



MIAMI DADE COUNTY POS PRESCRIPTION DRUG FORMULARY

(Effective April – June 2024)

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

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

INTRODUCTION

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT COVERAGE AND LIMITATIONS

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

Coverage

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

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

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

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

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

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

Prior Authorization Process

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

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

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

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

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

Step Therapy

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

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

| Tier | Definition |
|------|---|
| 1 | 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 brands 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 and Specialty Medications - These are non-preferred brands, non-preferred generics, or high-cost 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. Specialty medications, brand or generic, are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy. |

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

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

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

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

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention’s (CDC) Guideline for Prescribing Opioids for Chronic Pain updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action

based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

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

Balancing risks and benefits

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

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

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

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

MAIL-SERVICE PRESCRIPTIONS

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

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

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

CONTACT INFORMATION

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

NOTICE

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

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

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

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

Table of Contents

| | |
|---|-----|
| ANTI - INFECTIVES | 12 |
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | 21 |
| AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH | 27 |
| CARDIOVASCULAR, HYPERTENSION & LIPIDS | 49 |
| DERMATOLOGICALS/TOPICAL THERAPY | 58 |
| DIAGNOSTICS & MISCELLANEOUS AGENTS | 66 |
| EAR, NOSE & THROAT MEDICATIONS | 68 |
| ENDOCRINE/DIABETES | 69 |
| GASTROENTEROLOGY | 76 |
| IMMUNOLOGY, VACCINES & BIOTECHNOLOGY | 83 |
| IMMUNOLOGY | 87 |
| MUSCULOSKELETAL & RHEUMATOLOGY | 87 |
| OBSTETRICS & GYNECOLOGY | 89 |
| OPHTHALMOLOGY | 97 |
| RESPIRATORY, ALLERGY, COUGH & COLD | 101 |
| UROLOGICALS | 106 |
| VITAMINS, HEMATINICS & ELECTROLYTES | 107 |
| Index | 111 |

List of Abbreviations

1: Preferred Generics

2: Preferred Brand, Non-preferred Generics

3: Non-preferred Brand, Specialty

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

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

CGM: Continuous Glucose Monitor

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

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

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

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

SP: Specialty Drug

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

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

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| VFEND ORAL TABLET 50 MG | 3 | QL (4 per 1 day) |
| <i>voriconazole oral suspension for reconstitution</i> | 1 | QL (10 per 1 day) |
| <i>voriconazole oral tablet 200 mg</i> | 1 | QL (2 per 1 day) |
| <i>voriconazole oral tablet 50 mg</i> | 1 | QL (4 per 1 day) |
| ANTIVIRALS | | |
| <i>abacavir</i> | 1 | SP |
| <i>abacavir-lamivudine</i> | 1 | SP |
| <i>acyclovir oral capsule</i> | 1 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 1 | |
| <i>acyclovir oral tablet</i> | 1 | |
| <i>adefovir</i> | 1 | SP; QL (1 per 1 day) |
| <i>amantadine hcl</i> | 1 | |
| APTIVUS | 2 | SP |
| <i>atazanavir</i> | 1 | SP |
| BARACLUDE ORAL SOLUTION | 2 | SP; QL (20 per 1 day) |
| BARACLUDE ORAL TABLET | 3 | SP; QL (1 per 1 day) |
| BIKTARVY | 2 | SP |
| CIMDUO | 2 | SP |
| COMPLERA | 2 | SP |
| <i>darunavir</i> | 1 | SP |
| DELSTRIGO | 2 | SP |
| DESCOVY | 2 | SP; ACA |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | 3 | SP |
| DOVATO | 2 | SP; QL (1 per 1 day) |
| EDURANT | 3 | SP |
| <i>efavirenz oral tablet</i> | 1 | SP |
| <i>efavirenz-emtricitabin-tenofov</i> | 1 | SP |
| <i>efavirenz-lamivu-tenofov disop</i> | 1 | SP |
| <i>emtricitabine</i> | 1 | SP |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 1 | SP |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> | 1 | SP; ACA |
| EMTRIVA ORAL CAPSULE | 3 | 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 |
|--|------------------|--|
| EMTRIVA ORAL SOLUTION | 2 | SP |
| <i>entecavir</i> | 1 | SP; QL (1 per 1 day) |
| EPCLUSA | 3 | PA; SP; QL (1 per 1 day) |
| EPIVIR ORAL SOLUTION | 2 | SP |
| EPIVIR ORAL TABLET | 3 | SP |
| <i>etravirine</i> | 1 | SP |
| EVOTAZ | 2 | SP |
| <i>famciclovir</i> | 1 | |
| <i>fosamprenavir</i> | 1 | SP |
| FUZEON SUBCUTANEOUS RECON SOLN | 2 | SP |
| GENVOYA | 2 | SP |
| HARVONI | 3 | PA; SP |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 2 | SP |
| INTELENCE ORAL TABLET 25 MG | 3 | SP |
| ISENTRESS | 2 | SP |
| ISENTRESS HD | 2 | SP |
| JULUCA | 2 | SP |
| KALETRA ORAL SOLUTION | 3 | SP |
| KALETRA ORAL TABLET | 2 | SP |
| LAGEVRIO (EUA) | 3 | PA for age 17 and younger ; 8 caps per day; 80 caps per 365 days |
| <i>lamivudine oral solution</i> | 1 | SP |
| <i>lamivudine oral tablet 100 mg</i> | 1 | SP; QL (1 per 1 day) |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | 1 | SP |
| <i>lamivudine-zidovudine</i> | 1 | SP |
| LEDIPASVIR-SOFOSBUVIR | 3 | PA; SP |
| <i>lopinavir-ritonavir</i> | 1 | SP |
| <i>maraviroc</i> | 1 | SP |
| <i>nevirapine oral suspension</i> | 2 | SP |
| <i>nevirapine oral tablet</i> | 1 | SP |
| <i>nevirapine oral tablet extended release 24 hr</i> | 1 | SP |
| NORVIR ORAL POWDER IN PACKET | 2 | SP |
| NORVIR ORAL TABLET | 3 | SP |
| ODEFSEY | 2 | SP |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|---|
| <i>oseltamivir</i> | 1 | |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG | 2 | PA for age 11 and younger; QL (40 per 365 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 2 | PA for age 11 and younger; 6 tabs per day; 60 tabs per 365 days |
| PIFELTRO | 2 | SP |
| PREVYMIS ORAL | 3 | SP; QL (1 per 1 day) |
| PREZCOBIX | 2 | SP |
| PREZISTA ORAL SUSPENSION | 2 | SP |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2 | SP |
| RELENZA DISKHALER | 3 | QL (20 per 180 days) |
| RETROVIR ORAL CAPSULE | 3 | SP |
| RETROVIR ORAL SYRUP | 3 | SP |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 3 | SP |
| REYATAZ ORAL POWDER IN PACKET | 2 | SP |
| <i>ribavirin inhalation</i> | 3 | PA; SP |
| <i>rimantadine</i> | 1 | |
| <i>ritonavir</i> | 1 | SP |
| SELZENTRY ORAL SOLUTION | 2 | SP |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | SP |
| SOFOSBUVIR-VELPATASVIR | 3 | PA; SP; QL (1 per 1 day) |
| SOVALDI | 3 | PA; SP |
| <i>stavudine oral capsule 40 mg</i> | 1 | SP |
| STRIBILD | 2 | SP |
| SYMFI | 3 | SP |
| SYMFI LO | 3 | SP |
| SYMTUZA | 2 | SP |
| TAMIFLU ORAL CAPSULE | 3 | |
| <i>tenofovir disoproxil fumarate</i> | 1 | SP; QL (1 per 1 day) |
| TIVICAY ORAL TABLET 50 MG | 2 | SP |
| TIVICAY PD | 2 | SP; QL (6 per 1 day) |
| TRIUMEQ | 2 | SP |
| TRIUMEQ PD | 2 | SP |
| TRUVADA | 3 | 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 |
|--|------------------|------------------------------|
| TYBOST | 2 | SP |
| <i>valacyclovir</i> | 1 | |
| VALCYTE | 3 | SP |
| <i>valganciclovir</i> | 1 | SP |
| VALTREX | 3 | |
| VEMLIDY | 3 | SP; QL (1 per 1 day) |
| VIRACEPT ORAL TABLET | 2 | SP |
| VIRAZOLE | 3 | PA; SP |
| VIREAD ORAL POWDER | 2 | SP; QL (8 per 1 day) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | SP; QL (1 per 1 day) |
| VIREAD ORAL TABLET 300 MG | 3 | SP; QL (1 per 1 day) |
| VOSEVI | 3 | PA; SP |
| ZIAGEN ORAL SOLUTION | 3 | SP |
| <i>zidovudine</i> | 1 | SP |
| CEPHALOSPORINS | | |
| <i>cefaclor oral capsule</i> | 1 | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1 | |
| <i>cefadroxil oral capsule</i> | 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 1 | |
| <i>cefadroxil oral tablet</i> | 1 | |
| <i>cefdinir</i> | 1 | |
| <i>cefixime</i> | 1 | |
| <i>cefpodoxime</i> | 1 | |
| <i>cefprozil</i> | 1 | |
| <i>cefuroxime axetil oral tablet</i> | 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cephalexin oral suspension for reconstitution</i> | 1 | |
| <i>cephalexin oral tablet</i> | 1 | |
| ERYTHROMYCINS & OTHER MACROLIDES | | |
| <i>azithromycin oral packet</i> | 3 | |
| <i>azithromycin oral suspension for reconstitution</i> | 1 | |
| <i>azithromycin oral tablet</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>clarithromycin</i> | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA; 100 mL per fill |
| DIFICID ORAL TABLET | 3 | PA; 20 tabs per fill |
| <i>e.e.s. 400 oral tablet</i> | 1 | |
| E.E.S. GRANULES | 3 | |
| ERYPED 200 | 3 | |
| ERYPED 400 | 3 | |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> | 2 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG | 2 | |
| <i>erythrocin (as stearate) oral tablet 250 mg</i> | 1 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 1 | |
| <i>erythromycin ethylsuccinate oral tablet</i> | 1 | |
| <i>erythromycin oral capsule, delayed release (dr/ec)</i> | 1 | |
| <i>erythromycin oral tablet</i> | 3 | |
| <i>erythromycin oral tablet, delayed release (dr/ec)</i> | 2 | |
| ZITHROMAX ORAL PACKET | 3 | |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | |
| ZITHROMAX TRI-PAK | 3 | |
| ZITHROMAX Z-PAK | 3 | |
| MISCELLANEOUS ANTIINFECTIVES | | |
| <i>albendazole</i> | 1 | 4 tabs per fill |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 2 | QL (180 per 1 day) |
| ALINIA ORAL TABLET | 3 | QL (6 per 1 day) |
| <i>atovaquone</i> | 1 | |
| <i>atovaquone-proguanil</i> | 1 | |
| BENZNIDAZOLE | 3 | |
| BILTRICIDE | 3 | |
| CAYSTON | 2 | SP; LA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>chloroquine phosphate</i> | 1 | |
| CLEOCIN HCL | 3 | |
| CLEOCIN PEDIATRIC | 3 | |
| <i>clindamycin hcl</i> | 1 | |
| <i>clindamycin pediatric</i> | 1 | |
| COARTEM | 2 | |
| CYCLOSERINE | 2 | |
| <i>dapsone oral</i> | 2 | |
| DARAPRIM | 3 | PA; SP; QL (3 per 1 day) |
| <i>ethambutol</i> | 1 | |
| FLAGYL ORAL CAPSULE | 3 | |
| <i>hydroxychloroquine oral tablet 200 mg</i> | 1 | |
| IMPAVIDO | 3 | PA; SP |
| <i>isoniazid oral solution</i> | 3 | |
| <i>isoniazid oral tablet</i> | 1 | |
| <i>ivermectin oral</i> | 1 | PA; QL (20 per 90 days) |
| KITABIS PAK | 3 | SP |
| LAMPIT | 3 | |
| <i>linezolid</i> | 1 | PA |
| MALARONE | 3 | |
| MALARONE PEDIATRIC | 3 | |
| <i>mefloquine</i> | 1 | |
| MEPRON | 3 | |
| <i>metronidazole oral</i> | 1 | |
| MYAMBUTOL ORAL TABLET 400 MG | 3 | |
| MYCOBUTIN | 3 | |
| NEBUPENT | 3 | |
| <i>neomycin</i> | 1 | |
| <i>nitazoxanide</i> | 1 | QL (6 per 1 day) |
| <i>paromomycin</i> | 1 | |
| PASER | 2 | |
| <i>pentamidine inhalation</i> | 1 | |
| PLAQUENIL | 3 | |
| <i>praziquantel</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| PRETOMANID | 3 | PA; QL (1 per 1 day) |
| PRIFTIN | 2 | |
| <i>pyrazinamide</i> | 1 | |
| <i>pyrimethamine</i> | 1 | PA; SP; QL (3 per 1 day) |
| QUALAQUIN | 3 | PA |
| <i>quinine sulfate</i> | 1 | PA |
| <i>rifabutin</i> | 1 | |
| <i>rifampin oral</i> | 1 | |
| SIRTURO | 2 | PA; LA |
| SIVEXTRO ORAL | 2 | SP |
| STROMECTOL | 2 | PA; QL (20 per 90 days) |
| <i>tinidazole</i> | 1 | |
| TOBI | 3 | SP |
| TOBI PODHALER | 2 | SP |
| <i>tobramycin in 0.225 % nacl</i> | 1 | SP |
| TOBRAMYCIN WITH NEBULIZER | 1 | SP |
| TRECTOR | 2 | |
| XENLETA ORAL | 3 | PA; QL (10 per 30 days) |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 365 days) |
| XIFAXAN ORAL TABLET 550 MG | 2 | PA; QL (42 per 120 days) |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA |
| ZYVOX ORAL TABLET | 2 | PA |
| PENICILLINS | | |
| <i>amoxicillin oral capsule</i> | 1 | |
| <i>amoxicillin oral suspension for reconstitution</i> | 1 | |
| <i>amoxicillin oral tablet</i> | 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate</i> | 1 | |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| AUGMENTIN ES-600 | 3 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 2 | |
| <i>dicloxacillin</i> | 1 | |
| <i>penicillin v potassium</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| QUINOLONES | | |
| BAXDELA ORAL | 3 | |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML | 2 | |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| <i>ciprofloxacin</i> | 1 | |
| <i>ciprofloxacin hcl oral</i> | 1 | |
| <i>levofloxacin oral</i> | 1 | |
| <i>moxifloxacin oral</i> | 1 | |
| SULFA'S & RELATED AGENTS | | |
| BACTRIM | 3 | |
| BACTRIM DS | 3 | |
| <i>sulfadiazine</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim oral</i> | 1 | |
| <i>sulfatrim</i> | 1 | |
| TETRACYCLINES | | |
| <i>avidoxy</i> | 1 | |
| <i>demeclocycline</i> | 1 | |
| DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG | 3 | |
| <i>doxycycline hyclate oral capsule</i> | 1 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 1 | |
| <i>doxycycline hyclate oral tablet,delayered release (dr/ec) 100 mg, 150 mg, 75 mg</i> | 1 | |
| <i>doxycycline monohydrate oral capsule</i> | 1 | |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 1 | |
| <i>doxycycline monohydrate oral tablet</i> | 1 | |
| LYMEPAK | 1 | |
| <i>minocycline oral capsule</i> | 1 | |
| <i>minocycline oral tablet</i> | 1 | |
| <i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> | 1 | |
| <i>mondoxyne nl</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>morgidox oral capsule 100 mg</i> | 1 | |
| NUZYRA ORAL | 3 | |
| <i>tetracycline oral capsule</i> | 1 | |
| VIBRAMYCIN ORAL CAPSULE 100 MG | 3 | |
| URINARY TRACT AGENTS | | |
| HIPREX | 3 | |
| MACROBID | 3 | |
| MACRODANTIN ORAL CAPSULE 100 MG, 50 MG | 3 | |
| MACRODANTIN ORAL CAPSULE 25 MG | 2 | |
| <i>methenamine hippurate</i> | 1 | |
| <i>methenamine mandelate oral tablet 0.5 g</i> | 3 | |
| <i>methenamine mandelate oral tablet 1 gram</i> | 1 | |
| <i>nitrofurantoin macrocrystal</i> | 1 | |
| <i>nitrofurantoin monohyd/m-cryst</i> | 1 | |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | 1 | |
| PRIMSOL | 2 | |
| <i>trimethoprim</i> | 1 | |
| VANCOMYCIN | | |
| VANCOCIN | 3 | |
| <i>vancomycin oral capsule</i> | 1 | |
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | | |
| ADJUNCTIVE AGENTS | | |
| <i>leucovorin calcium oral</i> | 1 | |
| MESNEX ORAL | 3 | SP |
| VISTOGARD | 3 | PA; SP |
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | | |
| <i>abiraterone oral tablet 250 mg</i> | 1 | PA; SP; QL (4 per 1 day) |
| <i>abiraterone oral tablet 500 mg</i> | 1 | PA; SP |
| AFINITOR | 3 | PA; SP; QL (1 per 1 day) |
| AFINITOR DISPERZ | 3 | PA; SP |
| AKEEGA | 3 | PA; SP; QL (2 per 1 day) |
| ALECENSA | 3 | PA; SP; QL (8 per 1 day) |
| ALKERAN | 3 | SP |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>anastrozole</i> | 1 | ACA |
| ARIMIDEX | 3 | |
| AROMASIN | 3 | ACA |
| ASTAGRAF XL | 3 | SP |
| AUGTYRO | 3 | PA; SP; QL (8 per 1 day) |
| AZASAN | 1 | |
| <i>azathioprine</i> | 1 | |
| BALVERSA ORAL TABLET 3 MG | 3 | PA; SP; LA; QL (3 per 1 day) |
| BALVERSA ORAL TABLET 4 MG | 3 | PA; SP; LA; QL (2 per 1 day) |
| BALVERSA ORAL TABLET 5 MG | 3 | PA; SP; LA; QL (1 per 1 day) |
| <i>bexarotene</i> | 1 | SP |
| <i>bicalutamide</i> | 1 | |
| BOSULIF ORAL CAPSULE 100 MG | 3 | SP; QL (1 per 1 day) |
| BOSULIF ORAL CAPSULE 50 MG | 3 | SP; QL (4 per 1 day) |
| BOSULIF ORAL TABLET 100 MG | 3 | PA; SP; QL (3 per 1 day) |
| BOSULIF ORAL TABLET 500 MG | 3 | PA; SP; QL (1 per 1 day) |
| BRUKINSA | 3 | PA; SP; LA; QL (4 per 1 day) |
| CABOMETYX | 3 | PA; SP; LA; QL (1 per 1 day) |
| CALQUENCE (ACALABRUTINIB MAL) | 3 | PA; SP; LA; QL (2 per 1 day) |
| <i>capecitabine oral tablet 150 mg</i> | 1 | SP; QL (4 per 1 day) |
| <i>capecitabine oral tablet 500 mg</i> | 1 | SP; QL (10 per 1 day) |
| CAPRELSA ORAL TABLET 100 MG | 2 | PA; SP; LA; QL (2 per 1 day) |
| CAPRELSA ORAL TABLET 300 MG | 2 | PA; SP; LA; QL (1 per 1 day) |
| CASODEX | 3 | |
| CELLCEPT ORAL CAPSULE | 3 | SP |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION | 2 | SP |
| CELLCEPT ORAL TABLET | 3 | SP |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 3 | PA; SP; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 3 | PA; SP; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 3 | PA; SP; QL (84 per 28 days) |
| COTELLIC | 3 | PA; SP; LA; QL (3 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>cyclophosphamide oral capsule</i> | 1 | SP |
| <i>cyclosporine modified</i> | 1 | SP |
| <i>cyclosporine oral capsule</i> | 1 | SP |
| DROXIA | 2 | |
| EMCYT | 2 | SP |
| ENVARUSUS XR | 3 | SP |
| ERIVEDGE | 3 | PA; SP; QL (1 per 1 day) |
| ERLEADA ORAL TABLET 240 MG | 3 | PA; SP; QL (1 per 1 day) |
| ERLEADA ORAL TABLET 60 MG | 3 | PA; SP; QL (4 per 1 day) |
| <i>erlotinib oral tablet 100 mg, 150 mg</i> | 1 | PA; SP; QL (1 per 1 day) |
| <i>erlotinib oral tablet 25 mg</i> | 1 | PA; SP; QL (3 per 1 day) |
| <i>etoposide oral</i> | 3 | SP |
| <i>everolimus (antineoplastic) oral tablet</i> | 1 | PA; SP; QL (1 per 1 day) |
| <i>everolimus (antineoplastic) oral tablet for suspension</i> | 1 | PA; SP |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> | 1 | SP |
| <i>exemestane</i> | 1 | ACA |
| FARESTON | 3 | QL (1 per 1 day) |
| FEMARA | 3 | |
| FRUZAQLA ORAL CAPSULE 1 MG | 3 | PA; SP; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 3 | PA; SP; QL (21 per 28 days) |
| <i>gengraf</i> | 1 | SP |
| GILOTRIF | 3 | SP; QL (1 per 1 day) |
| GLEEVEC ORAL TABLET 100 MG | 3 | PA; SP; QL (3 per 1 day) |
| GLEEVEC ORAL TABLET 400 MG | 3 | PA; SP; QL (2 per 1 day) |
| GLEOSTINE | 2 | SP |
| HYDREA | 3 | SP |
| <i>hydroxyurea</i> | 1 | |
| IBRANCE | 3 | PA; SP; QL (1 per 1 day) |
| IDHIFA | 3 | PA; SP; LA; QL (1 per 1 day) |
| <i>imatinib oral tablet 100 mg</i> | 1 | PA; SP; QL (3 per 1 day) |
| <i>imatinib oral tablet 400 mg</i> | 1 | PA; SP; QL (2 per 1 day) |
| IMBRUVICA ORAL CAPSULE 140 MG | 3 | PA; SP; QL (3 per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | 3 | PA; SP; QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| IMBRUVICA ORAL SUSPENSION | 3 | PA; SP; QL (6 per 1 day) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 3 | PA; SP; QL (1 per 1 day) |
| IMURAN | 3 | |
| INLYTA ORAL TABLET 1 MG | 3 | PA; SP; QL (6 per 1 day) |
| INLYTA ORAL TABLET 5 MG | 3 | PA; SP; QL (4 per 1 day) |
| INQOVI | 3 | PA; SP; QL (5 per 28 days) |
| IWILFIN | 3 | PA; SP; QL (8 per 1 day) |
| JAKAFI | 3 | PA; SP; QL (2 per 1 day) |
| KOSELUGO ORAL CAPSULE 10 MG | 3 | PA; SP; QL (8 per 1 day) |
| KOSELUGO ORAL CAPSULE 25 MG | 3 | PA; SP; QL (4 per 1 day) |
| <i>lapatinib</i> | 1 | PA; SP; QL (6 per 1 day) |
| <i>lenalidomide</i> | 1 | PA; SP; QL (1 per 1 day) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1) | 3 | PA; SP; QL (30 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 3 | PA; SP; QL (60 per 30 days) |
| LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 3 | PA; SP; QL (90 per 30 days) |
| <i>letrozole</i> | 1 | |
| LEUKERAN | 2 | SP |
| LONSURF ORAL TABLET 15-6.14 MG | 3 | PA; SP; QL (6 per 1 day) |
| LONSURF ORAL TABLET 20-8.19 MG | 3 | PA; SP; QL (8 per 1 day) |
| LUPRON DEPOT | 3 | SP; QL (1 per 28 days) |
| LUPRON DEPOT (3 MONTH) | 3 | SP; QL (1 per 63 days) |
| LUPRON DEPOT (4 MONTH) | 3 | SP; QL (1 per 84 days) |
| LYNPARZA | 3 | PA; SP; QL (4 per 1 day) |
| LYSODREN | 2 | SP |
| MATULANE | 2 | SP |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 1 | |
| <i>megestrol oral tablet</i> | 1 | |
| MEKINIST ORAL TABLET 0.5 MG | 3 | PA; SP; QL (3 per 1 day) |
| MEKINIST ORAL TABLET 2 MG | 3 | PA; SP; QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| MEKTOVI | 3 | PA; SP; LA; QL (6 per 1 day) |
| <i>melphalan</i> | 1 | SP |
| <i>mercaptopurine</i> | 1 | |
| <i>methotrexate sodium</i> | 1 | |
| <i>methotrexate sodium (pf) injection solution</i> | 1 | |
| <i>mycophenolate mofetil</i> | 1 | SP |
| <i>mycophenolate sodium</i> | 1 | SP |
| MYFORTIC | 3 | SP |
| MYLERAN | 2 | SP |
| NEORAL | 3 | SP |
| NEXAVAR | 2 | PA; SP; LA; QL (4 per 1 day) |
| NILANDRON | 2 | SP; QL (1 per 1 day) |
| <i>nilutamide</i> | 1 | SP; QL (1 per 1 day) |
| NINLARO | 3 | PA; SP; QL (3 per 30 days) |
| NUBEQA | 3 | PA; SP; LA; QL (4 per 1 day) |
| ODOMZO | 3 | PA; SP; LA; QL (1 per 1 day) |
| OGSIVEO | 3 | PA; SP; QL (6 per 1 day) |
| OJJAARA | 3 | PA; SP; QL (1 per 1 day) |
| <i>pazopanib</i> | 2 | PA; SP; QL (4 per 1 day) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 3 | PA; SP; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1) | 3 | PA; SP; QL (56 per 30 days) |
| PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2) | 3 | PA; SP; QL (56 per 28 days) |
| POMALYST | 3 | PA; SP; LA; QL (1 per 1 day) |
| PROGRAF ORAL CAPSULE | 2 | SP |
| RAPAMUNE | 3 | SP |
| REVLIMID | 3 | PA; SP; LA; QL (1 per 1 day) |
| ROZLYTREK ORAL CAPSULE 100 MG | 3 | PA; SP; LA; QL (1 per 1 day) |
| ROZLYTREK ORAL CAPSULE 200 MG | 3 | PA; SP; LA; QL (3 per 1 day) |
| ROZLYTREK ORAL PELLETS IN PACKET | 3 | SP; LA; QL (12 per 1 day) |
| RUBRACA | 3 | PA; SP; LA; QL (4 per 1 day) |
| RYDAPT | 3 | PA; SP; QL (8 per 1 day) |
| SANDIMMUNE ORAL | 3 | 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 |
|--|------------------|------------------------------|
| SIGNIFOR | 3 | PA; SP |
| <i>sirolimus</i> | 1 | SP |
| SOLTAMOX | 2 | |
| <i>sorafenib</i> | 1 | PA; SP; QL (4 per 1 day) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 2 | PA; SP; QL (1 per 1 day) |
| SPRYCEL ORAL TABLET 20 MG | 2 | PA; SP; QL (3 per 1 day) |
| STIVARGA | 3 | PA; SP; QL (84 per 30 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i> | 1 | PA; SP; QL (1 per 1 day) |
| SUPPRELIN LA | 2 | PA; SP; QL (1 per 365 days) |
| SUTENT | 2 | PA; SP; QL (1 per 1 day) |
| TABLOID | 2 | SP |
| <i>tacrolimus oral</i> | 1 | SP |
| TAFINLAR ORAL CAPSULE | 3 | PA; SP; QL (4 per 1 day) |
| TAGRISSE | 3 | PA; SP; LA; QL (1 per 1 day) |
| <i>tamoxifen</i> | 1 | ACA |
| TARCEVA ORAL TABLET 100 MG, 150 MG | 2 | PA; SP; QL (1 per 1 day) |
| TARCEVA ORAL TABLET 25 MG | 2 | PA; SP; QL (3 per 1 day) |
| TARGRETIN ORAL | 2 | SP |
| TARGRETIN TOPICAL | 3 | SP |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 2 | PA; SP; QL (4 per 1 day) |
| TASIGNA ORAL CAPSULE 50 MG | 2 | PA; SP; QL (2 per 1 day) |
| <i>temozolomide</i> | 1 | SP |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 2 | SP; QL (1 per 1 day) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | 2 | SP; QL (2 per 1 day) |
| TIBSOVO | 3 | PA; SP; QL (2 per 1 day) |
| <i>toremifene</i> | 1 | QL (1 per 1 day) |
| <i>tretinoin (antineoplastic)</i> | 1 | SP |
| TREXALL | 2 | |
| TRUQAP | 3 | PA; SP; QL (64 per 28 days) |
| TUKYSA | 3 | PA; SP; LA; QL (4 per 1 day) |
| TYKERB | 3 | PA; SP; LA; QL (6 per 1 day) |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA; SP; LA; QL (2 per 1 day) |
| VENCLEXTA ORAL TABLET 50 MG | 3 | 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 |
|--|-----------|---------------------------------|
| VENCLEXTA STARTING PACK | 3 | PA; SP; QL (42 per 365 days) |
| VERZENIO | 3 | PA; SP; LA; QL (2 per 1 day) |
| VITRAKVI ORAL CAPSULE 100 MG | 3 | PA; SP; LA; QL (2 per 1 day) |
| VITRAKVI ORAL CAPSULE 25 MG | 3 | PA; SP; LA; QL (6 per 1 day) |
| VITRAKVI ORAL SOLUTION | 3 | PA; SP; LA; QL (10 per 1 day) |
| VOTRIENT | 3 | PA; SP; QL (4 per 1 day) |
| XALKORI ORAL CAPSULE | 3 | PA; SP; QL (4 per 1 day) |
| XALKORI ORAL PELLETT 150 MG | 3 | SP; QL (6 per 1 day) |
| XALKORI ORAL PELLETT 20 MG, 50 MG | 3 | SP; QL (4 per 1 day) |
| XELODA ORAL TABLET 150 MG | 3 | SP; QL (4 per 1 day) |
| XELODA ORAL TABLET 500 MG | 3 | SP; QL (10 per 1 day) |
| XERMELO | 3 | PA; SP; LA |
| XOSPATA | 3 | PA; SP; LA; QL (3 per 1 day) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2) | 3 | PA; SP; LA; QL (8 per 30 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2) | 3 | PA; SP; LA; QL (4 per 30 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 3 | PA; SP; LA; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 3 | PA; SP; LA; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE | 3 | PA; SP; QL (4 per 1 day) |
| XTANDI ORAL TABLET 40 MG | 3 | PA; SP; QL (4 per 1 day) |
| XTANDI ORAL TABLET 80 MG | 3 | PA; SP; QL (2 per 1 day) |
| ZELBORAF | 3 | PA; SP; QL (8 per 1 day) |
| ZOLINZA | 2 | SP; QL (4 per 1 day) |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG | 3 | SP |
| ZYKADIA | 3 | PA; SP; QL (3 per 1 day) |

