DOVATO 4
doxazosin 63
doxepin 47, 75
doxercalciferol 96
doxycycline hyclate 12
DOXYCYCLINE HYCLATE 12
doxycycline monohydrate 12, 13
doxylamine-pyridoxine (vit b6) 104
DRIZALMA SPRINKLE 47
dronabinol 104
drospirenone-e.estradiol-lm.fa 124
drospirenone-ethinyl estradiol 124
DROXIA 16
droxidopa 86
DRYSOL DAB-O-MATIC 75
DUAKLIR PRESSAIR 137
DUAVEE 120
DUETACT 98
dulcolax (magnesium hydroxide) 104
DULERA 137
duloxetine 47
DUOBRII 83
DUOPA 29
DUPIXENT PEN 75
DUPIXENT SYRINGE 75
DUREX AVANTI BARE REAL FEEL 119
DUREX TROPICAL CONDOM 119
DUREZOL 133
dutasteride 141
dutasteride-tamsulosin 142
DUVYZAT 86
DYANAVEL XR 47
DYMISTA 137
DYRENIUM 63
DYSPORT 113

E

e.e.s. 400 8
E.E.S. GRANULES 8
EASIVENT HOLDING CHAMBER 140
EC-NAPROSYN 40
econazole nitrate 81
econtra ez 124
econtra one-step 124
ecotrin low strength 40
ECOZA 81
EDARBI 63
EDARBYCLOR 63
EDECRIN 63
EDLUAR 47
ed-spaz 101
EDURANT 4
EDURANT PED 4
eemt 120
eemt hs 120
efavirenz 4
efavirenz-emtricitabin-tenofov 5
efavirenz-lamivu-tenofov disop 5
effer-k 142
EFFEXOR XR 47
EFFIENT 68
EFUDEX 75
EGRIFTA SV 111
EGRIFTA WR 111
ELEPSIA XR 25
ELESTRIN 120
eletriptan 30
ELIDEL 75
ELIGARD 16
ELIGARD (3 MONTH) 16
ELIGARD (4 MONTH) 16
ELIGARD (6 MONTH) 16
ELIMITE 85
elinest 124
ELIQUIS 68
ELIQUIS DVT-PE TREAT 30D START 68
elite-ob 144
ELLA 124
ELMIRON 142
eltrombopag olamine 68
eluryng 122
ELYXYB 30
EMEND 104
EMFLAZA 91
EMGALITY PEN 30
EMGALITY SYRINGE 30
EMROSI 13
EMSAM 47
emtricitabine 5
emtricitabine-tenofovir (tdf) 5
emtricita-rilpivirine-tenof df 5
EMTRIVA 5
EMVERM 10
emzahh 120
enalapril maleate 63

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

enalapril-hydrochlorothiazide 63
ENBREL 117
ENBREL MINI 117
ENBREL SURECLICK 117
ENDARI 86
endocet 36
ENGERIX-B (PF) 113
ENGERIX-B PEDIATRIC (PF) 113
enilloring 122
enoxaparin 68
enpresse 124
ENSACOVE 16
enskyce 124
ENSPRYNG 16
ENSTILAR 73
entacapone 29
ENTADFI 142
entecavir 5
ENTRESTO 72
ENTRESTO SPRINKLE 72
ENTYVIO PEN 104
enulose 104
ENVARSUS XR 16
EOHILIA 104
EPANED 63
EPCLUSA 5
EPIDIOLEX 25
EPIDUO FORTE 77
EPIFOAM 73
epinastine 130
epinephrine 134
EPINEPHRINE 134
EPIPEN 134
EPIPEN JR 134
EPIVIR 5
eplerenone 63
EPOGEN 110
EPRONTIA 25
eprosartan 63
EPSOLAY 78
EQUETRO 25
ergocalciferol (vitamin d2) 144
ergoloid 48
ERGOMAR 30
ergotamine-caffeine 30
ERIVEDGE 16
ERLEADA 16
erlotinib 16
ERMEZA 101
errin 120
ERTACZO 81
ery pads 78
erygel 78
ERYPED 200 8
ERYPED 400 8
ery-tab 8
ERY-TAB 8
erythrocin (as stearate) 8
erythromycin 9, 129
erythromycin ethylsuccinate 8, 9
erythromycin with ethanol 78
erythromycin-benzoyl peroxide 78
ERZOFRI 48
ESBRIET 137
escitalopram oxalate 48
eslicarbazepine 25
esomeprazole magnesium 109
estarylla 124
estazolam 48
ESTRACE 120
estradiol 120
estradiol-norethindrone acet 120
ESTRATEST H.S. 120
ESTRING 120
ESTROGEL 120
estrogens-methyltestosterone 120
eszopiclone 48
ethacrynic acid 63
ethambutol 10
ethosuximide 25
ethynodiol diac-eth estradiol 124
etodolac 40
etonogestrel-ethinyl estradiol 122
etoposide 16
etravirine 5
EUCRISA 75
EULEXIN 16
EURAX 85
euthyrox 101
EVAMIST 120
EVEKEO 48
everolimus (antineoplastic) 16
everolimus (immunosuppressive) 16
EVISTA 115
EVOCLIN 78
EVOTAZ 5
EVOXAC 86
EVRYSDI 32
EXELDERM 81
EXELON PATCH 32
exemestane 16
exenatide 98
EXFORGE 63
EXFORGE HCT 63
EXJADE 86
EXODERM 81
EXTINA 81
eye itch relief 130
EYSUVIS 133
ezetimibe 70
EZETIMIBE-ROSUVASTATIN 70
ezetimibe-simvastatin 70

F

FABHALTA 86
FABIOR 78
falmina (28) 124
famciclovir 5
famotidine 109
FANAPT 48
FANAPT TITRATION PACK A 48
FANAPT TITRATION PACK B 48
FANAPT TITRATION PACK C 48
FARESTON 16
FARXIGA 98
FASENRA 137
FASENRA PEN 137
FC2 FEMALE CONDOM 119
febuxostat 115
feirza 124
felbamate 25
FELBATOL 25
felodipine 63
FEMARA 16
FEMCAP 119
FEMLYV 124
FEMRING 120
fenofibrate 70

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

FENOFIBRATE....70
fenofibrate micronized....70
FENOFIBRATE MICRONIZED....70
fenofibrate nanocrystallized.70
fenofibric acid 70
fenofibric acid (choline) 70
fenoprofen....40
FENOPROFEN 40
FENOPRON....40
FENSOLVI....16
fentanyl 36
FERRIC CITRATE 142
FERRIPROX....86
FERRIPROX (2 TIMES A DAY)....86
fesoterodine 141
FETZIMA....48
FEXMID....34
FIASP FLEXTOUCH U-100 INSULIN....94
FIASP PENFILL U-100 INSULIN....94
FIASP PUMPCART 94
FIASP U-100 INSULIN....94
FIBRICOR 70
fidaxomicin 9
FILSPARI....72
FINACEA....78
finasteride....142
fingolimod....59
FINTEPLA 25
finzala 124
FIORICET....36
FIORICET WITH CODEINE 36
FIRAZYR....137
FIRDAPSE 32
FIRMAGON KIT W DILUENT SYRINGE 16
FIRVANQ 14
flac otic oil....90
FLAREX 133
flavoxate 141
flecainide 60
FLECTOR....40
FLEQSUVY 34
FLEXICHAMBER....141
FLOLIPID 70
FLOMAX....142
flotrex....144
FLUAD 2025-2026 (65 YR UP)(PF) 113
FLUARIX 2025-2026 (PF) 113
FLUBLOK 2025-2026 (PF) 113
FLUCELVAX 2025-2026 (PF) 113
fluconazole....3
flucytosine....3
fludrocortisone 91
FLULAVAL 2025-2026 (PF) 113
FLUMADINE 5
FLUMIST 2025-2026....113
flunisolide 137
fluocinolone 83
fluocinolone acetonide oil 90
fluocinolone and shower cap 83
fluocinonide 83
fluocinonide-e 83
fluoride (sodium) 89, 144
fluorometholone....133
fluorouracil....75
FLUOROURACIL 75
fluoxetine 48
fluphenazine decanoate 48
fluphenazine hcl....49
flurandrenolide....84
flurazepam 49
flurbiprofen....40
flurbiprofen sodium 131
FLUTICASONE FUROATE-VILANTEROL....137
fluticasone propionate..84, 137
FLUTICASONE PROPIONATE 137
fluticasone propion-salmeterol 137
FLUTICASONE PROPION-SALMETEROL....137
fluvastatin 70
fluvoxamine 49
FLUZONE 2025-2026 (PF)113
FLUZONE HIGH-DOSE 2025-26 (PF)....113
FML FORTE 133
FML LIQUIFILM 133
FOCALIN....49
FOCALIN XR 49
folic acid 144
folitab....144
folivane-ob 144
foltabs 800 144
fondaparinux....68
FORFIVO XL....49
formoterol fumarate....137
FORTEO....115
FOSAMAX....115
FOSAMAX PLUS D....115
fosamprenavir....5
fosfomycin tromethamine....13
fosinopril....63
fosinopril-hydrochlorothiazide 63
FOSRENOL 142
FOTIVDA....16
FRAGMIN....68
FREESTYLE LIBRE 14 DAY READER 92
FREESTYLE LIBRE 14 DAY SENSOR....92
FREESTYLE LIBRE 2 PLUS SENSOR....92
FREESTYLE LIBRE 2 READER 92
FREESTYLE LIBRE 2 SENSOR....92
FREESTYLE LIBRE 3 PLUS SENSOR....92
FREESTYLE LIBRE 3 READER 92
FREESTYLE LIBRE 3 SENSOR....92
FROVA....31
frovatriptan....31
FRUZAQLA....16, 17
full spectrum b-vitamin c 144
FULPHILA....110
FURADANTIN 13
FUROSCIX 63
furosemide 64
FUZEON 5
fyavolv....121
FYCOMPA....26
FYLNETRA 110

G

g tussin ac 135
gabapentin 26
GABARONE....26

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

GALAFOLD 96
galantamine 32
galbriela 124
gallifrey 121
GALZIN 143
GARDASIL 9 (PF) 113
GASTROCROM 104
gatifloxacin 129
GATTEX 30-VIAL 104
gavilax 104
gavilyte-c 104
gavilyte-g 104
gavilyte-n 104
GAVRETO 17
gefitinib 17
GELCLAIR 89
gemfibrozil 70
gemmily 124
GEMTESA 141
generlac 104
gengraf 17
GENOTROPIN 112
GENOTROPIN MINIQUICK 112
gentamicin 80, 129
GENTEEL VACUUM LANCING DEVICE 93
gentle laxative (bisacodyl) 104
gentle laxative (mag hydrox) 104
gentlelax 104
GENVOYA 5
GEODON 49
GILENYA 59
GILOTRIF 17
GIMOTI 104
glatiramer 59
glatopa 59
GLEEVEC 17
GLEOSTINE 17
glimepiride 98
GLIMEPIRIDE 98
glipizide 98
GLIPIZIDE 98
glipizide-metformin 98
GLOPERBA 115
GLUCAGON (HCL) EMERGENCY KIT 93
glucagon emergency kit (human) 93
glutamine (sickle cell) 87
glyburide 99
glyburide micronized 99
glyburide-metformin 99
GLYCATE 101
glycopyrrolate 101
GLYXAMBI 99
GOCOVRI 29
GOLYTELY 104
GOMEKLI 17
GONITRO 72
GRALISE 26
granisetron hcl 104
GRANIX 110
GRASTEK 113
griseofulvin microsize 3
griseofulvin ultramicrosize 3
guanfacine 49, 64
GVOKE 93
GVOKE HYPOPEN 2-PACK 93
GVOKE PFS 2-PACK SYRINGE 93
GYNAZOLE-1 122

H

HADLIMA 117
HADLIMA PUSHTOUCH 117
HADLIMA(CF) 117
HADLIMA(CF) PUSHTOUCH 117
HAEGARDA 137
hailey 124
hailey 24 fe 124
hailey fe 1.5/30 (28) 124
hailey fe 1/20 (28) 124
halcinonide 84
HALCION 49
halobetasol propionate 84
haloette 122
HALOG 84
haloperidol 49
haloperidol decanoate 49
haloperidol lactate 49
HARVONI 5
HAVRIX (PF) 113
heather 121
HEMADY 91
HEMANGEOL 64
HEMICLOR 64
hemmorex-hc 104
heparin (porcine) 68
heparin, porcine (pf) 68
HEPLISAV-B (PF) 113
HERNEXEOS 17
HETLIOZ 49
HETLIOZ LQ 49
HIBERIX (PF) 113
homatropaire 130
HORIZANT 32
HULIO(CF) 117
HULIO(CF) PEN 117
HUMALOG JUNIOR KWIKPEN U-100 94
HUMALOG KWIKPEN INSULIN 94
HUMALOG MIX 50-50 KWIKPEN 94
HUMALOG MIX 75-25 KWIKPEN 94
HUMALOG MIX 75-25(U-100)INSULN 94
HUMALOG TEMPO PEN(U-100)INSULN 94
HUMALOG U-100 INSULIN 94
HUMATIN 10
HUMATROPE 112
HUMIRA (ONLY NDCS STARTING WITH 00074) 117
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) 117
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) 117
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) 118
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) 118
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) 118
HUMULIN 70/30 U-100 INSULIN 94

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

HUMULIN 70/30 U-100 KWIKPEN 94
HUMULIN N NPH INSULIN KWIKPEN 94
HUMULIN N NPH U-100 INSULIN 94
HUMULIN R REGULAR U-100 INSULN 94
HUMULIN R U-500 (CONC) INSULIN 94
HUMULIN R U-500 (CONC) KWIKPEN 94
HYCAMTIN 17
HYCODAN (WITH HOMATROPINE) 135
hydralazine 64
HYDREA 17
hydrochlorothiazide 64
hydrocodone bitartrate 36
hydrocodone-acetaminophen 36
hydrocodone-chlorpheniramine 135
hydrocodone-homatropine . 135
hydrocodone-ibuprofen .. 36, 37
hydrocortisone 84, 91, 104, 105
hydrocortisone acetate 104
hydrocortisone butyrate 84
hydrocortisone valerate 84
hydrocortisone-acetic acid ... 90
hydrocortisone-pramoxine . 105
hydromet 135
hydromorphone 37
hydroxychloroquine 10
hydroxyurea 17
hydroxyzine hcl 134
hydroxyzine pamoate 134
HYFTOR 75
HYMPAVZI PEN 68
hyoscyamine sulfate 102
hyosyne 102
HYPER-SAL 137
HYRIMOZ PEN CROHN'S-UC STARTER 118
HYRIMOZ PEN PSORIASIS STARTER 118
HYRIMOZ(CF) 118
HYRIMOZ(CF) PEDI CROHN STARTER 118
HYRIMOZ(CF) PEN 118
HYSINGLA ER 37
HYZAAR 64

I

ibandronate 115
IBRANCE 17
IBSRELA 105
IBTROZI 17
ibu 40
ibuprofen 40
ibuprofen-famotidine 40
icatibant 137
iclevia 124
ICLOFENAC CP 40
ICLUSIG 17
icosapent ethyl 70
IDHIFA 17
ILEVRO 131
ILUMYA 73
imatinib 17
IMBRUVICA 17
IMCIVREE 86
imipramine hcl 49
imipramine pamoate 49
imiquimod 75
IMITREX 31
IMITREX STATDOSE PEN 31
IMITREX STATDOSE REFILL 31
IMKELDI 17
IMPAVIDO 10
IMPOYZ 84
IMURAN 17
IMVEXXY MAINTENANCE PACK 121
IMVEXXY STARTER PACK 121
INBRIJA 29
incassia 121
INCRELEX 87
INCRUSE ELLIPTA 137
indapamide 64
INDERAL LA 64
INDERAL XL 64
INDOCIN 40
indomethacin 40
INDOMETHACIN 40
INFANRIX (DTAP) (PF) ... 113
INGREZZA 32
INGREZZA INITIATION PK(TARDIV) 32
INGREZZA SPRINKLE 32
INLYTA 17
INNOPRAN XL 64
INPEFA 99
INQOVI 17
INREBIC 17
INSPRA 64
INSULIN ASP PRT-INSULIN ASPART 94
INSULIN ASPART U-100 ... 94
INSULIN DEGLUDEC 94
INSULIN GLARGINE U-300 CONC 94
INSULIN GLARGINE-YFGN 94
INSULIN LISPRO 94
INSULIN LISPRO PROTAMIN-LISPRO 95
INSULIN SYRINGE-NEEDLE U-100 93
INTELENCE 5
INTRAROSA 122
introvale 124
INTUNIV ER 49
INVEGA 50
INVEGA HAFYERA 49, 50
INVEGA SUSTENNA 50
INVEGA TRINZA 50
INVELTYS 133
INVOKAMET 99
INVOKAMET XR 99
INVOKANA 99
INZIRQO 64
IOPIDINE 134
IPOL 113
ipratropium bromide 89, 137
ipratropium-albuterol 137
IQIRVO 105
irbesartan 64
irbesartan-hydrochlorothiazide 64
IRESSA 17
ISENTRESS 5
ISENTRESS HD 5
isibloom 125
isoniazid 10
ISORDIL 72
ISORDIL TITRADOSE 72
isosorbide dinitrate 72
isosorbide mononitrate 72
isosorbide-hydralazine 64