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

| | | |
|--|---|----|
| APTIOM | 3 | PA |
| BANZEL | 3 | |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | 1 | |
| <i>carbamazepine oral tablet</i> | 1 | |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 1 | |
| <i>carbamazepine oral tablet, chewable</i> | 1 | |
| CARBATROL | 3 | |
| CELONTIN ORAL CAPSULE 300 MG | 3 | |
| <i>clonazepam</i> | 1 | |
| DEPAKOTE | 3 | |
| DEPAKOTE ER | 3 | |
| DEPAKOTE SPRINKLES | 3 | |
| <i>diazepam rectal</i> | 2 | |
| DILANTIN | 2 | |
| DILANTIN EXTENDED | 3 | |
| DILANTIN INFATABS | 3 | |
| DILANTIN-125 | 3 | |
| <i>divalproex</i> | 1 | |
| <i>epitol</i> | 1 | |
| EQUETRO | 2 | |
| <i>ethosuximide</i> | 1 | |
| <i>felbamate</i> | 1 | |
| FELBATOL ORAL TABLET | 3 | |
| FYCOMPA | 3 | PA |
| <i>gabapentin oral capsule</i> | 1 | |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i> | 1 | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | 1 | |
| KLONOPIN | 3 | |
| <i>lacosamide oral</i> | 1 | |
| <i>lamotrigine oral tablet</i> | 1 | |
| <i>lamotrigine oral tablet extended release 24hr</i> | 1 | |
| <i>lamotrigine oral tablet, chewable dispersible</i> | 1 | |
| <i>lamotrigine oral tablets, dose pack</i> | 1 | |
| <i>levetiracetam oral</i> | 1 | |
| LYRICA | 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 |
|---|------------------|------------------------------|
| <i>methsuximide</i> | 1 | |
| MYSOLINE | 3 | |
| NAYZILAM | 3 | PA; QL (10 per 30 days) |
| NEURONTIN | 3 | |
| <i>oxcarbazepine</i> | 1 | |
| <i>phenobarbital</i> | 1 | |
| PHENYTEK | 3 | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | 1 | |
| <i>phenytoin oral tablet, chewable</i> | 1 | |
| <i>phenytoin sodium extended</i> | 1 | |
| <i>pregabalin oral capsule</i> | 1 | |
| <i>pregabalin oral solution</i> | 1 | |
| <i>primidone oral tablet 250 mg, 50 mg</i> | 1 | |
| <i>roweepra oral tablet 500 mg</i> | 1 | |
| <i>rufinamide</i> | 1 | |
| SABRIL | 3 | PA; SP; LA |
| <i>subvenite</i> | 1 | |
| <i>subvenite starter (blue) kit</i> | 1 | |
| <i>subvenite starter (green) kit</i> | 1 | |
| <i>subvenite starter (orange) kit</i> | 1 | |
| TEGRETOL ORAL SUSPENSION | 3 | |
| TEGRETOL ORAL TABLET | 3 | |
| TEGRETOL XR | 3 | |
| <i>tiagabine</i> | 1 | |
| TOPAMAX | 3 | |
| <i>topiramate oral capsule, sprinkle</i> | 1 | |
| <i>topiramate oral tablet</i> | 1 | |
| TRILEPTAL | 3 | |
| <i>valproic acid</i> | 1 | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 1 | |
| VALTOCO | 3 | PA; QL (10 per 30 days) |
| <i>vigabatrin</i> | 1 | PA; SP; LA |
| <i>vigadrone oral powder in packet</i> | 1 | PA; SP |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|---|
| <i>vigpoder</i> | 3 | PA; SP |
| VIMPAT ORAL SOLUTION | 3 | |
| VIMPAT ORAL TABLET | 3 | |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 3 | PA; QL (2 per 1 day) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG | 3 | PA; QL (1 per 1 day) |
| XCOPRI ORAL TABLET 200 MG | 3 | PA; QL (2 per 1 day) |
| XCOPRI TITRATION PACK | 3 | PA; 1 tablet per day; 28 tablets per 365 days |
| ZARONTIN | 3 | |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | 3 | |
| <i>zonisamide</i> | 1 | |
| ANTIPARKINSONISM AGENTS | | |
| APOKYN | 3 | SP; LA; QL (3 per 1 day) |
| <i>apomorphine</i> | 1 | SP; QL (3 per 1 day) |
| AZILECT | 3 | |
| <i>benztropine oral</i> | 1 | |
| <i>bromocriptine</i> | 1 | |
| <i>carbidopa</i> | 1 | |
| <i>carbidopa-levodopa</i> | 1 | |
| <i>carbidopa-levodopa-entacapone</i> | 1 | |
| COMTAN | 3 | |
| DHIVY | 3 | QL (8 per 1 day) |
| <i>entacapone</i> | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 3 | PA; SP; QL (10 per 1 day) |
| LODOSYN | 3 | |
| MIRAPEX ER | 3 | |
| NEUPRO | 2 | |
| PARLODEL | 3 | |
| <i>pramipexole</i> | 1 | |
| <i>rasagiline</i> | 1 | |
| <i>ropinirole</i> | 1 | |
| RYTARY | 2 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| <i>selegiline hcl</i> | 1 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | |
| STALEVO 100 | 2 | |
| STALEVO 125 | 2 | |
| STALEVO 150 | 2 | |
| STALEVO 200 | 2 | |
| STALEVO 50 | 2 | |
| STALEVO 75 | 2 | |
| <i>trihexyphenidyl</i> | 1 | |
| MIGRAINE & CLUSTER HEADACHE THERAPY | | |
| AJOVY AUTOINJECTOR | 3 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE | 3 | PA; QL (1.5 per 30 days) |
| <i>almotriptan malate</i> | 1 | QL (12 per 30 days) |
| <i>dihydroergotamine injection</i> | 1 | PA; QL (8 per 30 days) |
| <i>eletriptan</i> | 1 | QL (12 per 30 days) |
| EMGALITY PEN | 3 | PA; QL (1 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | PA; QL (1 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; QL (3 per 30 days) |
| ERGOMAR | 2 | QL (20 per 28 days) |
| <i>ergotamine-caffeine</i> | 1 | |
| FROVA | 3 | QL (12 per 30 days) |
| <i>frovatriptan</i> | 1 | 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 | PA; QL (6 per 30 days) |
| IMITREX STATDOSE REFILL | 3 | PA; 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) |
| <i>migergot</i> | 1 | |
| <i>naratriptan</i> | 1 | QL (9 per 30 days) |
| NURTEC ODT | 2 | ST; QL (8 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 |
|--|------------------|--------------------------------|
| QULIPTA | 2 | ST; QL (1 per 1 day) |
| RELPAX | 3 | QL (12 per 30 days) |
| REYVOW | 3 | QL (4 per 30 days) |
| <i>rizatriptan</i> | 1 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i> | 2 | QL (6 per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i> | 2 | QL (12 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> | 1 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> | 1 | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge</i> | 1 | PA; QL (6 per 30 days) |
| <i>sumatriptan succinate subcutaneous pen injector</i> | 1 | PA; QL (6 per 30 days) |
| <i>sumatriptan succinate subcutaneous solution</i> | 1 | PA; QL (6 per 30 days) |
| UBRELVY | 2 | ST; QL (10 per 30 days) |
| <i>zolmitriptan nasal spray,non-aerosol 5 mg</i> | 1 | QL (12 per 30 days) |
| <i>zolmitriptan oral</i> | 1 | QL (12 per 30 days) |
| ZOMIG ORAL | 3 | QL (12 per 30 days) |
| MISCELLANEOUS NEUROLOGICAL THERAPY | | |
| AMPYRA | 3 | PA; SP; LA; QL (2 per 1 day) |
| ARICEPT | 3 | |
| AUSTEDO | 3 | PA; SP; LA |
| AUSTEDO XR | 3 | PA; SP |
| <i>dalfampridine</i> | 1 | PA; SP; QL (2 per 1 day) |
| <i>donepezil</i> | 1 | |
| EVRYSDI | 3 | PA; SP; LA; QL (6.7 per 1 day) |
| EXELON PATCH | 2 | |
| FIRDAPSE | 3 | PA; SP; LA; QL (8 per 1 day) |
| <i>galantamine</i> | 1 | |
| <i>memantine oral capsule,sprinkle,er 24hr</i> | 1 | |
| <i>memantine oral solution</i> | 1 | |
| <i>memantine oral tablet</i> | 1 | |
| MEMANTINE ORAL TABLETS,DOSE PACK | 1 | |
| NAMENDA ORAL TABLET 5 MG | 2 | |
| NAMENDA TITRATION PAK | 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 |
|--|------------------|------------------------------|
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 2 | |
| NUEDEXTA | 3 | PA; SP; QL (2 per 1 day) |
| RADICAVA ORS STARTER KIT SUSP | 3 | PA; SP |
| <i>rivastigmine</i> | 1 | |
| <i>rivastigmine tartrate</i> | 1 | |
| <i>tetrabenazine oral tablet 12.5 mg</i> | 1 | PA; SP; QL (8 per 1 day) |
| <i>tetrabenazine oral tablet 25 mg</i> | 1 | PA; SP; QL (4 per 1 day) |
| XENAZINE ORAL TABLET 12.5 MG | 3 | PA; SP; LA; QL (8 per 1 day) |
| XENAZINE ORAL TABLET 25 MG | 3 | PA; SP; LA; QL (4 per 1 day) |
| ZEPOSIA | 3 | PA; SP; QL (1 per 1 day) |
| ZEPOSIA STARTER KIT (28-DAY) | 3 | PA; SP; QL (28 per 365 days) |
| ZEPOSIA STARTER PACK (7-DAY) | 3 | PA; SP; QL (7 per 365 days) |
| MUSCLE RELAXANTS & ANTISPASMODIC THERAPY | | |
| <i>baclofen oral tablet</i> | 1 | |
| <i>carisoprodol oral tablet 350 mg</i> | 1 | QL (4 per 1 day) |
| <i>carisoprodol-aspirin-codeine</i> | 1 | |
| <i>chlorzoxazone oral tablet 500 mg</i> | 1 | |
| <i>cyclobenzaprine oral tablet</i> | 1 | |
| DANTRIUM ORAL CAPSULE 25 MG | 3 | |
| <i>dantrolene oral</i> | 1 | |
| FEXMID | 1 | |
| <i>meprobamate</i> | 1 | |
| MESTINON ORAL | 3 | |
| MESTINON TIMESPAN | 3 | |
| <i>metaxalone oral tablet 800 mg</i> | 1 | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | |
| NORGESIC | 1 | |
| <i>orphenadrine citrate oral</i> | 1 | |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> | 1 | |
| <i>pyridostigmine bromide oral syrup</i> | 1 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | 1 | |
| <i>pyridostigmine bromide oral tablet extended release</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|---|
| SOMA ORAL TABLET 350 MG | 3 | QL (4 per 1 day) |
| <i>tizanidine</i> | 1 | |
| <i>vanadom</i> | 1 | QL (4 per 1 day) |
| ZANAFLEX | 3 | |
| NARCOTIC ANALGESICS | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 1 | PA for age 11 and younger; QL (150 per 1 day) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 1 | PA for age 11 and younger; QL (12 per 1 day) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 1 | PA for age 11 and younger; QL (6 per 1 day) |
| <i>ascomp with codeine</i> | 1 | PA for age 11 and younger; QL (6 per 1 day) |
| <i>buprenorphine</i> | 1 | PA; QL (4 per 28 days) |
| <i>buprenorphine hcl sublingual tablet 2 mg</i> | 1 | QL (12 per 1 day) |
| <i>buprenorphine hcl sublingual tablet 8 mg</i> | 1 | QL (3 per 1 day) |
| <i>butalbital compound w/codeine</i> | 1 | PA for age 11 and younger; QL (6 per 1 day) |
| <i>butalbital-acetaminop-caf-cod</i> | 1 | PA for age 11 and younger; QL (6 per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | 1 | QL (6 per 1 day) |
| <i>butalbital-acetaminophen-caff</i> | 1 | QL (6 per 1 day) |
| <i>butalbital-aspirin-caffeine oral capsule</i> | 1 | |
| BUTRANS | 3 | PA; QL (4 per 28 days) |
| <i>codeine sulfate oral tablet 30 mg</i> | 3 | PA for age 11 and younger; QL (12 per 1 day) |
| <i>codeine-butalbital-asa-caff</i> | 1 | PA for age 11 and younger; QL (6 per 1 day) |
| DILAUDID ORAL LIQUID | 3 | QL (22 per 1 day) |
| DILAUDID ORAL TABLET 2 MG | 3 | QL (11 per 1 day) |
| DILAUDID ORAL TABLET 4 MG | 3 | QL (5 per 1 day) |
| DILAUDID ORAL TABLET 8 MG | 3 | QL (2 per 1 day) |
| <i>endocet oral tablet 10-325 mg</i> | 1 | QL (6 per 1 day) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | 1 | QL (12 per 1 day) |
| <i>endocet oral tablet 7.5-325 mg</i> | 1 | QL (8 per 1 day) |
| ESGIC | 3 | QL (6 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>fentanyl citrate buccal lozenge on a handle</i> | 1 | PA; QL (4 per 1 day) |
| FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG | 1 | PA; QL (4 per 1 day) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 1 | QL (10 per 30 days) |
| FENTORA | 3 | PA; QL (4 per 1 day) |
| FIORICET | 3 | QL (6 per 1 day) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i> | 3 | |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | 1 | QL (180 per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i> | 1 | QL (9 per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 1 | QL (12 per 1 day) |
| <i>hydrocodone-ibuprofen</i> | 1 | QL (5 per 1 day) |
| <i>hydromorphone oral liquid</i> | 1 | QL (22 per 1 day) |
| <i>hydromorphone oral tablet 2 mg</i> | 1 | QL (11 per 1 day) |
| <i>hydromorphone oral tablet 4 mg</i> | 1 | QL (5 per 1 day) |
| <i>hydromorphone oral tablet 8 mg</i> | 1 | QL (2 per 1 day) |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i> | 1 | QL (1 per 1 day) |
| <i>hydromorphone oral tablet extended release 24 hr 32 mg</i> | 3 | QL (1 per 1 day) |
| <i>hydromorphone rectal</i> | 3 | QL (4 per 1 day) |
| <i>meperidine oral solution</i> | 1 | QL (90 per 1 day) |
| <i>meperidine oral tablet 50 mg</i> | 1 | QL (18 per 1 day) |
| <i>methadone oral concentrate</i> | 1 | QL (3 per 1 day) |
| <i>methadone oral solution 10 mg/5 ml</i> | 1 | QL (15 per 1 day) |
| <i>methadone oral solution 5 mg/5 ml</i> | 1 | QL (30 per 1 day) |
| <i>methadone oral tablet 10 mg</i> | 1 | QL (3 per 1 day) |
| <i>methadone oral tablet 5 mg</i> | 1 | QL (6 per 1 day) |
| <i>methadose oral concentrate</i> | 3 | QL (3 per 1 day) |
| <i>morphine concentrate oral solution</i> | 1 | QL (4 per 1 day) |
| <i>morphine oral capsule, er multiphase 24 hr</i> | 1 | QL (1 per 1 day) |
| <i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 1 | QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>morphine oral solution 10 mg/5 ml</i> | 1 | QL (45 per 1 day) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | 1 | QL (22 per 1 day) |
| <i>morphine oral tablet 15 mg</i> | 1 | QL (6 per 1 day) |
| <i>morphine oral tablet 30 mg</i> | 1 | QL (3 per 1 day) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> | 1 | QL (2 per 1 day) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> | 1 | QL (3 per 1 day) |
| <i>morphine rectal suppository 10 mg, 5 mg</i> | 3 | QL (6 per 1 day) |
| <i>morphine rectal suppository 20 mg</i> | 3 | QL (4 per 1 day) |
| <i>morphine rectal suppository 30 mg</i> | 1 | QL (3 per 1 day) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG | 3 | QL (2 per 1 day) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG | 3 | QL (3 per 1 day) |
| <i>oxycodone oral capsule</i> | 1 | QL (12 per 1 day) |
| <i>oxycodone oral concentrate</i> | 1 | QL (3 per 1 day) |
| <i>oxycodone oral solution</i> | 1 | QL (60 per 1 day) |
| <i>oxycodone oral tablet 10 mg</i> | 1 | QL (6 per 1 day) |
| <i>oxycodone oral tablet 15 mg</i> | 1 | QL (4 per 1 day) |
| <i>oxycodone oral tablet 20 mg</i> | 1 | QL (3 per 1 day) |
| <i>oxycodone oral tablet 30 mg</i> | 1 | QL (2 per 1 day) |
| <i>oxycodone oral tablet 5 mg</i> | 1 | QL (12 per 1 day) |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i> | 1 | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> | 1 | QL (6 per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | 1 | QL (12 per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> | 1 | QL (8 per 1 day) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR | 2 | QL (2 per 1 day) |
| <i>oxymorphone oral tablet 10 mg</i> | 1 | QL (3 per 1 day) |
| <i>oxymorphone oral tablet 5 mg</i> | 1 | QL (6 per 1 day) |
| <i>oxymorphone oral tablet extended release 12 hr</i> | 1 | QL (2 per 1 day) |
| PERCOCET ORAL TABLET 10-325 MG | 3 | QL (6 per 1 day) |
| PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG | 3 | 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 |
|---|------------------|------------------------------|
| PERCOCET ORAL TABLET 7.5-325 MG | 3 | QL (8 per 1 day) |
| ROXICODONE ORAL TABLET 15 MG | 3 | QL (4 per 1 day) |
| ROXICODONE ORAL TABLET 30 MG | 3 | QL (2 per 1 day) |
| NON-NARCOTIC ANALGESICS | | |
| <i>adult aspirin regimen</i> | 1 | ACA; OTC |
| ANAPROX DS | 3 | |
| ARTHROTEC 75 | 3 | QL (4 per 1 day) |
| <i>aspirin childrens</i> | 1 | ACA; OTC |
| <i>aspirin oral tablet,chewable</i> | 1 | ACA; OTC |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> | 1 | ACA; OTC |
| <i>bayer low dose aspirin</i> | 1 | ACA; OTC |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> | 1 | QL (2 per 1 day) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i> | 1 | QL (12 per 1 day) |
| <i>buprenorphine-naloxone sublingual film 4-1 mg</i> | 1 | QL (6 per 1 day) |
| <i>buprenorphine-naloxone sublingual film 8-2 mg</i> | 1 | QL (3 per 1 day) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> | 1 | QL (12 per 1 day) |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> | 1 | QL (3 per 1 day) |
| <i>butorphanol nasal</i> | 1 | PA; QL (5 per 30 days) |
| CAMBIA | 3 | QL (9 per 30 days) |
| 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) |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> | 1 | QL (2 per 1 day) |
| <i>celecoxib oral capsule 400 mg</i> | 1 | QL (1 per 1 day) |
| DAYPRO | 3 | QL (2 per 1 day) |
| DICLOFENAC EPOLAMINE | 1 | QL (2 per 1 day) |
| <i>diclofenac potassium oral powder in packet</i> | 1 | QL (9 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | 1 | QL (4 per 1 day) |
| <i>diclofenac sodium oral tablet extended release 24 hr</i> | 1 | QL (2 per 1 day) |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg</i> | 1 | QL (4 per 1 day) |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg</i> | 1 | QL (2 per 1 day) |
| <i>diclofenac sodium topical drops</i> | 1 | QL (300 per 30 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>diclofenac-misoprostol</i> | 1 | QL (4 per 1 day) |
| <i>diflunisal</i> | 1 | QL (3 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) |
| <i>ecotrin low strength</i> | 1 | ACA; OTC |
| <i>etodolac oral capsule 200 mg</i> | 1 | QL (4 per 1 day) |
| <i>etodolac oral capsule 300 mg</i> | 1 | QL (3 per 1 day) |
| <i>etodolac oral tablet</i> | 1 | QL (2 per 1 day) |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i> | 1 | QL (2 per 1 day) |
| <i>etodolac oral tablet extended release 24 hr 600 mg</i> | 1 | QL (1 per 1 day) |
| FELDENE | 3 | QL (1 per 1 day) |
| <i>fenoprofen oral capsule 400 mg</i> | 1 | QL (4 per 1 day) |
| <i>fenoprofen oral tablet</i> | 1 | QL (4 per 1 day) |
| FLECTOR | 3 | QL (2 per 1 day) |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | QL (3 per 1 day) |
| <i>ibu</i> | 1 | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 1 | |
| INDOCIN RECTAL | 2 | QL (4 per 1 day) |
| <i>indomethacin oral capsule 25 mg</i> | 1 | QL (3 per 1 day) |
| <i>indomethacin oral capsule 50 mg</i> | 1 | QL (4 per 1 day) |
| <i>indomethacin oral capsule, extended release</i> | 1 | QL (2 per 1 day) |
| <i>ketoprofen oral capsule 50 mg</i> | 1 | |
| <i>ketoprofen oral capsule 75 mg</i> | 1 | QL (4 per 1 day) |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i> | 1 | QL (1 per 1 day) |