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

isotretinoin 78
isradipine 64
ISTALOL 129
ISTURISA 96
ITOVEBI 17, 18
itraconazole 3
ivabradine 72
ivermectin 10, 78
IWILFIN 18
IYUZEH (PF) 132
J
JADENU 87
JADENU SPRINKLE 87
jaimiess 125
JAKAFI 18
JALYN 142
jantoven 68
JANUMET 99
JANUMET XR 99
JANUVIA 99
JARDIANCE 99
jasmiel (28) 125
JATENZO 96
javygtor 96
JAYPIRCA 18
jencycla 121
JENTADUETO 99
JENTADUETO XR 99
jinteli 121
JOENJA 87
jolessa 125
JORNAY PM 50
JOURNAVX 40
joyeaux 125
JUBLIA 81
juleber 125
JULUCA 5
junel 1.5/30 (21) 125
junel 1/20 (21) 125
junel fe 1.5/30 (28) 125
junel fe 1/20 (28) 125
junel fe 24 125
JUXTAPID 70
JYLAMVO 18
JYNARQUE 96
JYNNEOS (PF) 113
K
kaitlib fe 125
KALETRA 5
kalliga 125
KALYDECO 137
KAPSPARGO SPRINKLE ..64
KARBINAL ER 134
kariva (28) 125
KATERZIA 64
KAZANO 99
kelnor 1/35 (28) 125
KENALOG 84
KEPPRA 26
KEPPRA XR 26
keralyt 74
KERALYT RX 74
KERALYT SCALP 74
KERENDIA 64
KESIMPTA PEN 59
ketoconazole 3, 81
ketodan 81
ketodan kit 81
ketoprofen 40, 41
ketorolac 41, 131
ketotifen fumarate 130
KEVEYIS 32
KEVZARA 118
KHINDIVI 91
KINERET 118
KINRIX (PF) 113
KISQALI 18
KITABIS PAK 10
KLARON 80
klayesta 81
KLISYRI (250 MG) 18
KLONOPIN 26
klor-con 143
klor-con 10 143
klor-con 8 143
klor-con m10 143
klor-con m15 143
klor-con m20 143
klor-con/ef 143
KLOXXADO 41
kobee 144
KONVOMEP 109
KORLYM 96
KOSELUGO 18
kourzeq 89
K-PHOS NO 2 142
KRAZATI 18
KRINTAFEL 10
KRISTALOSE 105
kurvelo (28) 125
KUVAN 96
KYZATREX 96
L
l norgest/e.estradiol-e.estrad 125
labetalol 64
LABETALOL 64
lacosamide 26
lactulose 105
LAMICTAL 26
LAMICTAL ODT 26
LAMICTAL ODT STARTER (BLUE) 26
LAMICTAL ODT STARTER (GREEN) 26
LAMICTAL ODT STARTER (ORANGE) 26
LAMICTAL STARTER (BLUE) KIT 26
LAMICTAL STARTER (GREEN) KIT 26
LAMICTAL STARTER (ORANGE) KIT 26
LAMICTAL XR 26
LAMICTAL XR STARTER (BLUE) 26
LAMICTAL XR STARTER (GREEN) 26
LAMICTAL XR STARTER (ORANGE) 26
lamivudine 5
lamivudine-zidovudine 5
lamotrigine 26
LAMPIT 10
LANCETS 93
LANCING DEVICE 93
LANOXIN 67
lansoprazole 109
lanthanum 143
LANTUS SOLOSTAR U-100 INSULIN 95
LANTUS U-100 INSULIN ..95
lapatinib 18
larin 1.5/30 (21) 125
larin 1/20 (21) 125
larin 24 fe 125
larin fe 1.5/30 (28) 125
larin fe 1/20 (28) 125
LASIX 64
latanoprost 132

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

LATUDA 50
laxative (bisacodyl) 105
laxative peg 3350 105
LAZCLUZE 18
LEDIPASVIR-SOFOSBUVIR 5
leena 28 125
leflunomide 118
lenalidomide 18
LENVIMA 18
LEQSELVI 118
LESCOL XL 70
lessina 125
LETAIRIS 137
letrozole 18
leucovorin calcium 14
LEUKERAN 18
LEUKINE 110
leuprolide 18
levalbuterol hcl 137
LEVALBUTEROL TARTRATE 137
LEVAMLODIPINE 64
LEVBID 102
levetiracetam 26, 27
LEVETIRACETAM 27
levobunolol 129
levocarnitine 87
levocarnitine (with sugar) 87
levocetirizine 134
levofloxacin 12, 129
levonest (28) 125
levonorgest-eth.estradiol-iron 125
levonorgestrel 125
levonorgestrel-ethinyl estrad 125
levonorg-eth estrad triphasic 125
levora-28 125
levorphanol tartrate 37
levo-t 101
levothyroxine 101
LEVOTHYROXINE 101
levoxyl 101
LEVSIN 102
LEVSIN/SL 102
LEXAPRO 50
LIALDA 105
LIBRAX (WITH CLIDINIUM) 102
LICART 41
lidocaine 79
lidocaine hcl 79
lidocaine hcl-hydrocortison ac 105
lidocaine viscous 80
lidocaine-prilocaine 80
LIDOCAINE-TETRACAINE 80
lidocan iii 80
lidocan iv 80
lidocan v 80
LIDODERM 80
lidopin 80
LIDO-PRILO CAINE PACK 80
LIFEMS NALOXONE 41
LIKMEZ 10
linezolid 10
LINZESS 105
liothyronine 101
LIPITOR 70
LIPOFEN 70
liraglutide 99
lisdexamfetamine 50
lisinopril 64
lisinopril-hydrochlorothiazide 64
LITFULO 87
lithium carbonate 50
lithium citrate 50
LITHOBID 50
LITHOSTAT 87
LIVALO 70
LIVDELZI 105
LIVMARLI 105
LIVTENCITY 5
LO LOESTRIN FE 125
LODINE 41
LODOCO 72
LODOSYN 29
LOESTRIN 1.5/30 (21) 125
LOESTRIN 1/20 (21) 125
LOESTRIN FE 1.5/30 (28-DAY) 126
LOESTRIN FE 1/20 (28-DAY) 126
lofena 41
lofexidine 41
lojaimiess 126
LOKELMA 143
LOMOTIL 102
LONSURF 18
LOPID 70
lopinavir-ritonavir 5
LOPRESSOR 64
LOPROX (AS OLAMINE) 81
LOPROX KIT 81
lorazepam 51
lorazepam intensol 50
LORBRENA 18
LOREEV XR 51
loryna (28) 126
LORZONE 34
losartan 64
losartan-hydrochlorothiazide 64
LOTEMAX 133
LOTEMAX SM 133
LOTENSIN 64
LOTENSIN HCT 64
loteprednol etabonate 133
LOTREL 65
LOTRONEX 105
lovastatin 70
LOVAZA 70
LOVENOX 68
low-ogestrel (28) 126
loxapine succinate 51
lo-zumandimine (28) 126
lubiprostone 105
LUCEMYRA 41
ludent fluoride 144
LULICONAZOLE 81
LUMAKRAS 18
LUMIGAN 132
LUMRYZ 51
LUMRYZ STARTER PACK 51
LUNESTA 51
LUPKYNIS 19
LUPRON DEPOT 19
LUPRON DEPOT (3 MONTH) 19
LUPRON DEPOT (4 MONTH) 19
LUPRON DEPOT (6 MONTH) 19

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

LUPRON DEPOT-PED 19
LUPRON DEPOT-PED (3 MONTH).....19
lurasidone.....51
lutera (28).....126
LUTRATE DEPOT (3 MONTH).....19
LUZU 81
LYBALVI 51
lyleq 121
lyllana.....121
LYNPARZA.....19
LYRICA 27
LYRICA CR.....27
LYSODREN.....19
LYTGOBI 19
LYUMJEV KWIKPEN U-100 INSULIN.....95
LYUMJEV KWIKPEN U-200 INSULIN.....95
LYUMJEV TEMPO PEN(U-100)INSULN.....95
LYUMJEV U-100 INSULIN 95
lyza 121
M
MACROBID 13
magnesium citrate 105
MALARONE 10
MALARONE PEDIATRIC .10
malathion.....86
maraviroc 5
MARINOL 105
marlissa (28) 126
MARPLAN 51
MATULANE 19
matzim la 65
MAVENCLAD (10 TABLET PACK).....59
MAVENCLAD (4 TABLET PACK).....59
MAVENCLAD (5 TABLET PACK).....59
MAVENCLAD (6 TABLET PACK).....59
MAVENCLAD (7 TABLET PACK).....59
MAVENCLAD (8 TABLET PACK).....59
MAVENCLAD (9 TABLET PACK).....59
MAVYRET 5
MAXALT 31
MAXALT-MLT 31
MAXIDEX 133
MAXITROL.....132
maxi-tuss ac.....135
MAYZENT 59
MAYZENT STARTER(FOR 1MG MAINT) 59
MAYZENT STARTER(FOR 2MG MAINT) 59
meclizine.....105
meclofenamate.....41
MEDROL 91
MEDROL (PAK) 91
medroxyprogesterone 121
mefenamic acid.....41
mefloquine 10
megestrol 19
MEKINIST 19
MEKTOVI.....19
meleya.....121
meloxicam.....41
MELOXICAM 41
meloxicam submicronized 41
memantine 33
MEMANTINE.....33
memantine-donepezil.....33
MENEST 121
MENOSTAR.....121
MENQUADFI (PF).....113
MENVEO A-C-Y-W-135-DIP (PF).....113
meperidine.....37
meprobamate.....34
MEPRON 10
mercaptopurine 19
MERILOG.....95
MERILOG SOLOSTAR 95
merzee.....126
mesalamine.....105
mesalamine with cleansing wipe 105
MESNEX.....14
MESTINON 34
MESTINON TIMESPAN 34
METADATE CD 51
metaxalone.....34
METAXALONE 34
metformin.....99
METFORMIN 99
methadone.....37
methadose 37
methamphetamine.....51
methazolamide.....131
methenamine hippurate 13
methenamine mandelate 13
methimazole.....92
METHITEST 96
methocarbamol 34
methotrexate sodium.....19
methotrexate sodium (pf) 19
methoxsalen 75
methscopolamine 102
methsuximide 27
methyldopa 65
methyldopa-hydrochlorothiazide.....65
methylergonovine 128
METHYLIN 51
methylphenidate.....51
methylphenidate hcl.....51, 52
METHYLPHENIDATE HCL 52
methylprednisolone.....91
methyltestosterone 96
metoclopramide hcl 106
metolazone.....65
metoprolol succinate 65
metoprolol ta-hydrochlorothiaz 65
metoprolol tartrate 65
METROCREAM.....78
METROGEL 78
metronidazole 10, 78, 122
METRONIDAZOLE.....10
metyrosine.....65
mexiletine.....60
mibelas 24 fe.....126
MICARDIS.....65
MICARDIS HCT.....65
MICONAZOLE NITRATE-ZINC OX-PET.....81
miconazole-3.....122
MICORT-HC.....106
MICROCHAMBER 141
microgestin 1.5/30 (21) 126
microgestin 1/20 (21) 126

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

microgestin fe 1.5/30 (28) ..126
microgestin fe 1/20 (28) 126
midazolam 52
midodrine 87
MIEBO (PF).....130
MIFEPREX.....122
mifepristone.....96, 122
migergot 31
miglitol 99
miglustat.....96
MIGRANAL 31
mili.....126
milk of magnesia.....106
milk of magnesia concentrated 106
millipred 91
millipred dp 91
mimvey.....121
MINIVELLE 121
minocycline.....13
MINOCYCLINE.....13
minoxidil.....65
minzoya.....126
MIPLYFFA 33
mirabegron 141
MIRCERA.....110
mirtazapine.....52
MIRVASO 78
misoprostol.....109
MITIGARE 115
M-M-R II (PF).....113
m-natal plus.....144
modafinil.....52
MODERNA COVID 24-25(6M-11Y)PF 113
moexipril.....65
molindone.....52
mometasone.....84, 137
mondoxyne nl.....13
mono-linyah.....126
montelukast.....137
MORGIDOX 1X 50 13
MORGIDOX 1X100 13
morphine.....37
morphine concentrate.....37
MOTEGRITY 106
MOTOFEN.....102
MOTPOLY XR.....27
MOUNJARO.....99
MOVANTIK.....106
MOVIPREP.....106
MOXATAG.....11
moxifloxacin 12, 129
MRESVIA (PF).....113
MS CONTIN 37
MULPLETA.....68
MULTAQ.....60
multi-vitamin with fluoride.144
multivit-fluoride (metafolin) 145
mupirocin.....80
mupirocin calcium.....80
mvc-fluoride.....145
my choice.....126
my way.....126
MYALEPT 96
MYCAPSSA 19
mycophenolate mofetil.....19
mycophenolate sodium 19
MYDAYIS 52
MYDRIACYL.....130
MYFEMBREE.....122
MYFORTIC 20
MYHIBBIN.....20
MYLERAN 20
mynatal 145
mynatal plus 145
mynatal-z 145
MYOBLOC.....113
MYRBETRIQ 141
MYSOLINE 27
MYTESI 102
N
nabumetone 41
nadolol.....65
naftifine.....81
NAFTIN 81
NALFON.....41
NALOCET 37
naloxone 41
naltrexone.....41
NAMENDA TITRATION PAK.....33
NAMENDA XR.....33
NAMZARIC.....33
NAPRELAN CR 41
NAPROSYN 41
naproxen.....41
naproxen sodium 41
naproxen-esomeprazole.....42
naratriptan.....31
NARCAN 42
NARDIL 52
nasal allergy 137
NATACYN.....129
NATAZIA 126
nateglinide 99
NATESTO.....96
NATROBA.....86
natura-lax 106
NAYZILAM.....27
nebivolol 65
NEBUPENT 10
nebusal.....138
NEBUSAL.....138
necon 0.5/35 (28).....126
nefazodone.....52
NEFFY 135
NEMLUVIO.....20
neomycin.....10
neomycin-bacitracin-poly-hc 132
neomycin-bacitracin-polymyxin.....129
neomycin-polymyxin b-dexameth.....132
neomycin-polymyxin-gramicidin.....129
neomycin-polymyxin-hc 90, 132
neo-polycin 129
neo-polycin hc 132
NEORAL.....20
NEO-SYNALAR.....80
NEO-SYNALAR KIT 80
NERLYNX.....20
NESINA 99
neuac.....78
NEUAC KIT.....78
NEULASTA 110
NEULASTA ONPRO 110
NEUPOGEN.....110, 111
NEUPRO 30
NEURONTIN.....27
NEVANAC.....131
nevirapine 6
new day.....126
newgen.....145
NEXAVAR.....20
NEXICLON XR 65
NEXIUM 109

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

NEXIUM PACKET 109
NEXLETOL 71
NEXLIZET 71
NEXTSTELLIS 126
NGENLA 112
niacin 71
NIACOR 71
nicardipine 65
NICODERM CQ 88
nicorette 88
NICORETTE 88
nicotine 88
nicotine (polacrilex) 88, 89
NICOTROL NS 89
nifedipine 65
nikki (28) 126
NILANDRON 20
nilotinib hcl 20
NILOTINIB TARTRATE 20
nilutamide 20
nimodipine 65
NINLARO 20
nisoldipine 65
nitazoxanide 10
nitisinone 87
nitro-bid 72
NITRO-DUR 72
nitrofurantoin 13
NITROFURANTOIN 13
nitrofurantoin macrocrystal .13
nitrofurantoin monohyd/m-cryst 13
nitroglycerin 72, 106
NITROLINGUAL 72
NITROMIST 72
NITROSTAT 72
NITYR 87
NIVESTYM 111
nizatidine 109
nora-be 121
NORDITROPIN FLEXPRO 112
norelgestromin-ethin.estradiol 122
noreth-ethinyl estradiol-iron 126
norethindrone (contraceptive) 121
norethindrone acetate 121
norethindrone ac-eth estradiol 121, 126
norethindrone-e.estradiol-iron 126
NORGESIC 34
NORGESIC FORTE 34
norgestimate-ethinyl estradiol 126
NORITATE 78
NORLIQVA 65
NORPACE 60
NORPACE CR 60
NORTHERA 87
nortrel 0.5/35 (28) 126
nortrel 1/35 (21) 127
nortrel 1/35 (28) 127
nortrel 7/7/7 (28) 127
nortriptyline 52
NORVASC 65
NORVIR 6
NOURIANZ 30
NOVAREL 97
NOVAVAX COVID 2024-25(PF)(EUA) 113
NOVOLIN 70-30 FLEXPEN U-100 95
NOVOLIN N FLEXPEN 95
NOVOLIN R FLEXPEN 95
NOVOLOG FLEXPEN U-100 INSULIN 95
NOVOLOG MIX 70-30 U-100 INSULN 95
NOVOLOG MIX 70-30FLEXPEN U-100 95
NOVOLOG PENFILL U-100 INSULIN 95
NOVOLOG U-100 INSULIN ASPART 95
NOXAFIL 3
NOXIPAK 84
np thyroid 101
NUBEQA 20
NUCALA 138
NUCORT 84
NUCYNTA 42
NUCYNTA ER 42
NUEDEXTA 33
NULEV 102
NULIBRY 33
NUPLAZID 52
NURTEC ODT 31
NUTROPIN AQ NUSPIN 112
NUVARING 122
NUVESSA 122
NUVIGIL 52
NUZYRA 13
nyamyc 81
nylia 1/35 (28) 127
nylia 7/7/7 (28) 127
NYMALIZE 65
NYPOZI 111
nystatin 3, 81
nystatin-triamcinolone 81
nystop 81
NYVEPRIA 111