| <i>ketorolac oral</i> | 1 | QL (20 per 30 days) |
| <i>meclofenamate</i> | 3 | QL (4 per 1 day) |
| <i>mefenamic acid</i> | 1 | 29 capsules per fill |
| MELOXICAM ORAL SUSPENSION | 1 | |
| <i>meloxicam oral tablet</i> | 1 | |
| <i>nabumetone oral tablet 500 mg</i> | 1 | QL (4 per 1 day) |
| <i>nabumetone oral tablet 750 mg</i> | 1 | QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|---|
| <i>naloxone injection solution</i> | 1 | |
| <i>naloxone injection syringe 0.4 mg/ml</i> | 1 | |
| <i>naloxone nasal</i> | 1 | 2 sprays per fill |
| <i>naltrexone</i> | 1 | |
| NAPRELAN CR | 3 | QL (2 per 1 day) |
| NAPROSYN ORAL SUSPENSION | 3 | QL (40 per 1 day) |
| NAPROSYN ORAL TABLET 500 MG | 3 | QL (3 per 1 day) |
| <i>naproxen oral suspension</i> | 1 | QL (40 per 1 day) |
| <i>naproxen oral tablet 250 mg</i> | 1 | QL (6 per 1 day) |
| <i>naproxen oral tablet 375 mg</i> | 1 | QL (4 per 1 day) |
| <i>naproxen oral tablet 500 mg</i> | 1 | QL (3 per 1 day) |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 1 | QL (4 per 1 day) |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 1 | QL (2 per 1 day) |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 1 | |
| <i>naproxen sodium oral tablet, er multiphase 24 hr</i> | 1 | QL (2 per 1 day) |
| NARCAN | 3 | 2 sprays per fill |
| OPVEE | 3 | 2 units per fill |
| <i>oxaprozin oral tablet</i> | 1 | QL (2 per 1 day) |
| <i>piroxicam</i> | 1 | QL (1 per 1 day) |
| <i>salsalate</i> | 1 | |
| <i>st joseph aspirin</i> | 1 | ACA; OTC |
| <i>st. joseph aspirin</i> | 1 | ACA; OTC |
| 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) |
| <i>sulindac</i> | 1 | QL (2 per 1 day) |
| <i>tramadol oral tablet 50 mg</i> | 1 | PA for age 11 and younger; QL (8 per 1 day) |
| <i>tramadol oral tablet extended release 24 hr</i> | 1 | PA for age 11 and younger; QL (1 per 1 day) |
| <i>tramadol oral tablet, er multiphase 24 hr</i> | 1 | PA for age 11 and younger; QL (1 per 1 day) |
| <i>tramadol-acetaminophen</i> | 1 | 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 |
|--|------------------|------------------------------|
| VIVITROL | 3 | SP |
| ZUBSOLV | 3 | |
| PSYCHOTHERAPEUTIC DRUGS | | |
| ABILIFY MAINTENA | 2 | PA; QL (1 per 28 days) |
| ABILIFY ORAL TABLET | 2 | QL (1 per 1 day) |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG | 3 | QL (3 per 1 day) |
| ADDERALL ORAL TABLET 30 MG | 3 | QL (2 per 1 day) |
| ADDERALL XR | 3 | QL (2 per 1 day) |
| <i>alprazolam</i> | 1 | |
| <i>alprazolam intensol</i> | 3 | |
| AMBIEN | 3 | QL (1 per 1 day) |
| AMBIEN CR | 3 | QL (1 per 1 day) |
| <i>amitriptyline</i> | 1 | |
| <i>amitriptyline-chlordiazepoxide</i> | 1 | |
| <i>amoxapine oral tablet 100 mg</i> | 1 | |
| <i>amoxapine oral tablet 150 mg, 25 mg, 50 mg</i> | 2 | |
| ANAFRANIL | 3 | |
| <i>aripiprazole oral solution</i> | 1 | QL (30 per 1 day) |
| <i>aripiprazole oral tablet</i> | 1 | QL (1 per 1 day) |
| <i>aripiprazole oral tablet, disintegrating</i> | 1 | QL (1 per 1 day) |
| ARISTADA INITIO | 3 | PA; QL (2.4 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | 3 | PA; QL (3.9 per 42 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML | 3 | PA; QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML | 3 | PA; QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML | 3 | PA; QL (3.2 per 28 days) |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> | 1 | QL (1 per 1 day) |
| <i>armodafinil oral tablet 50 mg</i> | 1 | QL (2 per 1 day) |
| <i>asenapine maleate</i> | 1 | 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 |
|--|------------------|------------------------------|
| ATIVAN ORAL | 3 | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | 1 | QL (2 per 1 day) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> | 1 | QL (1 per 1 day) |
| AZSTARYS | 2 | QL (1 per 1 day) |
| <i>bupropion hcl oral tablet 100 mg</i> | 1 | QL (4.5 per 1 day) |
| <i>bupropion hcl oral tablet 75 mg</i> | 1 | QL (6 per 1 day) |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> | 1 | QL (3 per 1 day) |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> | 1 | QL (1 per 1 day) |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> | 1 | QL (2 per 1 day) |
| <i>bupirone</i> | 1 | |
| 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) |
| <i>chlordiazepoxide hcl</i> | 1 | |
| <i>chlorpromazine oral tablet</i> | 1 | QL (4 per 1 day) |
| <i>citalopram oral solution</i> | 1 | QL (20 per 1 day) |
| <i>citalopram oral tablet 10 mg, 20 mg</i> | 1 | QL (1.5 per 1 day) |
| <i>citalopram oral tablet 40 mg</i> | 1 | QL (1 per 1 day) |
| <i>clomipramine</i> | 1 | |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | 1 | |
| <i>clorazepate dipotassium</i> | 1 | |
| <i>clozapine oral tablet 100 mg</i> | 1 | QL (9 per 1 day) |
| <i>clozapine oral tablet 200 mg</i> | 1 | QL (4.5 per 1 day) |
| <i>clozapine oral tablet 25 mg, 50 mg</i> | 1 | QL (3 per 1 day) |
| <i>clozapine oral tablet, disintegrating 100 mg</i> | 2 | QL (9 per 1 day) |
| <i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i> | 2 | QL (3 per 1 day) |
| <i>clozapine oral tablet, disintegrating 150 mg</i> | 1 | QL (6 per 1 day) |
| <i>clozapine oral tablet, disintegrating 200 mg</i> | 1 | QL (4.5 per 1 day) |
| CLOZARIL ORAL TABLET 100 MG | 3 | QL (9 per 1 day) |
| CLOZARIL ORAL TABLET 25 MG | 3 | QL (3 per 1 day) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 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 |
|---|------------------|------------------------------|
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG | 3 | QL (2 per 1 day) |
| CYMBALTA | 3 | QL (2 per 1 day) |
| DAYTRANA | 3 | QL (1 per 1 day) |
| <i>desipramine</i> | 1 | |
| <i>desvenlafaxine succinate</i> | 1 | QL (1 per 1 day) |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG | 3 | QL (4 per 1 day) |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50</i> | 1 | QL (1 per 1 day) |
| <i>dexmethylphenidate oral tablet</i> | 1 | QL (2 per 1 day) |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i> | 1 | QL (4 per 1 day) |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i> | 1 | QL (3 per 1 day) |
| <i>dextroamphetamine sulfate oral solution</i> | 1 | QL (60 per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | 1 | QL (3 per 1 day) |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i> | 1 | QL (2 per 1 day) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | 1 | QL (3 per 1 day) |
| <i>dextroamphetamine-amphetamine oral tablet 30 mg</i> | 1 | QL (2 per 1 day) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 3 | |
| <i>diazepam oral tablet</i> | 1 | |
| <i>doxepin oral capsule</i> | 1 | |
| <i>doxepin oral concentrate</i> | 1 | |
| <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 1 | QL (2 per 1 day) |
| 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) |
| <i>escitalopram oxalate oral solution</i> | 1 | QL (20 per 1 day) |
| <i>escitalopram oxalate oral tablet 10 mg, 5 mg</i> | 1 | QL (1.5 per 1 day) |
| <i>escitalopram oxalate oral tablet 20 mg</i> | 1 | QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>estazolam</i> | 1 | |
| <i>eszopiclone</i> | 1 | QL (1 per 1 day) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK | 3 | QL (28 per 365 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR | 3 | QL (1 per 1 day) |
| <i>fluoxetine oral capsule</i> | 1 | QL (2 per 1 day) |
| <i>fluoxetine oral capsule,delayed release(dr/ec)</i> | 1 | QL (4 per 28 days) |
| <i>fluoxetine oral solution</i> | 1 | QL (20 per 1 day) |
| <i>fluphenazine decanoate</i> | 1 | QL (5 per 30 days) |
| <i>fluphenazine hcl oral concentrate</i> | 1 | QL (8 per 1 day) |
| <i>fluphenazine hcl oral elixir</i> | 1 | QL (80 per 1 day) |
| <i>fluphenazine hcl oral tablet</i> | 1 | QL (4 per 1 day) |
| <i>fluvoxamine oral capsule,extended release 24hr</i> | 1 | QL (2 per 1 day) |
| <i>fluvoxamine oral tablet 100 mg</i> | 1 | QL (3 per 1 day) |
| <i>fluvoxamine oral tablet 25 mg, 50 mg</i> | 1 | QL (1.5 per 1 day) |
| FOCALIN | 3 | QL (2 per 1 day) |
| FOCALIN XR | 3 | QL (1 per 1 day) |
| GEODON ORAL | 3 | QL (2 per 1 day) |
| <i>guanfacine oral tablet extended release 24 hr</i> | 1 | |
| HALCION ORAL TABLET 0.25 MG | 3 | QL (1 per 1 day) |
| <i>haloperidol lactate oral</i> | 1 | QL (15 per 1 day) |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | QL (3 per 1 day) |
| <i>haloperidol oral tablet 20 mg</i> | 1 | QL (1.5 per 1 day) |
| <i>imipramine hcl</i> | 1 | |
| <i>imipramine pamoate</i> | 1 | |
| INTUNIV ER | 3 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 3 | QL (3.5 per 135 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 3 | QL (5 per 135 days) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG | 3 | QL (1 per 1 day) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG | 3 | QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 3 | QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 3 | QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 3 | QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3 | QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 3 | QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 3 | QL (0.88 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 3 | QL (1.32 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 3 | QL (1.75 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 3 | QL (2.63 per 63 days) |
| JORNAY PM | 3 | QL (1 per 1 day) |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 3 | QL (1 per 1 day) |
| LATUDA ORAL TABLET 80 MG | 3 | 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) |
| <i>lithium carbonate</i> | 1 | |
| LITHOBID | 3 | |
| <i>lorazepam intensol</i> | 3 | |
| <i>lorazepam oral concentrate</i> | 3 | |
| <i>lorazepam oral tablet</i> | 1 | |
| <i>loxapine succinate oral capsule 10 mg</i> | 1 | QL (8 per 1 day) |
| <i>loxapine succinate oral capsule 25 mg, 5 mg</i> | 1 | QL (4 per 1 day) |
| <i>loxapine succinate oral capsule 50 mg</i> | 1 | QL (5 per 1 day) |
| LUNESTA | 3 | QL (1 per 1 day) |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | 1 | QL (1 per 1 day) |
| <i>lurasidone oral tablet 80 mg</i> | 1 | QL (2 per 1 day) |
| MARPLAN | 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 |
|---|------------------|------------------------------|
| METHYLIN ORAL SOLUTION 10 MG/5 ML | 3 | QL (30 per 1 day) |
| METHYLIN ORAL SOLUTION 5 MG/5 ML | 3 | QL (60 per 1 day) |
| <i>methylphenidate</i> | 1 | QL (1 per 1 day) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i> | 1 | QL (1 per 1 day) |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | QL (1 per 1 day) |
| <i>methylphenidate hcl oral solution 10 mg/5 ml</i> | 1 | QL (30 per 1 day) |
| <i>methylphenidate hcl oral solution 5 mg/5 ml</i> | 1 | QL (60 per 1 day) |
| <i>methylphenidate hcl oral tablet</i> | 1 | QL (3 per 1 day) |
| <i>methylphenidate hcl oral tablet extended release</i> | 1 | QL (3 per 1 day) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> | 1 | QL (1 per 1 day) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> | 1 | QL (2 per 1 day) |
| <i>methylphenidate hcl oral tablet, chewable</i> | 1 | QL (3 per 1 day) |
| <i>mirtazapine</i> | 1 | QL (1 per 1 day) |
| <i>modafinil</i> | 1 | QL (1 per 1 day) |
| NARDIL | 3 | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i> | 1 | QL (2 per 1 day) |
| <i>nefazodone oral tablet 200 mg</i> | 1 | QL (3 per 1 day) |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | |
| <i>nortriptyline</i> | 1 | |
| 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) |
| <i>olanzapine oral</i> | 1 | QL (1 per 1 day) |
| <i>olanzapine-fluoxetine</i> | 1 | |
| <i>oxazepam</i> | 1 | |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> | 3 | QL (1 per 1 day) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> | 3 | QL (2 per 1 day) |
| PAMELOR | 3 | |
| PARNATE | 3 | QL (6 per 1 day) |
| <i>paroxetine hcl oral suspension</i> | 1 | QL (30 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i> | 1 | QL (1.5 per 1 day) |
| <i>paroxetine hcl oral tablet 20 mg</i> | 1 | QL (1 per 1 day) |
| <i>paroxetine hcl oral tablet 30 mg</i> | 1 | QL (2 per 1 day) |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i> | 1 | QL (1 per 1 day) |
| <i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i> | 1 | QL (2 per 1 day) |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG | 3 | QL (1 per 1 day) |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG | 3 | QL (2 per 1 day) |
| PAXIL ORAL SUSPENSION | 3 | 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) |
| <i>perphenazine oral tablet 16 mg</i> | 1 | QL (2 per 1 day) |
| <i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i> | 1 | QL (4 per 1 day) |
| <i>perphenazine-amitriptyline</i> | 2 | |
| <i>phenelzine</i> | 1 | |
| <i>pimozide oral tablet 1 mg</i> | 1 | QL (10 per 1 day) |
| <i>pimozide oral tablet 2 mg</i> | 1 | QL (5 per 1 day) |
| PRISTIQ | 2 | QL (1 per 1 day) |
| <i>procentra</i> | 1 | QL (60 per 1 day) |
| <i>protriptyline</i> | 1 | |
| PROVIGIL | 3 | QL (1 per 1 day) |
| PROZAC ORAL CAPSULE | 3 | QL (2 per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG | 2 | QL (1 per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG | 2 | QL (2 per 1 day) |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | QL (3 per 1 day) |
| QUETIAPINE ORAL TABLET 150 MG | 1 | QL (5 per 1 day) |
| <i>quetiapine oral tablet 300 mg, 400 mg</i> | 1 | QL (2 per 1 day) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i> | 1 | QL (1 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|-------------------------------|
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i> | 1 | QL (2 per 1 day) |
| QUILLIVANT XR | 3 | QL (12 per 1 day) |
| <i>ramelteon</i> | 1 | 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 | 3 | QL (1 per 1 day) |
| REXULTI ORAL TABLET | 2 | QL (1 per 1 day) |
| RISPERDAL CONSTA | 2 | QL (2 per 28 days) |
| RISPERDAL ORAL SOLUTION | 3 | QL (8 per 1 day) |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | QL (2 per 1 day) |
| <i>risperidone microspheres</i> | 2 | QL (2 per 28 days) |
| <i>risperidone oral solution</i> | 1 | QL (8 per 1 day) |
| <i>risperidone oral tablet</i> | 1 | QL (2 per 1 day) |
| <i>risperidone oral tablet, disintegrating</i> | 1 | QL (2 per 1 day) |
| RITALIN | 3 | QL (3 per 1 day) |
| RITALIN LA | 3 | QL (1 per 1 day) |
| ROZEREM | 3 | QL (1 per 1 day) |
| RYKINDO | 2 | QL (2 per 28 days) |
| SAPHRIS | 3 | QL (2 per 1 day) |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | QL (3 per 1 day) |
| SEROQUEL ORAL TABLET 300 MG, 400 MG | 3 | QL (2 per 1 day) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG | 3 | QL (1 per 1 day) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG | 3 | QL (2 per 1 day) |
| <i>sertraline oral concentrate</i> | 1 | QL (10 per 1 day) |
| <i>sertraline oral tablet 100 mg</i> | 1 | QL (2 per 1 day) |
| <i>sertraline oral tablet 25 mg, 50 mg</i> | 1 | QL (1.5 per 1 day) |
| SODIUM OXYBATE | 2 | PA; SP; LA; QL (18 per 1 day) |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | 3 | QL (2 per 1 day) |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 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 |
|---|------------------|------------------------------|
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | |
| <i>temazepam</i> | 1 | QL (1 per 1 day) |
| <i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | QL (4 per 1 day) |
| <i>thioridazine oral tablet 100 mg</i> | 1 | QL (8 per 1 day) |
| <i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i> | 1 | QL (3 per 1 day) |
| <i>thiothixene oral capsule 10 mg</i> | 1 | QL (6 per 1 day) |
| <i>tranylcypromine</i> | 1 | QL (6 per 1 day) |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i> | 1 | QL (3 per 1 day) |
| <i>trazodone oral tablet 300 mg</i> | 1 | QL (2 per 1 day) |
| <i>triazolam</i> | 1 | QL (1 per 1 day) |
| <i>trifluoperazine</i> | 1 | QL (4 per 1 day) |
| <i>trimipramine</i> | 1 | |
| TRINTELLIX | 2 | QL (1 per 1 day) |
| VALIUM | 3 | |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i> | 1 | QL (1 per 1 day) |
| <i>venlafaxine oral capsule, extended release 24hr 75 mg</i> | 1 | QL (3 per 1 day) |
| <i>venlafaxine oral tablet</i> | 1 | QL (3 per 1 day) |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | 1 | QL (1 per 1 day) |
| <i>venlafaxine oral tablet extended release 24hr 225 mg</i> | 2 | QL (1 per 1 day) |
| VIIBRYD ORAL TABLET | 2 | QL (1 per 1 day) |
| <i>vilazodone</i> | 1 | QL (1 per 1 day) |
| VRAYLAR ORAL CAPSULE | 2 | QL (1 per 1 day) |
| VRAYLAR ORAL CAPSULE, DOSE PACK | 2 | QL (7 per 365 days) |
| VYVANSE | 2 | QL (1 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 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------------|
| XYREM | 2 | PA; SP; LA; QL (18 per 1 day) |
| <i>zaleplon</i> | 1 | QL (1 per 1 day) |
| <i>zenzedi oral tablet 10 mg, 5 mg</i> | 1 | QL (3 per 1 day) |
| <i>ziprasidone hcl</i> | 1 | 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) |
| <i>zolpidem oral tablet</i> | 1 | QL (1 per 1 day) |
| <i>zolpidem oral tablet,ext release multiphase</i> | 1 | QL (1 per 1 day) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 3 | PA; SP; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 3 | PA; SP; QL (14 per 14 days) |
| ZYPREXA ORAL | 3 | QL (1 per 1 day) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG | 3 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 3 | QL (1 per 28 days) |
| ZYPREXA ZYDIS | 3 | QL (1 per 1 day) |