O

OCALIVA 106
ocella 127
octreotide,microspheres 20
OCUFLOX 129
ODACTRA 113
ODEFSEY 6
ODOMZO 20
OFEV 138
ofloxacin 12, 90, 129
OGSIVEO 20
OHTUVAYRE 138
OJEMDA 20
OJJAARA 20
olanzapine 52
olanzapine-fluoxetine 52
olmesartan 65
olmesartan-amlodipin-hcthiazid 65
olmesartan-hydrochlorothiazide 65
olopatadine 89
OLPRUVA 87
OLUMIANT 118
OLUX 84
OMECLAMOX-PAK 109
omega-3 acid ethyl esters 71
omeprazole 109
omeprazole-sodium bicarbonate 109
OMNARIS 138
OMNIPOD 5 (G6/LIBRE 2 PLUS) 93
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 93

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

OMNIPOD 5 G6-G7 PODS (GEN 5) 93
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) 93
OMNIPOD DASH INTRO KIT (GEN 4) 93
OMNIPOD DASH PODS (GEN 4) 93
OMNITROPE 112
OMVOH 106
OMVOH PEN 106
ONAPGO 30
ondansetron 106
ONDANSETRON 106
ondansetron hcl 106
one daily prenatal 145
onelax magnesium citrate ... 106
ONETOUCH ULTRA CONTROL 92
ONETOUCH ULTRA TEST 92
ONETOUCH ULTRA2 METER 92
ONETOUCH VERIO FLEX METER 92
ONETOUCH VERIO MID CONTROL 92
ONETOUCH VERIO REFLECT METER 92
ONETOUCH VERIO TEST STRIPS 93
ONEXTON 78
ONFI 27
ONGENTYS 30
ONUREG 20
ONYDA XR 53
ONZETRA XSAIL 31
opcicon one-step 127
OPFOLDA 97
OPILL 121
OPIPZA 53
OPSUMIT 138
OPSYNVI 138
OPTICHAMBER DIAMOND VHC 141
option-2 127
OPVEE 42
OPZELURA 75
ORACEA 13
oral saline laxative 106
ORALAIR 113
oralone 89
ORAPRED ODT 91
ORAVIG 3
ORENCIA 118
ORENCIA CLICKJECT 118
ORENITRAM 65
ORENITRAM MONTH 1 TITRATION KT 65
ORENITRAM MONTH 2 TITRATION KT 65
ORENITRAM MONTH 3 TITRATION KT 65
ORFADIN 87
ORGOVYX 20
ORIAHNN 122
ORILISSA 97
ORKAMBI 138
ORLADEYO 138
ormalvi 33
orphenadrine citrate 34
orphenadrine-asa-caffeine ... 34
orphengesic forte 34
orquidea 121
ORSERDU 20
oscimin 102
oscimin sl 102
oseltamivir 6
OSENI 99
OSPHENA 122
OTEZLA 118
OTEZLA STARTER 118
OTOVEL 90
OVIDE 86
OVIDREL 97
oxaprozin 42
OXAPROZIN 42
oxazepam 53
oxcarbazepine 27
OXERVATE 131
oxiconazole 81
OXISTAT 81
OXLUMO 142
OXTELLAR XR 27
oxybutynin chloride 141
OXYBUTYNIN CHLORIDE 141
oxycodone 37
OXYCODONE 37
oxycodone-acetaminophen ..37, 38
OXYCONTIN 38
oxymorphone 38
OXYTROL 141
OZEMPIC 99
OZOBAX 34
OZOBAX DS 34
P
pacerone 60
PALFORZIA (LEVEL 0) .. 113
PALFORZIA (LEVEL 1) .. 114
PALFORZIA (LEVEL 2) .. 114
PALFORZIA (LEVEL 3) .. 114
PALFORZIA (LEVEL 4) .. 114
PALFORZIA (LEVEL 5) .. 114
PALFORZIA (LEVEL 6) .. 114
PALFORZIA (LEVEL 7) .. 114
PALFORZIA (LEVEL 8) .. 114
PALFORZIA (LEVEL 9) .. 114
PALFORZIA (LEVEL 10) . 114
PALFORZIA INITIAL (1-3 YRS) 114
PALFORZIA INITIAL (4-17 YRS) 114
PALFORZIA LEVEL 11 MAINTENANCE 114
paliperidone 53
PALYNZIQ 97
PAMELOR 53
PANCREAZE 106
PANDEL 84
PANRETIN 75
pantoprazole 109
paricalcitol 97
PARNATE 53
paroex oral rinse 89
paroxetine hcl 53
paroxetine mesylate(menop.sym) 53
PASER 10
PAXIL 53
PAXIL CR 53
PAXLOVID 6
pazopanib 20
PEDIARIX (PF) 114
PEDVAX HIB (PF) 114
peg 3350-electrolytes 106
peg3350-sod sul-nacl-kcl-asb-c 106

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

PEGASYS 112
peg-electrolyte soln 106
PEMAZYRE 20
PEN NEEDLE, DIABETIC . 93
PENBRAYA (PF) 114
penciclovir 82
penicillamine 118
penicillin v potassium 11
PENMENVY MEN A-B-C-W-Y (PF) 114
PENNSAID 42
PENTACEL (PF) 114
pentamidine 10
PENTASA 106, 107
pentazocine-naloxone 42
pentoxifylline 68
PEPCID 109
perampanel 27
PERCOCET 38
PERFOROMIST 138
PERIDEX 89
perindopril erbumine 65
periogard 89
permethrin 86
perphenazine 53
perphenazine-amitriptyline .. 53
PERSERIS 53
PERTZYE 107
PHEBURANE 87
phenazopyridine 142
phenelzine 53
phenobarbital 27
phenoxybenzamine 66
phenylephrine hcl 134
PHENYTEK 27
phenytoin 27
phenytoin sodium extended .. 27
PHEXXI 122
philith 127
phosphate laxative 107
PHOSPHOLINE IODIDE .. 130
phytonadione (vitamin k1) 68
PIASKY 87
PIFELTRO 6
pilocarpine hcl 89, 130
pimecrolimus 75
pimozide 54
pimtrea (28) 127
pindolol 66
pioglitazone 99
pioglitazone-glimepiride 100
pioglitazone-metformin 100
PIQRAY 20, 21
pirfenidone 138
PIRFENIDONE 138
piroxicam 42
pitavastatin calcium 71
PLAN B ONE-STEP 127
PLAQUENIL 10
PLAVIX 68
PLEGRIDY 59
PLENVU 107
PLIAGLIS 80
PNEUMOVAX-23 114
pnv-dha 145
pnv-omega 145
pnv-select 145
POCKET CHAMBER 141
podofilox 75
POKONZA 143
polycin 129
polyethylene glycol 3350 107
polymyxin b sulf-trimethoprim 129
POMALYST 21
PONVORY 60
PONVORY 14-DAY STARTER PACK 60
portia 28 127
posaconazole 3
potassium chloride 143
POTASSIUM CHLORIDE 143
potassium citrate 142
powderlax 107
pr natal 400 145
pr natal 400 ec 145
pr natal 430 145
pr natal 430 ec 145
PRADAXA 69
PRALUENT PEN 71
pramipexole 30
PRAMOSONE 73
prasugrel hcl 69
pravastatin 71
praziquantel 10
prazosin 66
PRECOSE 100
PRED FORTE 133
PRED MILD 133
prednicarbate 84
prednisolone 91
prednisolone acetate 133
prednisolone sodium phosphate 91, 133
prednisone 91
prednisone intensol 91
pregabalin 27, 28
PREGNYL 97
PREMARIN 121
PREMPHASE 121
PREMPRO 121
prenatabs fa 145
prenatabs rx 145
prenatal 145
prenatal complete 145
prenatal multi-dha (algal oil) 145
prenatal multivitamins 145
prenatal one daily 145
prenatal plus 145
prenatal plus (calcium carb) 145
prenatal vit no.179-iron-folic 145
prenatal vitamin 145
prenatal vitamin with minerals 145
prenatal-u 145
PRESTALIA 66
PRETOMANID 10
PREVACID 109
PREVACID SOLUTAB 109
prevalite 71
PREVIDENT 90
PREVIDENT 5000 ENAMEL PROTECT 89
PREVIDENT 5000 ORTHO DEFENSE 90
PREVIDENT 5000 PLUS 90
PREVIDENT 5000 SENSITIVE 90
PREVNAR 20 (PF) 114
PREVYMIS 6
PREZCOBIX 6
PREZISTA 6
PRIFTIN 10
PRILOSEC 109
primaquine 10
primidone 28
PRIMIDONE 28

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

PRIMLEV 38
PRIMSOL 14
PRIORIX (PF) 114
PRISTIQ 54
PROAIR RESPICLICK 138
probenecid 115
probenecid-colchicine 115
PROCARDIA XL 66
procentra 54
prochlorperazine 107
prochlorperazine maleate 107
PROCRIT 111
PROCTOFOAM HC 107
procto-med hc 107
proctosol hc 107
proctozone-hc 107
PROCYSBI 142
PROFINAC 42
progesterone 121
progesterone micronized 121
PROGLYCEM 93
PROGRAF 21
prolate 38
PROLATE 38
PROLENSA 131
PROMACTA 69
promethazine 135
promethazine-codeine 135
promethazine-dm 135
promethazine-phenylephrine 135
promethegan 135
PROMETRIUM 121
propafenone 60
proparacaine 131
propranolol 66
propranolol-hydrochlorothiazid 66
propylthiouracil 92
PROQUAD (PF) 114
PROSCAR 142
PROTONIX 109
protriptyline 54
PROVERA 121
PROVIGIL 54
PROZAC 54
prucalopride 107
prudoxin 75
pruradik 86
PULMICORT 138
PULMICORT FLEXHALER 138
pulmosal 138
PULMOZYME 138
purelax 107
purevita folic acid 145
PURIXAN 21
PYLERA 109
pyrazinamide 10
PYRIDIUM 142
pyridostigmine bromide 34, 35
PYRIDOSTIGMINE BROMIDE 35
pyrimethamine 10
PYRUKYND 87

Q

QBRELIS 66
QBREXZA 75
QELBREE 54
QFITLIA 69
QFITLIA PEN 69
QINLOCK 21
QLOSI 130
QNASL 138
QUADRACEL (PF) 114
QUAZEPAM 54
QUESTRAN 71
QUESTRAN LIGHT 71
quetiapine 54
QUETIAPINE 54
QUILLICHEW ER 54
QUILLIVANT XR 54
quinapril 66
quinapril-hydrochlorothiazide 66
quinidine gluconate 60
quinidine sulfate 60
quinine sulfate 10
QUINIXIL 84
quit 2 89
quit 4 89
QULIPTA 31
QUVIVIQ 54
QVAR REDIHALER 138

R

rabeprazole 110
RABEPRAZOLE 110
RADICAVA ORS STARTER KIT SUSP 33
RAGWITEK 114
RALDESY 54
raloxifene 115
ramelteon 54
ramipril 66
ranolazine 72
RAPAFLO 142
rasagiline 30
RASUVO (PF) 118
RAVICTI 87
RAYALDEE 97
RAYOS 91
REBIF (WITH ALBUMIN) 60
REBIF REBIDOSE 60
REBIF TITRATION PACK 60
reclipsen (28) 127
RECOMBIVAX HB (PF) 114
RECORLEV 97
RECTIV 107
REGLAN 107
RELAFEN DS 42
RELENZA DISKHALER 6
RELEUKO 111
RELEXXII 54
RELION NOVOLIN 70/30 95
RELION NOVOLIN N 95
RELION NOVOLIN R 95
RELISTOR 107
RELPAX 31
RELTONE 107
REMERON 54
REMERON SOLTAB 54
rena-vite 145
RENVELA 143
repaglinide 100
REPATHA PUSHTRONEX 71
REPATHA SURECLICK 71
REPATHA SYRINGE 71
RESTASIS 131
RESTASIS MULTIDOSE 131
RESTORIL 54, 55
RETACRIT 111
RETEVMO 21
RETIN-A 78
RETIN-A MICRO 78
RETIN-A MICRO PUMP 78
RETROVIR 6
REVATIO 138
REVCOVI 87
REVLIMID 21
REVUFORJ 21

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

REXTOVY 42
REXULTI 55
REYATAZ 6
REYVOW 31
REZDIFFRA 87
REZLIDHIA 21
REZUROCK 21
REZVOGLAR KWIKPEN ..95
RHOFADE 78
RHOPRESSA 132
ribavirin 6
RIDAURA 118
rifabutin 10
rifampin 11
riluzole 87
rimantadine 6
RINVOQ 119
RINVOQ LQ 119
RIOMET 100
risedronate 87, 115, 116
RISPERDAL 55
RISPERDAL CONSTA 55
risperidone 55
risperidone microspheres 55
RITALIN 55
RITALIN LA 55
RITEFLO AEROCHAMBER 141
ritonavir 6
rivaroxaban 69
rivastigmine 33
rivastigmine tartrate 33
rivelsa 127
RIVFLOZA 142
rizatriptan 31
ROBINUL 102
ROBINUL FORTE 102
ROCALTROL 97
ROCKLATAN 132
roflumilast 138
ROLVEDON 111
ROMVIMZA 21
ropinirole 30
rosadan 78
ROSADAN 79
rosuvastatin 71
rosyrah 127
ROSZET 71
ROTARIX 114
ROTATEQ VACCINE 114
ROWASA 107
roweepra 28
ROXICODONE 38
ROXYBOND 38
ROZEREM 55
ROZLYTREK 21
RUBRACA 21
RUCONEST 138
rufinamide 28
RUKOBIA 6
RYALTRIS 138
RYBELSUS 100
RYCLORA 135
RYDAPT 21
RYKINDO 55
RYTARY 30
RYVENT 135
RYZNEUTA 111
S
SABRIL 28
sacubitril-valsartan 72
SAFYRAL 127
sajazir 138
SALAGEN (PILOCARPINE) 90
salsalate 42
SAMSCA 97
SANCUSO 107
SANDIMMUNE 21
SANDOSTATIN LAR DEPOT 21
SANTYL 85
SAPHRIS 55
sapropterin 97
SAVAYSA 69
SAVELLA 119
saxagliptin 100
saxagliptin-metformin 100
scalacort 84
SCALACORT DK 84
SCEMBLIX 21
scopolamine base 107
SECUADO 55
SEGLUROMET 100
selegiline hcl 30
selenium sulfide 73
SELZENTRY 6
SEMGLEE(INSULIN GLARGINE-YFGN) 95
SEMGLEE(INSULIN GLARG-YFGN)PEN 95
se-natal 19 145
se-natal 19 chewable 145
SENSIPAR 97
SEREVENT DISKUS 138
SERNIVO 84
SEROQUEL 55
SEROQUEL XR 55
SEROSTIM 112
sertraline 55
setlakin 127
sevelamer carbonate 143
sevelamer hcl 143
SEYSARA 13
sf 90
sf 5000 plus 90
SFROWASA 107
sharobel 121
SHINGRIX (PF) 114
SIGNIFOR 21
SIKLOS 21
sildenafil (pulm.hypertension) 138
SILENOR 55
SILIQ 73
silodosin 142
SILVADENE 74
silver sulfadiazine 74
SIMBRINZA 132
SIMLANDI(CF) 119
SIMLANDI(CF) AUTOINJECTOR 119
simliya (28) 127
simpesse 127
SIMPONI 119
simvastatin 71
SINEMET 30
SINGULAIR 138
sirolimus 21
SIRTURO 11
SITAGLIPTIN 100
SITAGLIPTIN-METFORMIN 100
SIVEXTRO 11
SKYCLARYS 33
SKYRIZI 73, 107
SKYTROFA 112
SLYND 127
smoothlax 107