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

| | | |
|--|---|--|
| <i>amiodarone oral</i> | 1 | |
| BETAPACE AF | 3 | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | 3 | |
| <i>disopyramide phosphate oral capsule</i> | 1 | |
| <i>dofetilide</i> | 1 | |
| <i>flecainide</i> | 1 | |
| NORPACE | 3 | |
| NORPACE CR | 3 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 1 | |
| <i>propafenone</i> | 1 | |
| <i>sotalol af</i> | 1 | |
| <i>sotalol oral</i> | 1 | |
| TIKOSYN | 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 |
|---------------------------------------|-----------|-----------------------|
| ANTIHYPERTENSIVE THERAPY | | |
| ACCUPRIL | 3 | |
| ACCURETIC | 3 | |
| <i>acebutolol</i> | 1 | |
| ALDACTONE | 3 | |
| <i>aliskiren</i> | 1 | |
| ALTACE | 3 | |
| <i>amiloride</i> | 1 | |
| <i>amiloride-hydrochlorothiazide</i> | 1 | |
| <i>amlodipine</i> | 1 | |
| <i>amlodipine-benazepril</i> | 1 | |
| <i>amlodipine-olmesartan</i> | 1 | |
| <i>amlodipine-valsartan</i> | 1 | |
| <i>amlodipine-valsartan-hctiazid</i> | 1 | |
| ATACAND | 3 | |
| ATACAND HCT | 3 | |
| <i>atenolol</i> | 1 | |
| <i>atenolol-chlorthalidone</i> | 1 | |
| AVALIDE | 3 | |
| AVAPRO | 3 | |
| AZOR | 3 | |
| <i>benazepril</i> | 1 | |
| <i>benazepril-hydrochlorothiazide</i> | 1 | |
| BENICAR | 3 | |
| BENICAR HCT | 3 | |
| <i>betaxolol oral</i> | 1 | |
| BIDIL | 3 | |
| <i>bisoprolol fumarate</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide</i> | 1 | |
| <i>bumetanide oral</i> | 1 | |
| BYSTOLIC | 2 | |
| <i>candesartan</i> | 1 | |
| <i>candesartan-hydrochlorothiazid</i> | 1 | |
| <i>captopril</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>captopril-hydrochlorothiazide</i> | 1 | |
| CARDIZEM CD | 3 | |
| CARDIZEM LA | 3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 3 | |
| CARDURA | 3 | |
| CARDURA XL | 3 | |
| <i>cartia xt</i> | 1 | |
| <i>carvedilol</i> | 1 | |
| <i>carvedilol phosphate</i> | 1 | QL (1 per 1 day) |
| CATAPRES-TTS-1 | 3 | |
| CATAPRES-TTS-2 | 3 | |
| CATAPRES-TTS-3 | 3 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>clonidine</i> | 1 | |
| <i>clonidine hcl oral tablet</i> | 1 | |
| COREG | 3 | |
| CORGARD ORAL TABLET 20 MG, 40 MG | 3 | |
| COZAAR | 3 | |
| DIBENZYLINE | 2 | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 240 mg, 360 mg, 420 mg</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr</i> | 1 | |
| <i>diltiazem hcl oral tablet</i> | 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr</i> | 1 | |
| <i>dilt-xr</i> | 1 | |
| DIOVAN | 3 | |
| DIOVAN HCT | 3 | |
| DIURIL | 3 | |
| <i>doxazosin</i> | 1 | |
| DYRENIUM ORAL CAPSULE 100 MG | 2 | |
| DYRENIUM ORAL CAPSULE 50 MG | 3 | |
| EDARBI | 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 |
|--|------------------|------------------------------|
| EDARBYCLOR | 3 | |
| EDECIN | 2 | |
| <i>enalapril maleate</i> | 1 | |
| <i>enalapril-hydrochlorothiazide</i> | 1 | |
| EPANED | 2 | |
| <i>eplerenone</i> | 1 | |
| <i>ethacrynic acid</i> | 1 | |
| EXFORGE | 3 | |
| EXFORGE HCT | 3 | |
| <i>felodipine</i> | 1 | |
| <i>fosinopril</i> | 1 | |
| <i>fosinopril-hydrochlorothiazide</i> | 1 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | |
| <i>furosemide oral tablet</i> | 1 | |
| <i>guanfacine oral tablet</i> | 1 | |
| <i>hydralazine oral</i> | 1 | |
| <i>hydrochlorothiazide</i> | 1 | |
| HYZAAR | 3 | |
| <i>indapamide</i> | 1 | |
| INDERAL LA | 3 | |
| INSPRA | 3 | |
| <i>irbesartan</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | |
| <i>isosorbide-hydralazine</i> | 1 | |
| <i>isradipine oral capsule 2.5 mg</i> | 3 | |
| <i>isradipine oral capsule 5 mg</i> | 1 | |
| KERENDIA | 2 | PA; QL (1 per 1 day) |
| <i>labetalol oral</i> | 1 | |
| LASIX | 3 | |
| <i>lisinopril</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide</i> | 1 | |
| LOPRESSOR ORAL | 3 | |
| <i>losartan</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|-------------------------------|
| <i>losartan-hydrochlorothiazide</i> | 1 | |
| LOTENSIN HCT | 3 | |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | |
| LOTREL | 3 | |
| <i>matzim la</i> | 1 | |
| MAXZIDE | 3 | |
| MAXZIDE-25MG | 3 | |
| <i>methyldopa</i> | 1 | |
| <i>metolazone</i> | 1 | |
| <i>metoprolol succinate</i> | 1 | |
| <i>metoprolol ta-hydrochlorothiaz</i> | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| MICARDIS | 3 | |
| MICARDIS HCT | 3 | |
| MINIPRESS | 3 | |
| <i>minoxidil oral</i> | 1 | |
| <i>moexipril</i> | 1 | |
| <i>nadolol</i> | 1 | |
| <i>nebivolol</i> | 1 | |
| <i>nicardipine oral</i> | 1 | |
| <i>nifedipine</i> | 1 | |
| <i>nimodipine</i> | 1 | |
| <i>nisoldipine</i> | 1 | |
| NORVASC | 3 | |
| NYMALIZE | 3 | |
| <i>olmesartan</i> | 1 | |
| <i>olmesartan-amlodipin-hcthiazyd</i> | 1 | |
| <i>olmesartan-hydrochlorothiazide</i> | 1 | |
| ORENITRAM | 3 | PA; SP; QL (3 per 1 day) |
| ORENITRAM MONTH 1 TITRATION KT | 3 | PA; SP; QL (168 per 365 days) |
| ORENITRAM MONTH 2 TITRATION KT | 3 | PA; SP; QL (336 per 365 days) |
| ORENITRAM MONTH 3 TITRATION KT | 3 | PA; SP; QL (252 per 365 days) |
| <i>perindopril erbumine</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>phenoxybenzamine</i> | 1 | |
| <i>pindolol</i> | 2 | |
| <i>prazosin</i> | 1 | |
| PROCARDIA XL | 3 | |
| <i>propranolol oral capsule,extended release 24 hr</i> | 1 | |
| <i>propranolol oral tablet</i> | 1 | |
| <i>quinapril</i> | 1 | |
| <i>quinapril-hydrochlorothiazide</i> | 1 | |
| <i>ramipril</i> | 1 | |
| SOAANZ ORAL TABLET 20 MG | 3 | |
| <i>spironolactone oral tablet</i> | 1 | |
| <i>spironolacton-hydrochlorothiaz</i> | 1 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | 3 | |
| <i>taztia xt</i> | 1 | |
| TEKTURNA | 3 | |
| <i>telmisartan</i> | 1 | |
| <i>telmisartan-amlodipine</i> | 1 | |
| <i>telmisartan-hydrochlorothiazid</i> | 1 | |
| TENORETIC 100 | 3 | |
| TENORETIC 50 | 3 | |
| TENORMIN | 3 | |
| <i>terazosin</i> | 1 | |
| <i>tiadylt er oral capsule,extended release 24 hr 420 mg</i> | 1 | |
| TIAZAC | 3 | |
| <i>timolol maleate oral</i> | 1 | |
| TOPROL XL | 3 | |
| <i>torse mide oral</i> | 1 | |
| <i>trandolapril</i> | 1 | |
| <i>trandolapril-verapamil</i> | 1 | |
| <i>triamterene</i> | 1 | |
| <i>triamterene-hydrochlorothiazid</i> | 1 | |
| TRIBENZOR | 3 | |
| UPTRAVI ORAL TABLET | 3 | PA; SP; LA; 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 |
|--|------------------|-----------------------------------|
| UPTRAVI ORAL TABLETS,DOSE PACK | 3 | PA; SP; LA; QL (200 per 365 days) |
| <i>valsartan oral tablet</i> | 1 | |
| <i>valsartan-hydrochlorothiazide</i> | 1 | |
| VASERETIC | 3 | |
| VASOTEC | 3 | |
| <i>verapamil oral</i> | 1 | |
| VERELAN PM | 3 | |
| ZESTORETIC | 3 | |
| ZESTRIL | 3 | |
| CARDIAC GLYCOSIDES | | |
| <i>digox</i> | 1 | |
| <i>digoxin oral tablet</i> | 1 | |
| LANOXIN ORAL | 3 | |
| COAGULATION THERAPY | | |
| AMICAR ORAL TABLET | 3 | |
| <i>aminocaproic acid oral tablet</i> | 1 | |
| ARIXTRA | 3 | SP |
| <i>aspirin-dipyridamole</i> | 1 | |
| BRILINTA | 2 | |
| <i>cilostazol</i> | 1 | |
| <i>clopidogrel</i> | 1 | |
| <i>dipyridamole oral</i> | 1 | |
| EFFIENT | 3 | |
| ELIQUIS | 2 | |
| ELIQUIS DVT-PE TREAT 30D START | 2 | |
| <i>enoxaparin</i> | 1 | SP |
| <i>fondaparinux</i> | 1 | SP |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML | 2 | SP |
| FRAGMIN SUBCUTANEOUS SYRINGE | 2 | SP |
| <i>heparin (porcine) injection cartridge</i> | 1 | |
| <i>heparin (porcine) injection solution</i> | 1 | |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection solution</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 1 | |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS | 1 | |
| <i>jantoven</i> | 1 | |
| LOVENOX | 3 | SP |
| MULPLETA | 3 | PA; SP; QL (7 per 365 days) |
| <i>pentoxifylline</i> | 1 | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | 1 | |
| PLAVIX ORAL TABLET 75 MG | 3 | |
| <i>prasugrel</i> | 1 | |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 3 | PA; SP; LA; QL (3 per 1 day) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 3 | PA; SP; LA; QL (1 per 1 day) |
| PROMACTA ORAL TABLET 50 MG | 3 | PA; SP; LA; QL (3 per 1 day) |
| PROMACTA ORAL TABLET 75 MG | 3 | PA; SP; LA; QL (2 per 1 day) |
| <i>warfarin</i> | 1 | |
| XARELTO DVT-PE TREAT 30D START | 2 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION | 2 | QL (20 per 1 day) |
| XARELTO ORAL TABLET | 2 | |
| LIPID/CHOLESTEROL LOWERING AGENTS | | |
| <i>amlodipine-atorvastatin</i> | 1 | |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> | 1 | ACA |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> | 1 | |
| CADUET | 3 | |
| <i>cholestyramine (with sugar)</i> | 1 | |
| <i>cholestyramine light</i> | 1 | |
| <i>colesevelam</i> | 1 | |
| COLESTID | 3 | |
| COLESTID FLAVORED ORAL PACKET | 3 | |
| <i>colestipol</i> | 1 | |
| CRESTOR | 3 | |
| <i>ezetimibe</i> | 1 | |
| <i>ezetimibe-simvastatin</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 1 | |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG | 1 | |
| <i>fenofibrate nanocrystallized</i> | 1 | |
| FENOFIBRATE ORAL CAPSULE | 1 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 1 | |
| <i>fenofibric acid (choline)</i> | 1 | |
| <i>fluvastatin</i> | 1 | ACA |
| <i>gemfibrozil</i> | 1 | |
| <i>icosapent ethyl</i> | 1 | QL (4 per 1 day) |
| LESCOL XL | 3 | |
| LIPITOR | 3 | |
| LIPOFEN | 3 | |
| LOPID | 3 | |
| <i>lovastatin</i> | 1 | ACA |
| NEXLETOL | 3 | PA; QL (1 per 1 day) |
| NEXLIZET | 3 | PA; QL (1 per 1 day) |
| <i>niacin oral tablet 500 mg</i> | 1 | |
| <i>niacin oral tablet extended release 24 hr</i> | 1 | |
| NIACOR | 1 | |
| <i>omega-3 acid ethyl esters</i> | 1 | QL (4 per 1 day) |
| <i>pravastatin</i> | 1 | ACA |
| <i>prevalite</i> | 1 | |
| QUESTRAN | 3 | |
| QUESTRAN LIGHT | 3 | |
| REPATHA PUSHTRONEX | 2 | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK | 2 | PA; QL (2 per 28 days) |
| REPATHA SYRINGE | 2 | PA; QL (2 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> | 1 | ACA |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> | 1 | |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | ACA |
| <i>simvastatin oral tablet 80 mg</i> | 1 | |
| TRICOR | 3 | |
| TRILIPIX | 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 |
|--|------------------|------------------------------|
| VASCEPA | 2 | QL (4 per 1 day) |
| VYTORIN 10-10 | 3 | |
| VYTORIN 10-20 | 3 | |
| VYTORIN 10-40 | 3 | |
| VYTORIN 10-80 | 3 | |
| WELCHOL | 3 | |
| ZETIA | 3 | |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | |
| CAMZYOS | 3 | PA; SP; QL (1 per 1 day) |
| CORLANOR ORAL SOLUTION | 2 | QL (15 per 1 day) |
| CORLANOR ORAL TABLET | 2 | QL (2 per 1 day) |
| ENTRESTO | 2 | |
| LODOCO | 3 | PA; QL (1 per 1 day) |
| <i>ranolazine</i> | 1 | |
| VERQUVO | 2 | QL (1 per 1 day) |
| VYNDAMAX | 3 | PA; SP; QL (1 per 1 day) |
| VYNDAQEL | 3 | PA; SP; QL (4 per 1 day) |
| NITRATES | | |
| ISORDIL | 3 | |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 3 | |
| <i>isosorbide dinitrate oral tablet</i> | 1 | |
| <i>isosorbide mononitrate</i> | 1 | |
| <i>nitro-bid</i> | 2 | |
| NITRO-DUR | 3 | |
| <i>nitroglycerin sublingual</i> | 1 | |
| <i>nitroglycerin transdermal patch 24 hour</i> | 1 | |
| <i>nitroglycerin translingual</i> | 1 | |
| NITROLINGUAL | 3 | |
| NITROMIST | 2 | |
| NITROSTAT | 3 | |
| DERMATOLOGICALS/TOPICAL THERAPY | | |
| ANTIPSORIATIC / ANTISEBORRHEIC | | |
| <i>acitretin</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ANALPRAM-HC TOPICAL | 3 | |
| BIMZELX | 3 | SP; QL (2 per 42 days) |
| <i>calcipotriene scalp</i> | 1 | |
| <i>calcipotriene topical cream</i> | 1 | |
| <i>calcipotriene topical ointment</i> | 1 | |
| <i>calcipotriene-betamethasone</i> | 1 | |
| COSENTYX (2 SYRINGES) | 3 | PA; SP; QL (2 per 28 days) |
| COSENTYX PEN | 3 | PA; SP; QL (1 per 28 days) |