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

SOAANZ....66
sodium chloride....87, 138
sodium fluoride 5000 plus....90
sodium fluoride-pot nitrate...90
SODIUM OXYBATE....55
sodium phenylbutyrate....87
sodium polystyrene sulfonate....143
sodium,potassium,mag sulfates....107
SOFDRA....76
SOFOSBUVIR-VELPATASVIR....6
SOGROYA....112
SOHONOS....87
solifenacin....141
SOLIQUA 100/33....95
SOLOSEC....11
SOLTAMOX....21
soluvita....145
soluvita a,c,d with fluoride.145
SOMA....35
SOMAVERT....97
SOOLANTRA....79
sorafenib....21
SORILUX....73
sotalol....61
sotalol af....60
SOTYKTU....73
SOTYLIZE....61
SOVALDI....7
SOVUNA....11
SPACE CHAMBER....141
SPEVIGO....74
SPIKEVAX 2024-2025(12Y UP)(PF)....114
spinosad....86
SPIRIVA RESPIMAT....139
SPIRIVA WITH HANDIHALER....139
spironolactone....66
spironolacton-hydrochlorothiaz....66
SPORANOX....3
SPRAVATO....56
sprintec (28)....127
SPRITAM....28
SPRIX....42
SPRYCEL....21, 22
sps (with sorbitol)....143
sronyx....127
ssd....74
st joseph aspirin....42
st. joseph aspirin....42
STEGLATRO....100
STEGLUJAN....100
STELARA....74
STIMUFEND....111
STIOLTO RESPIMAT....139
STIVARGA....22
stop smoking aid....89
STRENSIQ....97
stress formula with iron....146
stress formula with iron(sulf)....146
STRIBILD....7
STRIVERDI RESPIMAT ..139
STROMECTOL....11
SUBLOCADE....38
SUBOXONE....42
subvenite....28
subvenite starter (blue) kit....28
subvenite starter (green) kit.28
*subvenite starter (orange) kit*28
SUCRAID....107
sucralfate....110
SUFLAVE....108
SULAR....66
SULCONAZOLE....81
sulfacetamide sodium....133
*sulfacetamide sodium (acne)*80
sulfacetamide sodium-sulfur.79
*sulfacetamide-prednisolone*133
sulfadiazine....12
sulfamethoxazole-trimethoprim....12
SULFAMYLON....80
sulfasalazine....108
sulfatrim....12
sulindac....42
sumatriptan....31
sumatriptan succinate....31
sumatriptan-naproxen....31
sunitinib malate....22
SUNLENCA....7
SUNOSI....56
super b-50 complex....146
super quints....146
SUPPRELIN LA....22
SUPREP BOWEL PREP KIT....108
SURE RESULT TAC PAK..85
SUTAB....108
SUTENT....22
syeda....127
symax fastabs....102
symax-sl....102
symax-sr....102
SYMBICORT....139
SYMBRAVO....31
SYMDEKO....139
SYMFI....7
SYMPAZAN....28
SYMPROIC....108
SYMTUZA....7
SYNAGIS....7
SYNALAR....85
SYNALAR CREAM KIT....85
SYNALAR OINTMENT KIT....85
SYNALAR TS....85
SYNAREL....97
SYNDROS....108
SYNJARDY....100
SYNJARDY XR....100
SYNTHROID....101
SYPRINE....87

T

TABLOID....22
TABRECTA....22
TACLONEX....74
tacrolimus....22, 76
tadalafil....142
tadalafil (pulm. hypertension)....139
TADLIQ....139
TAFINLAR....22
tafluprost (pf)....132
TAGRISSO....22
TAKE ACTION....127
TAKHZYRO....139
TALICIA....110
TALTZ AUTOINJECTOR ..74
TALTZ AUTOINJECTOR (2 PACK)....74
TALTZ AUTOINJECTOR (3 PACK)....74
TALTZ SYRINGE....74
TALZENNA....22

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

TAMIFLU 7
tamoxifen 22
tamsulosin 142
tanlor 35
TAPERDEX 92
TARGADOX 13
TARGRETIN 22
tarina 24 fe 127
tarina fe 1/20 (28) 127
taron-c dha 146
TARPEYO 92
TASCENSO ODT 60
TASIGNA 22
tasimelteon 56
TASMAR 30
tavaborole 81
TAVALISSE 69
TAVNEOS 87
TAYTULLA 127
tazarotene 79
TAZAROTENE 79
TAZORAC 79
TAZVERIK 22
TECFIDERA 60
TEGRETOL 28
TEGRETOL XR 28
TEKTURNA 66
telmisartan 66
telmisartan-amlodipine 66
telmisartan-hydrochlorothiazid 66
temazepam 56
TEMBEXA 7
temozolomide 22
tencon 38
TENIVAC (PF) 114
tenofovir disoproxil fumarate . 7
TENORETIC 100 66
TENORETIC 50 66
TENORMIN 66
TEPMETKO 22
terazosin 66
terbinafine hcl 3
terbutaline 139
terconazole 122
teriflunomide 60
teriparatide 116
TESTIM 97
testosterone 97
testosterone cypionate 97
testosterone enanthate 97
tetrabenazine 33
tetracaine hcl 131
TETRACAINE HCL (PF) .. 131
tetracycline 13
TEXACORT 85
TEZRULY 66
TEZSPIRE 139
THALITONE 66
THALOMID 22
THEO-24 139
theophylline 139
THIOLA 87
THIOLA EC 88
thioridazine 56
thiothixene 56
THYQUIDITY 101
tiadylt er 66
tiagabine 28
TIAZAC 66
TIBSOVO 22
ticagrelor 69
TIGLUTIK 88
TIKOSYN 61
tilia fe 127
timolol 129
timolol maleate 66, 129
timolol maleate (pf) 129
TIMOPTIC OCUDOSE (PF) 130
tinidazole 11
tiopronin 88
tiotropium bromide 139
TIROSINT 101
TIROSINT-SOL 101
TIVICAY 7
TIVICAY PD 7
tizanidine 35
TLANDO 97
TOBI 11
TOBI PODHALER 11
TOBRADEX 132
TOBRADEX ST 132
tobramycin 11, 129
tobramycin in 0.225 % nacl . 11
TOBRAMYCIN WITH NEBULIZER 11
tobramycin-dexamethasone 132
TOBREX 129
tolcapone 30
TOLECTIN 600 42
tolmetin 42
TOLSURA 4
tolterodine 141
tolvaptan 98
tolvaptan (polycys kidney dis) 97
TOPAMAX 28
TOPICORT 85
topiramate 28
TOPROL XL 66
toremifene 22
torpenz 22
torsemide 66
TOSYMRA 31
TOUJEO MAX U-300 SOLOSTAR 95
TOUJEO SOLOSTAR U-300 INSULIN 95
tovet emollient 85
TOVET KIT 85
TOVIAZ 141
TRACLEER 139
TRADJENTA 100
tramadol 42, 43
TRAMADOL 42
tramadol-acetaminophen 43
trandolapril 66
trandolapril-verapamil 66
tranexamic acid 122
TRANSDERM-SCOP 108
tranylcypromine 56
TRAVATAN Z 132
travoprost 132
trazodone 56
TRELEGY ELLIPTA 139
TRELSTAR 22
TREMFYA 74
TREMFYA ONE-PRESS 74
TREMFYA PEN 74
TREMFYA PEN INDUCTION PK-CROHN 74
TRESIBA FLEXTOUCH U-100 95
TRESIBA FLEXTOUCH U-200 95
TRESIBA U-100 INSULIN . 95
tretinoin 79
tretinoin (antineoplastic) 22

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

tretinoin microspheres.....79
TREXALL.....22
TREXIMET.....31
TREZIX.....38
triamcinolone acetonide 85, 90, 139
triamterene 67
triamterene-hydrochlorothiazid 67
triazolam.....56
TRIBENZOR 67
tricon 146
TRICOR 71
triderm.....85
trientine 88
TRIENTINE.....88
tri-estarylla.....127
trifluoperazine 56
trifluridine 129
trihexyphenidyl 30
TRIJARDY XR.....100
TRIKAFTA 139
tri-legest fe.....127
TRILEPTAL.....28
tri-linyah.....127
tri-lo-estarylla 127
tri-lo-marzia 127
tri-lo-mili 127
tri-lo-sprintec 128
trimethobenzamide 108
trimethoprim.....14
tri-mili.....128
trimipramine.....56
trinatal rx 1.....146
trinate 146
TRINTELLIX.....56
TRIPTODUR 22
tri-sprintec (28) 128
TRIUMEQ.....7
TRIUMEQ PD.....7
tri-vitamin with fluoride 146
tri-vylibra 128
tri-vylibra lo 128
TROKENDI XR.....28
tropicamide.....130
trospium.....141
TRUDHESA.....31
TRULANCE.....108
TRULICITY.....100
TRUMENBA 114
TRUQAP 22
TRUSTEX-RIA NON-LUB CONDOMS 119
TRUVADA 7
TRYNGOLZA.....71
TRYVIO.....72
TUDORZA PRESSAIR 139
TUKYSA.....22
tulana.....122
TURALIO 22
turqoz (28) 128
TUXARIN ER.....135
TWINRIX (PF).....114
TWIRLA 122
TWYNEO.....79
TYBLUME.....128
TYBOST 7
TYENNE 119
TYENNE AUTOINJECTOR 119
TYKERB 23
TYMLOS.....116
TYRVAYA 131
TYVASO.....139
TYVASO DPI 139
TYVASO REFILL KIT.....140
TYVASO STARTER KIT .140

U

UBRELVY 31
UCERIS.....108
UDENYCA 111
UDENYCA AUTOINJECTOR 111
UDENYCA ONBODY 111
ULESFIA.....86
ULORIC 115
ULTRAVATE 85
UMECLIDINIUM-VILANTEROL.....140
UNDECATREX.....98
unithroid.....101
UPTRAVI.....67
UROCIT-K 10.....142
UROCIT-K 15.....142
UROXATRAL 142
URSO FORTE.....108
ursodiol.....108
UZEDY 56, 57

V

VAGIFEM.....122
valacyclovir 7
VALCHLOR 76
VALCYTE 7
valganciclovir.....7
VALIUM 57
valproic acid.....28
valproic acid (as sodium salt) 29
valsartan 67
valsartan-hydrochlorothiazide 67
VALTOCO 29
VALTREX 7
valtya 128
vanadom 35
VANCOCIN 14
vancomycin 14
vandazole.....122
VANFLYTA.....23
VANOS 85
VANRAFIA 72
VAQTA (PF).....114
varenicline tartrate.....89
VARIVAX (PF).....115
VAROPHEN (DICLOFENAC) 43
VARUBI.....108
VASCEPA.....71
VASERETIC 67
VASOTEC.....67
VAXELIS (PF).....115
VAXNEUVANCE (PF) 115
VCF CONTRACEPTIVE FILM.....122
VCF CONTRACEPTIVE GEL 122
VECAMYL 72
VECTICAL 74
velivet triphasic regimen (28) 128
VELPHORO.....143
VELSIPITY.....108
VELTASSA.....143, 144
VELTIN.....79
VEMLIDY.....7
VENCLEXTA 23
VENCLEXTA STARTING PACK 23
venlafaxine.....57

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

VENLAFAXINE BESYLATE 57
VENTAVIS 140
VENTOLIN HFA 140
venxxiva 88
VEOZAH 122
verapamil 67
VERDESO 85
VEREGEN 76
VERKAZIA 131
VERQUVO 72
VERSACLOZ 57
VERZENIO 23
VESICARE 141
vestura (28) 128
VEVYE 131
VFEND 4
V-GO 20 93
V-GO 30 94
V-GO 40 94
VIBERZI 108
VICTOZA 2-PAK 100
VICTOZA 3-PAK 100
vienva 128
vigabatrin 29
vigadrone 29
VIGAFYDE 29
VIGAMOX 129
VIIBRYD 57
VIJOICE 23
vilazodone 57
VIMOVO 43
VIMPAT 29
VIOKACE 108
viorele (28) 128
VIRACEPT 7
VIREAD 7
VISTOGARD 14
vitamin b complex-folic acid 146
vitamins a,c,d and fluoride 146
VITRAKVI 23
VIVELLE-DOT 122
VIVITROL 43
VIVJOA 4
VIVLODEX 43
VIZIMPRO 23
VOGELXO 98
volnea (28) 128
VONJO 23
VOQUEZNA 110
VOQUEZNA DUAL PAK 110
VOQUEZNA TRIPLE PAK 110
VORANIGO 23
voriconazole 4
VORTEX HOLDING CHAMBER 141
VOSEVI 7
VOTRIENT 23
VOWST 108
VOXZOGO 98
VOYDEYA 88
VRAYLAR 57
VTAMA 74
VUITY 130
VUMERITY 60
VUSION 81
VYALEV 30
vyfemla (28) 128
VYKAT XR 88
VYLEESI 57
vylibra 128
VYNDAMAX 72
VYNDAQEL 72
VYTORIN 10-10 71
VYTORIN 10-20 71
VYTORIN 10-40 71
VYTORIN 10-80 71
VYVANSE 57
VYVGART HYTRULO 35
VYZULTA 132

W

WAINUA 33
WAKIX 57
warfarin 69
WELCHOL 71
WELIREG 23
WELLBUTRIN SR 57
WELLBUTRIN XL 57
wera (28) 128
wesnatal dha complete 146
westab plus 146
WHYTEDERM TDPAK 85
WHYTEDERM TRILASIL PAK 85
WIDE-SEAL DIAPHRAGM 119
WINLEVI 79
WINREVAIR 140
wixela inhub 140
women's gentle laxative(bisac) 108
wymzya fe 128
WYNZORA 74

X

XACIATO 123
XADAGO 30
XALATAN 132
XALKORI 23
XANAX 57
XANAX XR 57
xarah fe 128
XARELTO 69
XARELTO DVT-PE TREAT 30D START 69
XATMEP 23
XCOPRI 29
XCOPRI MAINTENANCE PACK 29
XCOPRI TITRATION PACK 29
XDEMVY 131
XELJANZ 119
XELJANZ XR 119
XELODA 23
XELPROS 132
xelria fe 128
XELSTRYM 57
XENAZINE 33
XENLETA 11
XEOMIN 115
XEPI 80
XERESE 82
XERMELO 23
XHANCE 140
XIFAXAN 11
XIGDUO XR 100
XIIDRA 131
XILAPAK 85
XIMINO 13
XOFLUZA 7
XOLAIR 140
XOLREMDI 111
XOPENEX HFA 140
XOSPATA 23
XPHOZAH 144
XPOVIO 23, 24
XROMI 24
XTAMPZA ER 38

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

XTANDI....24
xulane....123
XULTOPHY 100/3.6....95
XURIDEN....88
XYOSTED....98
XYREM....57
XYWAV....57
Y
YASMIN (28)....128
YAZ (28)....128
YEZTUGO....7
YONSA....24
YORVIPATH....98
YOSPRALA....69
YUFLYMA(CF)....119
YUFLYMA(CF) AI CROHN'S-UC-HS....119
YUFLYMA(CF) AUTOINJECTOR....119
YUPELRI....140
YUSIMRY(CF) PEN....119
YUTREPIA....140
yuvafem....122
Z
zafemy....123
zafirlukast....140
zaleplon....57
ZANAFLEX....35
zarah....128
ZARONTIN....29
ZARXIO....111
zatean-pn dha....146
zatean-pn plus....146
ZAVZPRET....31
ZCORT....92
ZEGALOGUE AUTOINJECTOR....93
ZEGALOGUE SYRINGE....93
ZEJULA....24
ZELAPAR....30
ZELBORAF....24
ZELSUVMI....76
ZEMBRACE SYMTOUCH....32
ZEMPLAR....98
zenatane....79
ZENPEP....108
zenzedi....58
ZENZEDI....58
ZEPATIER....7
ZEPOSIA....33
ZEPOSIA STARTER KIT (28-DAY)....33
ZEPOSIA STARTER PACK (7-DAY)....33
ZERVIATE....131
ZESTORETIC....67
ZESTRIL....67
ZETIA....71
ZIAGEN....7
ZIANA....79
ZICLOPRO....43
zidovudine....8
ZIEXTENZO....111
ZILBRYSQ....35
zileuton....140
ZILXI....79
ZIMHI....43
ZIOPTAN (PF)....132
ziprasidone hcl....58
ZIPSOR....43
ZIRGAN....129
ZITHROMAX....9
ZITHROMAX TRI-PAK....9
ZITHROMAX Z-PAK....9
ZITUVIMET....100
ZITUVIMET XR....100
ZITUVIO....100
ZOCOR....71
ZOKINVY....88
ZOLADEX....24
ZOLINZA....24
zolmitriptan....32
ZOLMITRIPTAN....32
ZOLOFT....58
zolpidem....58
ZOLPIDEM....58
ZOMACTON....112
ZOMIG....32
ZONALON....76
ZONEGRAN....29
ZONISADE....29
zonisamide....29
ZONTIVITY....69
ZORTRESS....24
ZORVOLEX....43
ZORYVE....74
zovia 1-35 (28)....128
ZOVIRAX....82
ZTALMY....29
ZTLIDO....80
ZUBSOLV....43
zumandimine (28)....128
ZUNVEYL....33
ZURZUVAE....58
ZYCLARA....76
ZYDELIG....24
ZYFLO....140
ZYKADIA....24
ZYLET....132
ZYLOPRIM....115
ZYMFENTRA....108
ZYPITAMAG....71
ZYPREXA....58
ZYPREXA RELPREVV....58
ZYTIGA....24
ZYVOX....11

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

Form Approved
OMB# 0938-1421

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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