| COSENTYX PEN (2 PENS) | 3 | PA; SP; QL (2 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | 3 | PA; SP; QL (1 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 3 | PA; SP; QL (0.5 per 28 days) |
| EPIFOAM | 2 | |
| PRAMOSONE TOPICAL CREAM 1-1 % | 3 | |
| PRAMOSONE TOPICAL LOTION | 3 | |
| <i>selenium sulfide topical lotion</i> | 1 | |
| <i>selenium sulfide topical shampoo 2.25 %</i> | 1 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 3 | PA; SP; QL (1 per 63 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 3 | PA; SP; QL (1 per 63 days) |
| SOTYKTU | 3 | SP; QL (6 per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION | 3 | PA; SP; QL (0.5 per 63 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; SP; QL (0.5 per 63 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; SP; QL (1 per 42 days) |
| TACLONEX TOPICAL SUSPENSION | 3 | |
| TREMFYA | 3 | PA; SP; QL (1 per 42 days) |
| BURN THERAPY | | |
| SILVADENE | 3 | |
| <i>silver sulfadiazine</i> | 1 | |
| <i>ssd</i> | 1 | |
| KERATOLYTICS | | |
| <i>keralyt topical shampoo 6 %</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------------|
| MISCELLANEOUS DERMATOLOGICALS | | |
| ADBRY | 3 | PA; SP; QL (4 per 28 days) |
| CARAC | 3 | QL (30 per 365 days) |
| CONDYLOX TOPICAL GEL | 3 | |
| <i>diclofenac sodium topical gel 3 %</i> | 1 | PA; QL (100 per 365 days) |
| <i>doxepin topical</i> | 1 | PA |
| DRYSOL DAB-O-MATIC | 3 | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 3 | PA; SP; QL (2.28 per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 3 | PA; SP; QL (4 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 3 | PA; SP; QL (2.28 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML | 3 | PA; SP; QL (4 per 28 days) |
| EFUDEX TOPICAL CREAM | 3 | QL (40 per 365 days) |
| ELIDEL | 3 | |
| FLUOROPLEX | 2 | QL (30 per 365 days) |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 1 | QL (30 per 365 days) |
| <i>fluorouracil topical cream 5 %</i> | 1 | QL (40 per 365 days) |
| <i>fluorouracil topical solution</i> | 1 | QL (10 per 365 days) |
| <i>methoxsalen</i> | 1 | SP |
| PANRETIN | 2 | SP |
| <i>pimecrolimus</i> | 1 | |
| <i>podofilox topical solution</i> | 1 | |
| <i>pradoxin</i> | 3 | PA |
| REGRANEX | 3 | PA; QL (15 per 720 days) |
| <i>tacrolimus topical</i> | 1 | |
| VALCHLOR | 3 | PA; SP; QL (60 per 30 days) |
| ZONALON | 3 | PA |
| THERAPY FOR ACNE | | |
| ABSORICA | 3 | PA |
| <i>accutane oral capsule 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>accutane oral capsule 30 mg</i> | 3 | |
| <i>adapalene topical cream</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>adapalene topical gel 0.3 %</i> | 1 | |
| <i>adapalene topical gel with pump</i> | 1 | |
| AKLIEF | 2 | QL (45 per 30 days) |
| <i>amnesteem</i> | 1 | |
| ARAZLO | 2 | |
| <i>avar</i> | 1 | |
| <i>azelaic acid</i> | 1 | |
| AZELEX | 2 | |
| BENZAMYCIN | 3 | |
| <i>brimonidine topical</i> | 1 | PA; QL (30 per 30 days) |
| <i>claravis oral capsule 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>claravis oral capsule 30 mg</i> | 3 | |
| CLEOCIN T TOPICAL LOTION | 3 | |
| <i>clindacin</i> | 1 | |
| <i>clindacin etz topical swab</i> | 1 | |
| <i>clindacin p</i> | 1 | |
| CLINDAGEL | 2 | |
| <i>clindamycin phosphate topical</i> | 1 | |
| <i>clindamycin-benzoyl peroxide topical gel</i> | 1 | |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i> | 1 | |
| <i>clindamycin-tretinoin</i> | 1 | |
| DIFFERIN TOPICAL CREAM | 3 | |
| DIFFERIN TOPICAL GEL WITH PUMP | 3 | |
| DIFFERIN TOPICAL LOTION | 2 | QL (1 per 30 days) |
| <i>ery pads</i> | 1 | |
| <i>erygel</i> | 3 | |
| <i>erythromycin with ethanol topical gel</i> | 1 | |
| <i>erythromycin with ethanol topical solution</i> | 1 | |
| <i>erythromycin-benzoyl peroxide</i> | 1 | |
| EVOCLIN | 3 | |
| FABIOR | 2 | |
| FINACEA TOPICAL FOAM | 2 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>isotretinoin oral capsule 30 mg</i> | 3 | |
| METROCREAM | 3 | |
| METROGEL TOPICAL GEL 1 % | 3 | QL (60 per 30 days) |
| <i>metronidazole topical cream</i> | 1 | |
| <i>metronidazole topical gel 0.75 %</i> | 1 | QL (45 per 30 days) |
| <i>metronidazole topical gel 1 %</i> | 1 | QL (60 per 30 days) |
| <i>metronidazole topical gel with pump</i> | 1 | QL (60 per 30 days) |
| <i>metronidazole topical lotion</i> | 1 | |
| MIRVASO | 3 | PA; QL (30 per 30 days) |
| <i>neuac</i> | 1 | |
| RETIN-A | 3 | |
| RETIN-A MICRO | 3 | |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % | 3 | |
| <i>rosadan topical cream</i> | 1 | |
| <i>rosadan topical gel</i> | 1 | QL (45 per 30 days) |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> | 1 | |
| <i>tazarotene topical cream</i> | 1 | |
| TAZAROTENE TOPICAL FOAM | 2 | |
| <i>tazarotene topical gel</i> | 1 | |
| TAZORAC TOPICAL CREAM | 3 | |
| TAZORAC TOPICAL GEL | 2 | |
| <i>tretinoin microspheres</i> | 1 | |
| <i>tretinoin topical cream</i> | 1 | |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> | 1 | |
| VELTIN | 3 | |
| WINLEVI | 2 | QL (60 per 30 days) |
| <i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>zenatane oral capsule 30 mg</i> | 3 | |
| ZIANA | 3 | |
| TOPICAL ANESTHETICS | | |
| <i>lidocaine hcl topical cream 3 %</i> | 1 | |
| <i>lidocaine hcl-hydrocortison ac topical</i> | 1 | |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | 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 |
|---|------------------|------------------------------|
| <i>lidocaine topical ointment</i> | 1 | PA |
| <i>lidocaine viscous</i> | 1 | |
| <i>lidocaine-prilocaine topical cream</i> | 1 | |
| LIDOCAINE-TETRACAINE | 3 | |
| <i>lidocort</i> | 1 | |
| LIDODERM | 3 | QL (3 per 1 day) |
| <i>lidopin topical cream 3 %</i> | 1 | |
| PLIAGLIS | 3 | |
| TOPICAL ANTIBACTERIALS | | |
| ALTABAX | 3 | 30 grams per fill |
| CENTANY | 3 | |
| <i>gentamicin topical</i> | 1 | |
| KLARON | 3 | |
| <i>mupirocin</i> | 1 | |
| <i>mupirocin calcium</i> | 1 | |
| <i>sulfacetamide sodium (acne)</i> | 1 | |
| SULFAMYLON TOPICAL CREAM | 2 | |
| TOPICAL ANTIFUNGALS | | |
| <i>ciclodan topical solution</i> | 1 | |
| <i>ciclopirox</i> | 1 | |
| <i>clotrimazole-betamethasone</i> | 1 | |
| <i>econazole</i> | 1 | |
| ERTACZO | 3 | |
| EXELDERM TOPICAL CREAM | 3 | |
| EXELDERM TOPICAL SOLUTION | 2 | |
| <i>ketconazole topical cream</i> | 1 | |
| <i>ketconazole topical shampoo</i> | 1 | |
| <i>klayesta</i> | 1 | |
| <i>naftifine topical cream</i> | 1 | |
| <i>naftifine topical gel 2 %</i> | 1 | |
| NAFTIN TOPICAL GEL 1 % | 3 | |
| NAFTIN TOPICAL GEL 2 % | 2 | |
| <i>nyamyc</i> | 1 | |
| <i>nystatin topical</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------------------|------------------|------------------------------|
| <i>nystatin-triamcinolone</i> | 1 | |
| <i>nystop</i> | 1 | |
| <i>oxiconazole</i> | 1 | |
| OXISTAT TOPICAL LOTION | 2 | |
| SULCONAZOLE | 1 | |
| TOPICAL ANTIVIRALS | | |
| <i>acyclovir topical</i> | 1 | |
| DENAVIR | 2 | 5 grams per fill |
| <i>penciclovir</i> | 1 | 5 grams per fill |
| XERESE | 3 | |
| ZOVIRAX TOPICAL | 3 | |
| TOPICAL CORTICOSTEROIDS | | |
| ALA-SCALP | 3 | |
| <i>alclometasone</i> | 1 | |
| <i>apexicon e</i> | 3 | |
| <i>baser</i> | 1 | |
| <i>betamethasone dipropionate</i> | 1 | |
| <i>betamethasone valerate</i> | 1 | |
| <i>betamethasone, augmented</i> | 1 | |
| CAPEX | 2 | |
| <i>clobetasol</i> | 1 | |
| <i>clobetasol-emollient</i> | 1 | |
| CLOBEX TOPICAL SHAMPOO | 3 | |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL | 3 | |
| <i>clocortolone pivalate</i> | 1 | |
| CORDRAN TAPE LARGE ROLL | 2 | |
| CORDRAN TOPICAL CREAM 0.05 % | 3 | |
| CORDRAN TOPICAL LOTION | 3 | |
| CORDRAN TOPICAL OINTMENT | 3 | |
| DERMA-SMOOTH/FS BODY OIL | 3 | |
| DERMA-SMOOTH/FS SCALP OIL | 3 | |
| <i>desonide topical cream</i> | 1 | |
| <i>desonide topical lotion</i> | 1 | |
| <i>desonide topical ointment</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>desoximetasone</i> | 1 | |
| <i>diflorasone</i> | 1 | |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT | 3 | |
| <i>fluocinolone</i> | 1 | |
| <i>fluocinolone and shower cap</i> | 1 | |
| <i>fluocinonide</i> | 1 | |
| <i>fluocinonide-e</i> | 1 | |
| <i>flurandrenolide</i> | 1 | |
| <i>fluticasone propionate topical</i> | 1 | |
| <i>halcinonide</i> | 1 | |
| <i>halobetasol propionate topical cream</i> | 1 | |
| <i>halobetasol propionate topical ointment</i> | 1 | |
| HALOG TOPICAL CREAM | 2 | |
| HALOG TOPICAL OINTMENT | 2 | |
| <i>hydrocortisone butyrate</i> | 1 | |
| <i>hydrocortisone topical cream 2.5 %</i> | 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 1 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate</i> | 1 | |
| KENALOG TOPICAL | 3 | |
| LOCOID LIPOCREAM | 3 | |
| LOCOID TOPICAL LOTION | 3 | |
| <i>mometasone topical</i> | 1 | |
| OLUX | 3 | |
| OLUX-E | 3 | |
| PANDEL | 2 | |
| <i>prednicarbate topical ointment</i> | 1 | |
| SYNALAR | 3 | |
| TEMOVATE TOPICAL OINTMENT | 3 | |
| TEXACORT | 2 | |
| TOPICORT | 3 | |
| <i>tovet emollient</i> | 1 | |
| <i>triamcinolone acetonide topical</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>triderm topical cream</i> | 1 | |
| VANOS | 3 | |
| VERDESO | 3 | |
| TOPICAL ENZYMES | | |
| SANTYL | 2 | QL (2 per 720 days) |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| <i>crotan</i> | 1 | QL (60 per 30 days) |
| <i>malathion</i> | 1 | QL (120 per 30 days) |
| OVIDE | 3 | QL (120 per 30 days) |
| <i>permethrin</i> | 1 | QL (120 per 30 days) |
| DIAGNOSTICS & MISCELLANEOUS AGENTS | | |
| MISCELLANEOUS AGENTS | | |
| <i>acamprosate</i> | 1 | |
| AGRYLIN | 3 | |
| <i>anagrelide</i> | 1 | |
| BUPHENYL ORAL TABLET | 3 | PA; SP |
| CARBAGLU | 3 | SP; LA |
| <i>carglumic acid</i> | 1 | SP |
| CARNITOR (SUGAR-FREE) | 3 | |
| CARNITOR ORAL | 3 | |
| <i>cevimeline</i> | 1 | |
| CHEMET | 2 | |
| <i>deferasirox oral tablet</i> | 1 | SP |
| <i>deferasirox oral tablet, dispersible</i> | 1 | SP |
| <i>deferiprone</i> | 1 | PA; SP |
| <i>disulfiram</i> | 1 | |
| EVOXAC | 3 | |
| EXJADE | 3 | SP; LA |
| FERRIPROX | 3 | PA; SP |
| INCRELEX | 2 | SP; LA |
| JADENU | 3 | SP |
| <i>levocarnitine (with sugar)</i> | 1 | |
| <i>levocarnitine oral solution 100 mg/ml</i> | 1 | |
| <i>levocarnitine oral tablet</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|--|
| LITHOSTAT | 2 | |
| <i>midodrine</i> | 1 | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> | 1 | SP; LA |
| NITYR | 3 | PA; SP; LA |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG | 3 | SP; LA |
| ORFADIN ORAL CAPSULE 20 MG | 2 | SP; LA |
| ORFADIN ORAL SUSPENSION | 2 | SP; LA |
| <i>pilocarpine hcl oral tablet 5 mg</i> | 1 | |
| RAVICTI | 3 | PA; SP; QL (17.5 per 1 day) |
| RILUTEK | 3 | |
| <i>riluzole</i> | 1 | |
| <i>risedronate oral tablet 30 mg</i> | 1 | |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG | 3 | |
| <i>sodium phenylbutyrate oral tablet</i> | 3 | PA; SP |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG | 3 | PA; SP; QL (2 per 1 day) |
| SOHONOS ORAL CAPSULE 2.5 MG, 5 MG | 3 | PA; SP; QL (1 per 1 day) |
| THIOLA | 3 | PA; SP |
| THIOLA EC | 2 | PA; SP |
| <i>tiopronin oral tablet</i> | 1 | PA; SP |
| <i>trientine oral capsule 250 mg</i> | 1 | PA; SP; QL (8 per 1 day) |
| SMOKING DETERRENTS | | |
| <i>bupropion hcl (smoking deter)</i> | 1 | ACA; QL (2 per 1 day) |
| <i>nicorette buccal gum 4 mg</i> | 9 | 183 day supply in a rolling 365 days; ACA; OTC |
| <i>nicotine</i> | 9 | 183 day supply in a rolling 365 days; ACA; OTC |
| <i>nicotine (polacrilex)</i> | 9 | 183 day supply in a rolling 365 days; ACA; OTC |
| <i>quit 2</i> | 9 | 183 day supply in a rolling 365 days; ACA; OTC |
| <i>quit 4</i> | 9 | 183 day supply in a rolling 365 days; ACA; OTC |
| <i>stop smoking aid</i> | 9 | 183 day supply in a rolling 365 days; ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------|-----------|--|
| <i>varenicline</i> | 1 | 183 day supply in a rolling 365 days; ACA |

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

| | | |
|--|---|--|
| <i>azelastine nasal</i> | 1 | |
| <i>chlorhexidine gluconate mucous membrane</i> | 1 | |
| <i>denta 5000 plus</i> | 1 | |
| <i>fluoride (sodium) dental cream</i> | 1 | |
| <i>ipratropium bromide nasal</i> | 1 | |
| <i>olopatadine nasal</i> | 1 | |
| <i>oralone</i> | 1 | |
| <i>paroex oral rinse</i> | 1 | |
| PATANASE | 3 | |
| PERIDEX | 3 | |
| <i>periogard</i> | 1 | |
| <i>pilocarpine hcl oral tablet 7.5 mg</i> | 1 | |
| SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG | 3 | |
| <i>sf 5000 plus</i> | 1 | |
| <i>sodium fluoride 5000 plus</i> | 1 | |
| <i>triamcinolone acetonide dental</i> | 1 | |

MISCELLANEOUS OTIC PREPARATIONS

| | | |
|-------------------------------------|---|--|
| <i>acetic acid otic (ear)</i> | 1 | |
| <i>ciprofloxacin hcl otic (ear)</i> | 1 | |
| DERMOTIC OIL | 3 | |
| <i>flac otic oil</i> | 1 | |
| <i>fluocinolone acetonide oil</i> | 1 | |
| <i>hydrocortisone-acetic acid</i> | 1 | |
| <i>ofloxacin otic (ear)</i> | 1 | |

OTIC STEROID / ANTIBIOTIC

| | | |
|------------------------------------|---|--|
| CIPRO HC | 2 | |
| <i>ciprofloxacin-dexamethasone</i> | 1 | |
| CIPROFLOXACIN-FLUOCINOLONE | 1 | |
| CORTISPORIN-TC | 2 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>neomycin-polymyxin-hc otic (ear)</i> | 1 | |
| OTOVEL | 3 | |
| ENDOCRINE/DIABETES | | |
| ADRENAL HORMONES | | |
| CORTEF | 3 | |
| <i>dexamethasone oral elixir</i> | 1 | |
| <i>dexamethasone oral solution</i> | 2 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i> | 1 | |
| <i>dexamethasone oral tablet 1 mg</i> | 2 | |
| <i>dexamethasone oral tablet 2 mg</i> | 3 | |
| <i>dexamethasone oral tablets,dose pack</i> | 1 | |
| <i>fludrocortisone</i> | 1 | |
| <i>hydrocortisone oral</i> | 1 | |
| MEDROL (PAK) | 3 | |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | 3 | |
| <i>methylprednisolone</i> | 1 | |
| <i>millipred oral tablet</i> | 1 | |
| ORAPRED ODT | 3 | |
| <i>prednisolone</i> | 1 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1 | |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 3 | |
| <i>prednisolone sodium phosphate oral tablet,disintegrating</i> | 1 | |
| <i>prednisone</i> | 1 | |
| <i>prednisone intensol</i> | 2 | |
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) | 1 | |
| ANTITHYROID AGENTS | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propylthiouracil</i> | 1 | |
| DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|---------------------------|
| AEROCHAMBER MINI | 2 | |
| AEROCHAMBER PLUS FLOW-VU | 2 | |
| AEROCHAMBER PLUS Z STAT | 2 | |
| AEROVENT PLUS | 2 | |
| COMPACT SPACE CHAMBER | 2 | |
| EASIVENT HOLDING CHAMBER | 2 | |
| FLEXICHAMBER | 2 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" | 2 | |
| MICROCHAMBER | 2 | |
| OPTICHAMBER DIAMOND VHC | 2 | |
| POCKET CHAMBER | 2 | |
| RITEFLO AEROCHAMBER | 2 | |
| SPACE CHAMBER | 2 | |
| VORTEX HOLDING CHAMBER | 2 | |
| GLUCOSE ELEVATING AGENTS | | |
| BAQSIMI | 2 | PA |
| <i>diazoxide</i> | 1 | |
| GLUCAGEN HYPOKIT | 2 | |
| <i>glucagon emergency kit (human)</i> | 1 | |
| PROGLYCEM | 3 | |
| INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU | | |
| ACCU-CHEK SMARTVIEW CONTRL SOL | 2 | OTC |
| BD INTEGRA NEEDLE | 2 | |
| BD MICROTAINER LANCET 30 GAUGE | 2 | OTC; QL (210 per 30 days) |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 2 | |
| BD ULTRA-FINE NANO PEN NEEDLE | 2 | OTC |
| DEXCOM G6 RECEIVER | 2 | CGM; QL (1 per 720 days) |
| DEXCOM G6 SENSOR | 2 | CGM; QL (3 per 30 days) |
| DEXCOM G6 TRANSMITTER | 2 | CGM; QL (1 per 68 days) |
| FREESTYLE LIBRE 3 READER | 3 | CGM; QL (1 per 720 days) |
| GENTEEL VACUUM LANCING DEVICE | 2 | OTC |
| LANCETS 33 GAUGE | 2 | OTC; QL (210 per 30 days) |
| LANCING DEVICE | 2 | 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 |
|---|------------------|------------------------------|
| OMNIPOD 5 G6 INTRO KIT (GEN 5) | 2 | QL (1 per 720 days) |
| OMNIPOD 5 G6 PODS (GEN 5) | 2 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 2 | QL (1 per 720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 2 | QL (10 per 30 days) |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2 | QL (1 per 720 days) |
| OMNIPOD DASH PODS (GEN 4) | 2 | QL (10 per 30 days) |
| ONETOUCH ULTRA CONTROL | 2 | OTC |
| ONETOUCH ULTRA2 METER | 9 | OTC; QL (1 per 273 days) |
| ONETOUCH VERIO FLEX METER | 9 | OTC; QL (1 per 273 days) |
| ONETOUCH VERIO MID CONTROL | 2 | OTC |
| ONETOUCH VERIO REFLECT METER | 9 | OTC; QL (1 per 273 days) |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | 2 | OTC |
| V-GO 20 | 3 | QL (30 per 30 days) |
| V-GO 30 | 3 | QL (30 per 30 days) |
| V-GO 40 | 3 | QL (30 per 30 days) |
| INSULIN THERAPY | | |
| BASAGLAR KWIKPEN U-100 INSULIN | 2 | QL (100 per 30 days) |
| FIASP FLEXTOUCH U-100 INSULIN | 2 | QL (100 per 30 days) |
| FIASP PENFILL U-100 INSULIN | 2 | QL (100 per 30 days) |
| FIASP 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) |
| INSULIN DEGLUDEC | 2 | QL (100 per 30 days) |
| LEVEMIR FLEXPEN | 2 | QL (100 per 30 days) |
| LEVEMIR U-100 INSULIN | 2 | QL (100 per 30 days) |
| NOVOLIN 70-30 FLEXPEN U-100 | 2 | QL (100 per 30 days) |
| NOVOLIN N FLEXPEN | 2 | QL (100 per 30 days) |
| NOVOLIN R FLEXPEN | 2 | QL (100 per 30 days) |
| NOVOLOG FLEXPEN U-100 INSULIN | 2 | 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 |
|---|------------------|------------------------------|
| NOVOLOG MIX 70-30 U-100 INSULN | 2 | QL (100 per 30 days) |
| NOVOLOG MIX 70-30FLEXPEN U-100 | 2 | QL (100 per 30 days) |
| NOVOLOG PENFILL U-100 INSULIN | 2 | QL (100 per 30 days) |
| NOVOLOG U-100 INSULIN ASPART | 2 | QL (100 per 30 days) |
| RELION NOVOLIN 70/30 | 2 | QL (100 per 30 days) |
| RELION NOVOLIN N | 2 | QL (100 per 30 days) |
| RELION NOVOLIN R | 2 | QL (100 per 30 days) |
| SOLIQUA 100/33 | 2 | 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 | 2 | QL (15 per 28 days) |
| MISCELLANEOUS HORMONES | | |
| ANDRODERM | 2 | |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP | 3 | |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) | 2 | |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) | 3 | |
| <i>cabergoline</i> | 1 | |
| <i>calcitonin (salmon) nasal</i> | 1 | |
| <i>calcitriol oral</i> | 1 | |
| CETROTIDE | 3 | PA; SP |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> | 1 | QL (2 per 1 day) |
| <i>cinacalcet oral tablet 90 mg</i> | 1 | QL (4 per 1 day) |
| <i>danazol</i> | 1 | |
| DDAVP ORAL | 3 | |
| DEPO-TESTOSTERONE | 1 | |
| <i>desmopressin injection</i> | 1 | |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|---------------------------------|
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 3 | PA; SP |
| <i>desmopressin oral</i> | 1 | |
| <i>doxercalciferol oral</i> | 1 | |
| FOLLISTIM AQ | 3 | PA; SP |
| FORTESTA | 3 | |
| <i>fyremadel</i> | 1 | SP |
| <i>ganirelix</i> | 1 | PA; SP |
| GONAL-F | 3 | PA; SP |
| GONAL-F RFF | 3 | PA; SP |
| GONAL-F RFF REDI-JECT | 3 | PA; SP |
| JYNARQUE ORAL TABLET | 3 | PA; SP; LA; QL (4 per 1 day) |
| JYNARQUE ORAL TABLETS, SEQUENTIAL | 3 | PA; SP; LA; QL (56 per 28 days) |
| MENOPUR | 3 | PA; SP |
| <i>mifepristone oral tablet 300 mg</i> | 3 | PA; SP; QL (4 per 1 day) |
| <i>miglustat</i> | 1 | SP; LA; QL (3 per 1 day) |
| OPFOLDA | 3 | PA; SP; QL (8 per 28 days) |
| ORILISSA | 2 | PA |
| OVIDREL | 3 | PA; SP |
| <i>paricalcitol oral</i> | 1 | |
| ROCALTROL | 3 | |
| SAMSCA ORAL TABLET 15 MG | 3 | PA; SP; QL (30 per 365 days) |
| SAMSCA ORAL TABLET 30 MG | 3 | PA; SP; QL (60 per 365 days) |
| SENSIPAR ORAL TABLET 30 MG, 60 MG | 3 | QL (2 per 1 day) |
| SENSIPAR ORAL TABLET 90 MG | 3 | QL (4 per 1 day) |
| STRENSIQ | 3 | PA; SP; LA |
| TESTIM | 2 | |
| <i>testosterone cypionate</i> | 1 | |
| <i>testosterone enanthate</i> | 1 | |
| <i>testosterone transdermal gel</i> | 1 | |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)</i> | 1 | |
| <i>testosterone transdermal gel in packet</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|----------------------------------|
| <i>testosterone transdermal solution in metered pump w/app</i> | 1 | |
| <i>tolvaptan oral tablet 15 mg</i> | 1 | PA; SP; LA; QL (30 per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i> | 1 | PA; SP; LA; QL (60 per 365 days) |
| VOGELXO | 2 | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | |
| NON-INSULIN HYPOGLYCEMIC AGENTS | | |
| <i>acarbose</i> | 1 | |
| ACTOPLUS MET ORAL TABLET 15-850 MG | 3 | |
| ACTOS | 3 | |
| DUETACT | 3 | |
| FARXIGA | 2 | QL (1 per 1 day) |
| <i>glimepiride</i> | 1 | |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>glipizide oral tablet extended release 24hr</i> | 1 | |
| <i>glipizide-metformin</i> | 1 | |
| GLUCOTROL XL | 3 | |
| <i>glyburide</i> | 1 | |
| <i>glyburide micronized</i> | 1 | |
| <i>glyburide-metformin</i> | 1 | |
| GLYNASE | 3 | |
| GLYXAMBI | 2 | |
| JANUMET | 2 | |
| JANUMET XR | 2 | |
| JANUVIA | 2 | |
| JARDIANCE | 2 | |
| <i>metformin oral solution</i> | 1 | |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | 1 | |
| <i>metformin oral tablet extended release 24 hr</i> | 1 | |
| <i>miglitol</i> | 1 | |
| <i>nateglinide</i> | 1 | |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML) | 2 | ST; QL (9 per 63 days) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2 | ST; QL (3 per 28 days) |
| <i>pioglitazone</i> | 1 | |
| <i>pioglitazone-glimepiride</i> | 1 | |
| <i>pioglitazone-metformin</i> | 1 | |
| PRECOSE | 3 | |
| <i>repaglinide</i> | 1 | |
| RIOMET | 3 | |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 2 | ST; QL (1 per 1 day) |
| RYBELSUS ORAL TABLET 3 MG | 2 | ST; QL (30 per 365 days) |
| SYMLINPEN 120 | 2 | ST |
| SYMLINPEN 60 | 2 | ST |
| SYNJARDY | 2 | |
| SYNJARDY XR | 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 | ST; QL (2 per 28 days) |
| VICTOZA 2-PAK | 2 | ST; QL (9 per 28 days) |
| VICTOZA 3-PAK | 2 | ST; 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) |
| THYROID HORMONES | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG | 2 | |
| ARMOUR THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG | 3 | |
| CYTOMEL | 3 | |
| <i>euthyrox</i> | 1 | |
| <i>levo-t</i> | 1 | |
| LEVOTHYROXINE ORAL CAPSULE | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>levothyroxine oral tablet</i> | 1 | |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | |
| <i>liothyronine oral</i> | 1 | |
| <i>np thyroid oral tablet 120 mg</i> | 2 | |
| <i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i> | 3 | |
| SYNTHROID | 2 | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| TIROSINT ORAL CAPSULE 13 MCG, 25 MCG | 2 | |
| <i>unithroid</i> | 1 | |

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

| | | |
|---|---|-------------------|
| <i>anaspaz</i> | 3 | |
| <i>chlordiazepoxide-clidinium</i> | 1 | |
| CUVPOSA | 3 | |
| <i>dicyclomine oral capsule</i> | 1 | |
| <i>dicyclomine oral solution</i> | 1 | QL (40 per 1 day) |
| <i>dicyclomine oral tablet</i> | 1 | |
| <i>diphenoxylate-atropine oral liquid</i> | 1 | QL (40 per 1 day) |
| <i>diphenoxylate-atropine oral tablet</i> | 1 | |
| <i>ed-spaz</i> | 1 | |
| <i>glycopyrrolate oral solution</i> | 1 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>hyoscyamine sulfate oral elixir</i> | 1 | |
| <i>hyoscyamine sulfate oral tablet</i> | 1 | |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | 1 | |
| <i>hyoscyamine sulfate oral tablet, disintegrating</i> | 1 | |
| <i>hyoscyamine sulfate sublingual</i> | 1 | |
| <i>hyosyne oral elixir</i> | 1 | |
| LEVVID | 3 | |
| LEVSIN ORAL | 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 |
|---|------------------|------------------------------|
| LEVSIN/SL | 3 | |
| LOMOTIL | 3 | |
| <i>methscopolamine</i> | 1 | |
| MYTESI | 3 | PA |
| NULEV | 1 | |
| <i>oscimin</i> | 1 | |
| <i>oscimin sl</i> | 1 | |
| <i>symax-sl</i> | 1 | |
| <i>symax-sr</i> | 1 | |
| MISCELLANEOUS AGENTS | | |
| AURYXIA | 2 | ST; QL (12 per 1 day) |
| FOSRENOL ORAL TABLET,CHEWABLE | 3 | QL (3 per 1 day) |
| <i>lanthanum</i> | 1 | QL (3 per 1 day) |
| LOKELMA | 2 | QL (3 per 1 day) |
| RENVELA ORAL POWDER IN PACKET 0.8 GRAM | 3 | QL (17 per 1 day) |
| RENVELA ORAL POWDER IN PACKET 2.4 GRAM | 3 | QL (5 per 1 day) |
| RENVELA ORAL TABLET | 3 | QL (17 per 1 day) |
| <i>sevelamer carbonate oral powder in packet 0.8 gram</i> | 1 | QL (17 per 1 day) |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i> | 1 | QL (5 per 1 day) |
| <i>sevelamer carbonate oral tablet</i> | 1 | QL (17 per 1 day) |
| <i>sevelamer hcl oral tablet 400 mg</i> | 1 | QL (32 per 1 day) |
| <i>sevelamer hcl oral tablet 800 mg</i> | 1 | QL (16 per 1 day) |
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | |
| <i>sps (with sorbitol)</i> | 3 | |
| VELPHORO | 3 | ST; QL (6 per 1 day) |
| VELTASSA | 2 | QL (1 per 1 day) |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | |
| AKYNZEO (NETUPITANT) | 3 | PA; QL (1 per 28 days) |
| <i>alosetron</i> | 1 | PA; QL (2 per 1 day) |
| AMITIZA | 3 | QL (2 per 1 day) |
| ANALPRAM-HC RECTAL | 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 |
|---|------------------|------------------------------|
| ANALPRAM-HC SINGLES | 3 | |
| <i>anucort-hc</i> | 1 | |
| ANUSOL-HC RECTAL SUPPOSITORY | 1 | |
| ANUSOL-HC TOPICAL | 2 | |
| ANZEMET ORAL TABLET 50 MG | 2 | |
| <i>aprepitant oral capsule 125 mg</i> | 1 | PA; QL (5 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 1 | PA; 1 capsule per fill |
| <i>aprepitant oral capsule 80 mg</i> | 1 | PA; QL (10 per 28 days) |
| <i>aprepitant oral capsule, dose pack</i> | 1 | PA; QL (15 per 28 days) |
| APRISO | 3 | |
| AZULFIDINE | 3 | |
| AZULFIDINE EN-TABS | 3 | |
| <i>balsalazide</i> | 1 | |
| <i>betaine</i> | 1 | SP |
| <i>budesonide oral</i> | 1 | |
| CANASA | 3 | QL (1 per 1 day) |
| CHOLBAM ORAL CAPSULE 250 MG | 3 | PA; SP; QL (7 per 1 day) |
| CHOLBAM ORAL CAPSULE 50 MG | 3 | PA; SP; QL (4 per 1 day) |
| <i>citrate of magnesia</i> | 9 | ACA; OTC |
| <i>citroma</i> | 9 | ACA; OTC |
| <i>clearlax oral powder</i> | 9 | ACA; OTC |
| CLENPIQ | 2 | |
| COLAZAL | 3 | |
| <i>compro</i> | 1 | |
| <i>constulose</i> | 1 | |
| CORTENEMA | 3 | |
| CORTIFOAM | 2 | |
| CREON | 2 | |
| <i>cromolyn oral</i> | 1 | |
| CYSTADANE | 3 | SP |
| DELZICOL | 3 | |
| DIPENTUM | 3 | |
| <i>dronabinol</i> | 1 | PA |
| <i>dulcolax (magnesium hydroxide) oral suspension</i> | 9 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| EMEND ORAL CAPSULE 80 MG | 3 | PA; QL (10 per 28 days) |
| EMEND ORAL CAPSULE,DOSE PACK | 3 | PA; QL (15 per 28 days) |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION | 2 | PA; QL (5 per 28 days) |
| ENTYVIO PEN | 3 | SP; QL (1.36 per 28 days) |
| <i>enulose</i> | 1 | |
| GASTROCROM | 3 | |
| GATTEX 30-VIAL | 3 | PA; SP |
| <i>gavilax oral powder</i> | 9 | ACA; OTC |
| <i>gavilyte-c</i> | 1 | ACA |
| <i>gavilyte-g</i> | 1 | ACA |
| <i>gentle laxative (bisacodyl) oral</i> | 9 | ACA; OTC |
| <i>gentlelax</i> | 9 | ACA; OTC |
| GOLYTELY | 3 | |
| <i>granisetron hcl oral</i> | 1 | QL (10 per 30 days) |
| <i>hemmorex-hc rectal suppository 25 mg</i> | 1 | |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | 1 | |
| <i>hydrocortisone rectal</i> | 1 | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | 1 | |
| <i>hydrocortisone-pramoxine rectal cream</i> | 1 | |
| KRISTALOSE | 2 | |
| <i>lactulose oral packet</i> | 2 | |
| <i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i> | 1 | |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i> | 9 | ACA; OTC |
| <i>laxative peg 3350</i> | 9 | ACA; OTC |
| LIALDA | 3 | |
| <i>lidocaine hcl-hydrocortison ac rectal cream</i> | 1 | |
| LINZESS | 2 | QL (1 per 1 day) |
| LIVMARLI | 3 | PA; SP; QL (3 per 1 day) |
| LOTRONEX ORAL TABLET 0.5 MG | 2 | PA; QL (2 per 1 day) |
| LOTRONEX ORAL TABLET 1 MG | 3 | PA; QL (2 per 1 day) |
| <i>lubiprostone</i> | 1 | QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>magnesium citrate oral solution</i> | 9 | ACA; OTC |
| MARINOL | 3 | PA |
| <i>meclizine oral tablet 25 mg</i> | 1 | |
| <i>mesalamine oral</i> | 1 | |
| <i>mesalamine rectal enema</i> | 1 | |
| <i>mesalamine rectal suppository</i> | 1 | QL (1 per 1 day) |
| <i>mesalamine with cleansing wipe</i> | 1 | |
| <i>metoclopramide hcl oral solution</i> | 1 | |
| <i>metoclopramide hcl oral tablet</i> | 1 | |
| <i>milk of magnesia</i> | 9 | ACA; OTC |
| <i>milk of magnesia concentrated</i> | 9 | ACA; OTC |
| MOTEGRITY | 3 | QL (1 per 1 day) |
| MOVANTIK | 2 | QL (1 per 1 day) |
| MOVIPREP | 3 | |
| <i>natura-lax</i> | 9 | ACA; OTC |
| OICALIVA | 3 | PA; SP; LA; QL (1 per 1 day) |
| OMVOH PEN | 3 | SP; QL (2 per 28 days) |
| <i>ondansetron</i> | 1 | |
| <i>ondansetron hcl oral solution</i> | 1 | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | |
| <i>oral saline laxative</i> | 9 | ACA; OTC |
| <i>peg 3350-electrolytes</i> | 1 | ACA |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i> | 1 | ACA |
| <i>peg-electrolyte soln</i> | 1 | ACA |
| PENTASA | 2 | |
| <i>phosphate laxative</i> | 9 | ACA; OTC |
| <i>polyethylene glycol 3350 oral powder</i> | 9 | ACA; OTC |
| <i>powderlax oral powder</i> | 9 | ACA; OTC |
| <i>prochlorperazine</i> | 1 | |
| <i>prochlorperazine maleate</i> | 1 | |
| PROCTOFOAM HC | 2 | |
| <i>procto-med hc</i> | 1 | |
| <i>proctosol hc topical</i> | 1 | |
| <i>proctozone-hc</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>purelax oral powder</i> | 9 | ACA; OTC |
| REGLAN ORAL | 3 | |
| RELISTOR ORAL | 3 | QL (3 per 1 day) |
| RELISTOR SUBCUTANEOUS SOLUTION | 3 | QL (0.6 per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 3 | QL (0.6 per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 3 | QL (0.4 per 1 day) |
| ROWASA RECTAL ENEMA KIT | 3 | |
| SANCUSO | 3 | PA; QL (4 per 28 days) |
| <i>scopolamine base</i> | 1 | QL (10 per 30 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | 3 | PA; SP; QL (1.2 per 42 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 3 | PA; SP; QL (2.4 per 42 days) |
| <i>smoothlax oral powder</i> | 9 | ACA; OTC |
| <i>sodium,potassium,mag sulfates</i> | 1 | ACA |
| SUCRAID | 2 | SP; QL (8 per 1 day) |
| <i>sulfasalazine</i> | 1 | |
| SUPREP BOWEL PREP KIT | 2 | |
| TRANSDERM-SCOP | 3 | QL (10 per 30 days) |
| <i>trimethobenzamide oral</i> | 1 | |
| UCERIS ORAL | 3 | |
| URSO 250 | 3 | |
| URSO FORTE | 3 | |
| <i>ursodiol oral capsule 300 mg</i> | 1 | |
| <i>ursodiol oral tablet</i> | 1 | |
| VELSIPITY | 3 | SP; QL (1 per 1 day) |
| VIBERZI | 2 | PA; QL (2 per 1 day) |
| VIOKACE | 2 | |
| <i>women's gentle laxative(bisac)</i> | 9 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2 | |
| ULCER THERAPY | | |
| ACIPHEX | 3 | QL (2 per 1 day) |
| <i>amoxicil-clarithromy-lansopraz</i> | 1 | QL (224 per 365 days) |
| <i>bismuth subcit k-metronidz-ten</i> | 1 | QL (240 per 365 days) |
| CARAFATE | 3 | |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | 1 | |
| CYTOTEC | 3 | |
| DEXILANT | 3 | QL (1 per 1 day) |
| <i>dexlansoprazole</i> | 1 | QL (1 per 1 day) |
| <i>esomeprazole magnesium oral capsule,delayered release(dr/ec)</i> | 1 | QL (2 per 1 day) |
| <i>esomeprazole magnesium oral granules dr for susp in packet</i> | 1 | QL (2 per 1 day) |
| <i>famotidine oral suspension for reconstitution</i> | 1 | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | |
| <i>lansoprazole oral capsule,delayered release(dr/ec)</i> | 1 | QL (2 per 1 day) |
| <i>lansoprazole oral tablet,disintegrat, delay rel</i> | 1 | QL (1 per 1 day) |
| <i>misoprostol</i> | 1 | |
| NEXIUM | 3 | QL (2 per 1 day) |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG | 3 | QL (2 per 1 day) |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG | 1 | QL (2 per 1 day) |
| <i>nizatidine oral capsule</i> | 1 | |
| <i>omeprazole oral capsule,delayered release(dr/ec)</i> | 1 | QL (2 per 1 day) |
| <i>pantoprazole oral granules dr for susp in packet</i> | 1 | QL (1 per 1 day) |
| <i>pantoprazole oral tablet,delayered release (dr/ec)</i> | 1 | QL (2 per 1 day) |
| PEPCID ORAL TABLET 40 MG | 3 | |
| PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG | 3 | QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PREVACID SOLUTAB | 2 | QL (1 per 1 day) |
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON | 3 | |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET | 3 | QL (1 per 1 day) |
| PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) | 3 | QL (2 per 1 day) |
| PYLERA | 3 | QL (240 per 365 days) |
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i> | 1 | QL (2 per 1 day) |
| <i>sucralfate</i> | 1 | |
| TALICIA | 2 | QL (336 per 365 days) |

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

| | | |
|-------------------------------------|---|--------|
| <i>ribavirin oral tablet 200 mg</i> | 1 | PA; SP |
|-------------------------------------|---|--------|

BIOTECHNOLOGY DRUGS

| | | |
|---|---|----------------------------|
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 2 | PA; SP |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE | 2 | PA; SP |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML | 2 | PA; SP; QL (2 per 1 day) |
| GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML | 2 | PA; SP; QL (2.4 per 1 day) |
| LEUKINE INJECTION RECON SOLN | 2 | PA; SP |
| MIRCERA | 3 | PA; SP |
| NEULASTA | 2 | SP |
| NEULASTA ONPRO | 2 | SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML | 3 | PA; SP; QL (3 per 1 day) |
| NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML | 3 | PA; SP; QL (4.8 per 1 day) |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML | 3 | PA; SP; QL (1.5 per 1 day) |
| NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML | 3 | PA; SP; QL (2.4 per 1 day) |
| RETACRIT | 3 | PA; SP |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|---|
| UDENYCA | 3 | PA; SP |
| UDENYCA ONBODY | 3 | SP |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML | 3 | PA; SP; QL (1.5 per 1 day) |
| ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML | 3 | PA; SP; QL (2.4 per 1 day) |
| GROWTH HORMONES | | |
| GENOTROPIN | 3 | PA; SP |
| GENOTROPIN MINIQUICK | 3 | PA; SP |
| NORDITROPIN FLEXPRO | 3 | PA; SP |
| INTERFERONS | | |
| ACTIMMUNE | 3 | SP |
| ALFERON N | 3 | PA; SP |
| PEGASYS | 3 | PA; SP |
| MULTIPLE SCLEROSIS AGENTS | | |
| AUBAGIO | 3 | PA; SP |
| BETASERON SUBCUTANEOUS KIT | 3 | PA; SP |
| COPAXONE SUBCUTANEOUS SYRINGE | 3 | SP |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | 1 | PA; SP; QL (60 per 365 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i> | 1 | PA; SP; QL (2 per 1 day) |
| EXTAVIA SUBCUTANEOUS KIT | 3 | PA; SP |
| EXTAVIA SUBCUTANEOUS RECON SOLN | 3 | SP |
| <i>fingolimod</i> | 1 | PA; SP |
| KESIMPTA PEN | 3 | PA; SP; QL (0.4 per 28 days) |
| MAVENCLAD (10 TABLET PACK) | 3 | 2 tablets per day; 4 packs per 720 days; SP; LA |
| MAVENCLAD (4 TABLET PACK) | 3 | 2 tablets per day; 4 packs per 720 days; SP; LA |
| MAVENCLAD (5 TABLET PACK) | 3 | 2 tablets per day; 4 packs per 720 days; SP; LA |
| MAVENCLAD (6 TABLET PACK) | 3 | 2 tablets per day; 4 packs per 720 days; SP; LA |
| MAVENCLAD (7 TABLET PACK) | 3 | 2 tablets per day; 4 packs per 720 days; SP; LA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|---|
| MAVENCLAD (8 TABLET PACK) | 3 | 2 tablets per day; 4 packs per 720 days; SP; LA |
| MAVENCLAD (9 TABLET PACK) | 3 | 2 tablets per day; 4 packs per 720 days; SP; LA |
| MAYZENT ORAL TABLET 0.25 MG | 3 | PA; SP; QL (12 per 365 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 3 | PA; SP; QL (1 per 1 day) |
| MAYZENT STARTER(FOR 1MG MAINT) | 3 | PA; SP; QL (7 per 365 days) |
| MAYZENT STARTER(FOR 2MG MAINT) | 3 | PA; SP; QL (12 per 365 days) |
| REBIF (WITH ALBUMIN) | 3 | PA; SP; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML | 3 | PA; SP; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 3 | PA; SP; QL (4.2 per 365 days) |
| REBIF TITRATION PACK | 3 | PA; SP; QL (4.2 per 365 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | 3 | PA; SP; QL (60 per 365 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG | 3 | PA; SP; QL (2 per 1 day) |
| VUMERITY | 3 | PA; SP; QL (4 per 1 day) |
| VACCINES & MISCELLANEOUS IMMUNOLOGICALS | | |
| ABRYSVO | 9 | PA for age 59 and younger; ACA |
| ACTHIB (PF) | 9 | ACA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) | 9 | ACA |
| AFLURIA QD 2023-24(3YR UP)(PF) | 9 | ACA |
| AFLURIA QUAD 2023-2024(6MO UP) | 9 | ACA |
| AREXVY (PF) | 9 | PA for age 59 and younger; ACA |
| BEXSERO | 9 | ACA |
| BOOSTRIX TDAP | 9 | ACA |
| COMIRNATY 2023-24 (12Y UP)(PF) | 9 | ACA |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 9 | ACA |
| ENGERIX-B (PF) | 9 | ACA |
| ENGERIX-B PEDIATRIC (PF) | 9 | ACA |
| FLUAD QUAD 2023-24(65Y UP)(PF) | 9 | ACA |
| FLUARIX QUAD 2023-2024 (PF) | 9 | ACA |
| FLUBLOK QUAD 2023-2024 (PF) | 9 | ACA |
| FLUCELVAX QUAD 2023-2024 | 9 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| FLUCELVAX QUAD 2023-2024 (PF) | 9 | ACA |
| FLULAVAL QUAD 2023-2024 (PF) | 9 | ACA |
| FLUMIST QUAD 2023-2024 | 9 | ACA |
| FLUZONE HIGHDOSE QUAD 23-24 PF | 9 | ACA |
| FLUZONE QUAD 2023-2024 | 9 | ACA |
| FLUZONE QUAD 2023-2024 (PF) | 9 | ACA |
| GARDASIL 9 (PF) | 9 | ACA |
| HAVRIX (PF) | 9 | ACA |
| HEPLISAV-B (PF) | 9 | ACA |
| HIBERIX (PF) | 9 | ACA |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE | 9 | ACA |
| IPOL | 9 | ACA |
| KINRIX (PF) INTRAMUSCULAR SYRINGE | 9 | ACA |
| MENQUADFI (PF) | 9 | ACA |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT | 9 | ACA |
| M-M-R II (PF) | 9 | ACA |
| MODERNA COVID 23-24(6M-11Y)PF | 9 | ACA |
| NOVAVAX COVID 2023-24(PF)(EUA) | 9 | ACA |
| PEDIARIX (PF) | 9 | ACA |
| PEDVAX HIB (PF) | 9 | ACA |
| PENBRAYA (PF) | 9 | ACA |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | 9 | ACA |
| PFIZER COVID 2023-24(5Y-11Y)PF | 9 | ACA |
| PFIZER COVID 2023-24(6MO-4Y)PF | 9 | ACA |
| PNEUMOVAX-23 | 9 | ACA |
| PREHEVBRIO (PF) | 9 | ACA |
| PREVNAR 20 (PF) | 9 | ACA |
| PRIORIX (PF) | 9 | ACA |
| PROQUAD (PF) | 9 | ACA |
| QUADRACEL (PF) | 9 | ACA |
| RECOMBIVAX HB (PF) | 9 | ACA |
| ROTARIX ORAL SUSPENSION | 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 |
|--------------------------------|-----------|-----------------------|
| ROTATEQ VACCINE | 9 | ACA |
| SHINGRIX (PF) | 9 | ACA |
| SPIKEVAX 2023-2024(12Y UP)(PF) | 9 | ACA |
| TDVAX | 9 | ACA |
| TENIVAC (PF) | 9 | ACA |
| TRUMENBA | 9 | ACA |
| TWINRIX (PF) | 9 | ACA |
| VAQTA (PF) | 9 | ACA |
| VARIVAX (PF) | 9 | ACA |
| VAXELIS (PF) | 9 | ACA |
| VAXNEUVANCE (PF) | 9 | ACA |

IMMUNOLOGY

INTERLEUKINS

| | | |
|--|---|----------------------|
| <i>imiquimod topical cream in packet 5 %</i> | 1 | QL (36 per 365 days) |
|--|---|----------------------|

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

| | | |
|---|---|--|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | |
| <i>colchicine oral tablet</i> | 1 | |
| COLCRYS | 3 | |
| <i>febuxostat</i> | 1 | |
| <i>probenecid</i> | 1 | |
| <i>probenecid-colchicine</i> | 1 | |
| ULORIC | 3 | |
| ZYLOPRIM ORAL TABLET 100 MG | 3 | |

OSTEOPOROSIS THERAPY

| | | |
|--|---|------------------------|
| ACTONEL ORAL TABLET 150 MG, 35 MG | 3 | |
| <i>alendronate oral solution</i> | 1 | |
| <i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i> | 1 | |
| ATELVIA | 3 | |
| EVISTA | 3 | |
| FORTEO | 3 | SP; QL (1 per 28 days) |
| FOSAMAX ORAL TABLET 70 MG | 3 | |
| FOSAMAX PLUS D | 2 | |
| <i>ibandronate oral</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|-------------------------------|
| <i>raloxifene</i> | 1 | ACA |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> | 1 | |
| <i>risedronate oral tablet, delayed release (dr/ec)</i> | 1 | |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> | 3 | SP; QL (1 per 28 days) |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 3 | SP; QL (1 per 28 days) |
| TYMLOS | 3 | SP; QL (1.56 per 28 days) |
| OTHER RHEUMATOLOGICALS | | |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML | 3 | PA; SP; QL (0.8 per 28 days) |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 3 | PA; SP; QL (1.6 per 28 days) |
| ARAVA | 3 | |
| ENBREL MINI | 3 | PA; SP; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | 3 | PA; SP; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE | 2 | PA; SP; QL (4 per 28 days) |
| ENBREL SURECLICK | 2 | PA; SP; QL (4 per 28 days) |
| HUMIRA PEN | 2 | PA; SP; QL (2 per 28 days) |
| HUMIRA PEN CROHNS-UC-HS START | 2 | PA; SP; QL (6 per 365 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 2 | PA; SP; QL (2 per 28 days) |
| HUMIRA(CF) | 3 | PA; SP; QL (2 per 28 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | 3 | PA; SP; QL (3 per 365 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | 3 | PA; SP; QL (2 per 365 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS | 2 | PA; SP; QL (3 per 365 days) |
| HUMIRA(CF) PEN PEDIATRIC UC | 2 | PA; SP; QL (4 per 365 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | 2 | PA; SP; QL (3 per 365 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 3 | PA; SP; QL (2 per 28 days) |
| KEVZARA | 3 | PA; SP; QL (2.28 per 28 days) |
| KINERET | 3 | SP; QL (18.76 per 28 days) |
| <i>leflunomide</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------------|
| OTEZLA | 3 | PA; SP; QL (2 per 1 day) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 3 | PA; SP; QL (55 per 365 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | 3 | PA; SP; QL (1 per 1 day) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | 3 | PA; SP; QL (56 per 365 days) |
| SAVELLA | 2 | |
| XELJANZ ORAL SOLUTION | 3 | PA; SP; QL (10 per 1 day) |
| XELJANZ ORAL TABLET 10 MG | 3 | PA; SP; QL (2 per 1 day) |
| XELJANZ XR | 3 | PA; SP; QL (1 per 1 day) |

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

| | | |
|---|---|------------------|
| ACTIVELLA | 3 | |
| <i>amabelz</i> | 1 | |
| ANGELIQ | 3 | |
| BIJUVA | 3 | QL (1 per 1 day) |
| <i>camila</i> | 1 | ACA |
| CLIMARA | 3 | |
| CLIMARA PRO | 2 | |
| COMBIPATCH | 2 | |
| <i>covaryx</i> | 1 | |
| <i>covaryx h.s.</i> | 1 | |
| CRINONE | 3 | PA |
| <i>deblitane</i> | 1 | ACA |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 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 |
|--|------------------|------------------------------|
| DEPO-PROVERA INTRAMUSCULAR SYRINGE | 3 | |
| DIVIGEL | 3 | |
| <i>dotti</i> | 1 | |
| DUAVEE | 3 | |
| <i>eemt</i> | 1 | |
| <i>eemt hs</i> | 1 | |
| ELESTRIN | 3 | |
| ENDOMETRIN | 3 | PA; SP |
| <i>errin</i> | 1 | ACA |
| ESTRACE ORAL | 3 | |
| ESTRACE VAGINAL | 2 | |
| <i>estradiol oral</i> | 1 | |
| <i>estradiol transdermal</i> | 1 | |
| <i>estradiol vaginal</i> | 1 | |
| <i>estradiol-norethindrone acet</i> | 1 | |
| ESTRING | 2 | |
| ESTROGEL | 3 | |
| <i>estrogens-methyltestosterone</i> | 1 | |
| EVAMIST | 3 | |
| FEMRING | 3 | |
| <i>fyavolv</i> | 1 | |
| <i>heather</i> | 1 | ACA |
| <i>incassia</i> | 1 | ACA |
| <i>jencycla</i> | 1 | ACA |
| <i>jinteli</i> | 1 | |
| <i>lyleq</i> | 1 | ACA |
| <i>lyllana</i> | 1 | |
| <i>lyza</i> | 1 | ACA |
| <i>medroxyprogesterone intramuscular</i> | 1 | ACA |
| <i>medroxyprogesterone oral</i> | 1 | |
| MENEST | 2 | |
| MENOSTAR | 3 | |
| <i>mimvey</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| MINIVELLE | 3 | |
| <i>nora-be</i> | 1 | ACA |
| <i>norethindrone (contraceptive)</i> | 1 | ACA |
| <i>norethindrone acetate</i> | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 1 | |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| <i>progesterone micronized</i> | 1 | |
| PROMETRIUM | 3 | |
| PROVERA | 3 | |
| <i>sharobel</i> | 1 | ACA |
| <i>tulana</i> | 1 | ACA |
| VAGIFEM | 3 | |
| VIVELLE-DOT | 3 | |
| <i>yuvafem</i> | 1 | |
| MISCELLANEOUS OB/GYN | | |
| CLEOCIN VAGINAL CREAM | 3 | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | |
| <i>clindamycin phosphate vaginal</i> | 1 | |
| <i>eluryng</i> | 1 | ACA |
| <i>etonogestrel-ethinyl estradiol</i> | 1 | ACA |
| GYNAZOLE-1 | 2 | |
| <i>haloette</i> | 1 | ACA |
| <i>metronidazole vaginal</i> | 1 | |
| MYFEMBREE | 2 | PA; QL (1 per 1 day) |
| <i>norelgestromin-ethin.estradiol</i> | 1 | ACA |
| NUVARING | 3 | |
| NUVESSA | 2 | |
| ORIAHNN | 2 | PA; SP; QL (2 per 1 day) |
| PHEXXI | 9 | |
| <i>terconazole</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>tranexamic acid oral</i> | 1 | |
| <i>vandazole</i> | 3 | |
| VCF CONTRACEPTIVE FILM | 9 | OTC |
| VCF CONTRACEPTIVE GEL | 9 | ACA; OTC |
| <i>xulane</i> | 1 | ACA |
| <i>zafemy</i> | 1 | ACA |
| ORAL CONTRACEPTIVES & RELATED AGENTS | | |
| <i>afirmelle</i> | 1 | ACA |
| <i>after pill</i> | 9 | ACA; OTC |
| AFTERA | 9 | OTC |
| <i>altavera (28)</i> | 1 | ACA |
| <i>alyacen 1/35 (28)</i> | 1 | ACA |
| <i>alyacen 7/7/7 (28)</i> | 1 | ACA |
| <i>amethia</i> | 1 | ACA |
| <i>amethyst (28)</i> | 1 | ACA |
| <i>apri</i> | 1 | ACA |
| <i>aranelle (28)</i> | 1 | ACA |
| <i>ashlyna</i> | 1 | ACA |
| <i>aubra</i> | 1 | ACA |
| <i>aubra eq</i> | 1 | ACA |
| <i>aurovela 1.5/30 (21)</i> | 1 | ACA |
| <i>aurovela 1/20 (21)</i> | 1 | ACA |
| <i>aurovela 24 fe</i> | 1 | ACA |
| <i>aurovela fe 1.5/30 (28)</i> | 1 | ACA |
| <i>aurovela fe 1-20 (28)</i> | 1 | ACA |
| <i>aviane</i> | 1 | ACA |
| <i>ayuna</i> | 1 | ACA |
| <i>balziva (28)</i> | 1 | ACA |
| BEYAZ | 3 | |
| <i>blisovi 24 fe</i> | 1 | ACA |
| <i>blisovi fe 1.5/30 (28)</i> | 1 | ACA |
| <i>blisovi fe 1/20 (28)</i> | 1 | ACA |
| <i>briellyn</i> | 1 | ACA |
| <i>camrese</i> | 1 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>camrese lo</i> | 1 | ACA |
| <i>caziant (28)</i> | 1 | ACA |
| <i>charlotte 24 fe</i> | 1 | ACA |
| <i>chateal (28)</i> | 1 | ACA |
| <i>chateal eq (28)</i> | 1 | ACA |
| <i>cryselle (28)</i> | 1 | ACA |
| <i>curae</i> | 9 | ACA; OTC |
| <i>cyred</i> | 1 | ACA |
| <i>cyred eq</i> | 1 | ACA |
| <i>dasetta 1/35 (28)</i> | 1 | ACA |
| <i>dasetta 7/7/7 (28)</i> | 1 | ACA |
| <i>daysee</i> | 1 | ACA |
| <i>dolishale</i> | 1 | ACA |
| <i>drospirenone-e.estradiol-lm.fa</i> | 1 | ACA |
| <i>drospirenone-ethinyl estradiol</i> | 1 | ACA |
| <i>econtra ez</i> | 9 | ACA; OTC |
| <i>econtra one-step</i> | 9 | ACA; OTC |
| <i>elinest</i> | 1 | ACA |
| <i>enpresse</i> | 1 | ACA |
| <i>enskyce</i> | 1 | ACA |
| <i>estarylla</i> | 1 | ACA |
| <i>ethynodiol diac-eth estradiol</i> | 1 | ACA |
| <i>falmina (28)</i> | 1 | ACA |
| <i>finzala</i> | 1 | ACA |
| <i>gemmily</i> | 1 | ACA |
| <i>hailey</i> | 1 | ACA |
| <i>hailey 24 fe</i> | 1 | ACA |
| <i>hailey fe 1.5/30 (28)</i> | 1 | ACA |
| <i>hailey fe 1/20 (28)</i> | 1 | ACA |
| <i>her style</i> | 9 | ACA; OTC |
| <i>iclevia</i> | 1 | ACA |
| <i>isibloom</i> | 1 | ACA |
| <i>jaimiess</i> | 1 | ACA |
| <i>jasmiel (28)</i> | 1 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>jolessa</i> | 1 | ACA |
| <i>juleber</i> | 1 | ACA |
| <i>junel 1.5/30 (21)</i> | 1 | ACA |
| <i>junel 1/20 (21)</i> | 1 | ACA |
| <i>junel fe 1.5/30 (28)</i> | 1 | ACA |
| <i>junel fe 1/20 (28)</i> | 1 | ACA |
| <i>junel fe 24</i> | 1 | ACA |
| <i>kaitlib fe</i> | 1 | ACA |
| <i>kalliga</i> | 1 | ACA |
| <i>kelnor 1/35 (28)</i> | 1 | ACA |
| <i>kelnor 1-50 (28)</i> | 1 | ACA |
| <i>kurvelo (28)</i> | 1 | ACA |
| <i>l norgest/e.estradiol-e.estrad</i> | 1 | ACA |
| <i>larin 1.5/30 (21)</i> | 1 | ACA |
| <i>larin 1/20 (21)</i> | 1 | ACA |
| <i>larin 24 fe</i> | 1 | ACA |
| <i>larin fe 1.5/30 (28)</i> | 1 | ACA |
| <i>larin fe 1/20 (28)</i> | 1 | ACA |
| <i>layolis fe</i> | 1 | ACA |
| <i>leena 28</i> | 1 | ACA |
| <i>lessina</i> | 1 | ACA |
| <i>levonest (28)</i> | 1 | ACA |
| <i>levonorgestrel</i> | 9 | ACA; OTC |
| <i>levonorgestrel-ethinyl estrad</i> | 1 | ACA |
| <i>levonorg-eth estrad triphasic</i> | 1 | ACA |
| <i>levora-28</i> | 1 | ACA |
| LO LOESTRIN FE | 2 | |
| LOESTRIN 1.5/30 (21) | 1 | |
| LOESTRIN 1/20 (21) | 1 | |
| LOESTRIN FE 1.5/30 (28-DAY) | 1 | |
| LOESTRIN FE 1/20 (28-DAY) | 1 | |
| <i>lojaimiess</i> | 1 | ACA |
| <i>loryna (28)</i> | 1 | ACA |
| <i>low-ogestrel (28)</i> | 1 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>lo-zumandimine (28)</i> | 1 | ACA |
| <i>lutra (28)</i> | 1 | ACA |
| <i>marlissa (28)</i> | 1 | ACA |
| <i>merzee</i> | 1 | ACA |
| <i>mibelas 24 fe</i> | 1 | ACA |
| <i>microgestin 1.5/30 (21)</i> | 1 | ACA |
| <i>microgestin 1/20 (21)</i> | 1 | ACA |
| <i>microgestin 24 fe</i> | 1 | ACA |
| <i>microgestin fe 1.5/30 (28)</i> | 1 | ACA |
| <i>microgestin fe 1/20 (28)</i> | 1 | ACA |
| <i>mili</i> | 1 | ACA |
| MINASTRIN 24 FE | 3 | |
| <i>mono-lynyah</i> | 1 | ACA |
| <i>my choice</i> | 9 | ACA; OTC |
| <i>my way</i> | 9 | ACA; OTC |
| NATAZIA | 2 | |
| <i>necon 0.5/35 (28)</i> | 1 | ACA |
| <i>new day</i> | 9 | ACA; OTC |
| <i>nikki (28)</i> | 1 | ACA |
| <i>noreth-ethinyl estradiol-iron</i> | 1 | ACA |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 1 | ACA |
| <i>norethindrone-e.estradiol-iron</i> | 1 | ACA |
| <i>norgestimate-ethinyl estradiol</i> | 1 | ACA |
| <i>nortrel 0.5/35 (28)</i> | 1 | ACA |
| <i>nortrel 1/35 (21)</i> | 1 | ACA |
| <i>nortrel 1/35 (28)</i> | 1 | ACA |
| <i>nortrel 7/7/7 (28)</i> | 1 | ACA |
| <i>nylia 1/35 (28)</i> | 1 | ACA |
| <i>nylia 7/7/7 (28)</i> | 1 | ACA |
| <i>nymyo</i> | 1 | ACA |
| <i>ocella</i> | 1 | ACA |
| <i>opcicon one-step</i> | 9 | ACA; OTC |
| <i>option-2</i> | 9 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>philith</i> | 1 | ACA |
| PLAN B ONE-STEP | 3 | OTC |
| <i>portia 28</i> | 1 | ACA |
| QUARTETTE | 3 | |
| <i>reclipsen (28)</i> | 1 | ACA |
| <i>rivelsa</i> | 1 | ACA |
| SAFYRAL | 3 | |
| <i>setlakin</i> | 1 | ACA |
| <i>simpesse</i> | 1 | ACA |
| <i>sprintec (28)</i> | 1 | ACA |
| <i>sronyx</i> | 1 | ACA |
| <i>syeda</i> | 1 | ACA |
| TAKE ACTION | 9 | OTC |
| <i>tarina 24 fe</i> | 1 | ACA |
| <i>tarina fe 1/20 (28)</i> | 1 | ACA |
| TAYTULLA | 3 | |
| <i>tilia fe</i> | 1 | ACA |
| <i>tri-estarylla</i> | 1 | ACA |
| <i>tri-legest fe</i> | 1 | ACA |
| <i>tri-linyah</i> | 1 | ACA |
| <i>tri-lo-estarylla</i> | 1 | ACA |
| <i>tri-lo-marzia</i> | 1 | ACA |
| <i>tri-lo-mili</i> | 1 | ACA |
| <i>tri-lo-sprintec</i> | 1 | ACA |
| <i>tri-mili</i> | 1 | ACA |
| <i>tri-nymyo</i> | 1 | ACA |
| <i>tri-sprintec (28)</i> | 1 | ACA |
| <i>trivora (28)</i> | 1 | ACA |
| <i>tri-vylibra</i> | 1 | ACA |
| <i>tri-vylibra lo</i> | 1 | ACA |
| <i>turqoz (28)</i> | 1 | ACA |
| <i>tydemy</i> | 1 | ACA |
| <i>velivet triphasic regimen (28)</i> | 1 | ACA |
| <i>vestura (28)</i> | 1 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>vienva</i> | 1 | ACA |
| <i>vyfemla (28)</i> | 1 | ACA |
| <i>vylibra</i> | 1 | ACA |
| <i>wera (28)</i> | 1 | ACA |
| <i>wymzya fe</i> | 1 | ACA |
| YASMIN (28) | 3 | |
| YAZ (28) | 3 | |
| <i>zarah</i> | 1 | ACA |
| <i>zovia 1-35 (28)</i> | 1 | ACA |
| <i>zumandimine (28)</i> | 1 | ACA |
| OXYTOCICS | | |
| <i>methylergonovine oral</i> | 1 | |
| OPHTHALMOLOGY | | |
| ANTIBIOTICS | | |
| <i>bacitracin ophthalmic (eye)</i> | 1 | |
| <i>bacitracin-polymyxin b</i> | 1 | |
| BESIVANCE | 3 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT | 2 | |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | 1 | |
| <i>erythromycin ophthalmic (eye)</i> | 1 | |
| <i>gatifloxacin</i> | 1 | |
| <i>gentamicin ophthalmic (eye) drops</i> | 1 | |
| <i>moxifloxacin ophthalmic (eye)</i> | 1 | |
| NATACYN | 2 | |
| <i>neomycin-bacitracin-polymyxin</i> | 1 | |
| <i>neomycin-polymyxin-gramicidin</i> | 1 | |
| <i>neo-polycin</i> | 1 | |
| OCUFLOX | 3 | |
| <i>ofloxacin ophthalmic (eye)</i> | 1 | |
| <i>polycin</i> | 1 | |
| <i>polymyxin b sulf-trimethoprim</i> | 1 | |
| <i>tobramycin ophthalmic (eye)</i> | 1 | |
| TOBEX OPHTHALMIC (EYE) OINTMENT | 2 | |
| VIGAMOX | 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 |
|---|-----------|-----------------------------|
| ANTIVIRALS | | |
| <i>trifluridine</i> | 1 | |
| ZIRGAN | 3 | |
| BETA-BLOCKERS | | |
| <i>betaxolol ophthalmic (eye)</i> | 1 | |
| BETIMOL | 2 | |
| BETOPTIC S | 2 | |
| <i>carteolol</i> | 1 | |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>timolol maleate (pf)</i> | 1 | |
| <i>timolol maleate ophthalmic (eye)</i> | 1 | |
| TIMOPTIC OCUDOSE (PF) | 3 | |
| CHOLINESTERASE INHIBITOR MIOTICS | | |
| PHOSPHOLINE IODIDE | 2 | |
| CYCLOPLEGIC MYDRIATICS | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | 1 | |
| ATROPINE SULFATE (PF) | 3 | |
| <i>homatropaire</i> | 1 | |
| DIRECT ACTING MIOTICS | | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1 | |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| AKTEN (PF) | 3 | QL (1 per 30 days) |
| ALCAINE | 3 | |
| <i>allergy eye (ketotifen)</i> | 1 | OTC |
| ALOCRIL | 2 | |
| ALOMIDE | 2 | |
| <i>azelastine ophthalmic (eye)</i> | 1 | |
| <i>bepotastine besilate</i> | 1 | |
| BEPREVE | 2 | |
| <i>cromolyn ophthalmic (eye)</i> | 1 | |
| CYSTARAN | 2 | PA; SP; QL (60 per 28 days) |
| <i>epinastine</i> | 1 | |
| <i>eye itch relief</i> | 1 | OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>ketotifen fumarate</i> | 1 | OTC |
| <i>olopatadine ophthalmic (eye)</i> | 1 | |
| OXERVATE | 3 | PA; SP; QL (56 per 720 days) |
| <i>proparacaine</i> | 1 | |
| RESTASIS | 1 | QL (2 per 1 day) |
| RESTASIS MULTIDOSE | 2 | QL (5.5 per 28 days) |
| <i>tetracaine hcl</i> | 1 | |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) | 1 | |
| XDEMVY | 3 | SP; QL (10 per 365 days) |
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| <i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</i> | 1 | |
| <i>diclofenac sodium ophthalmic (eye)</i> | 1 | |
| <i>flurbiprofen sodium</i> | 1 | |
| ILEVRO | 3 | |
| <i>ketorolac ophthalmic (eye)</i> | 1 | |
| NEVANAC | 3 | |
| PROLENSA | 3 | |
| ORAL DRUGS FOR GLAUCOMA | | |
| <i>acetazolamide</i> | 1 | |
| <i>methazolamide</i> | 1 | |
| OTHER GLAUCOMA DRUGS | | |
| AZOPT | 3 | |
| <i>bimatoprost ophthalmic (eye)</i> | 1 | |
| <i>brimonidine-timolol</i> | 1 | |
| <i>brinzolamide</i> | 1 | |
| COMBIGAN | 3 | |
| COSOPT | 3 | |
| COSOPT (PF) | 3 | |
| <i>dorzolamide</i> | 1 | |
| <i>dorzolamide-timolol</i> | 1 | |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>latanoprost</i> | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | |
| SIMBRINZA | 2 | |
| TRAVATAN Z | 3 | |
| <i>travoprost</i> | 1 | |
| XALATAN | 3 | |
| STEROID-ANTIBIOTIC COMBINATIONS | | |
| MAXITROL | 3 | |
| <i>neomycin-bacitracin-poly-hc</i> | 1 | |
| <i>neomycin-polymyxin b-dexameth</i> | 1 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i> | 3 | |
| <i>neo-polycin hc</i> | 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | 2 | |
| <i>tobramycin-dexamethasone</i> | 1 | |
| STEROIDS | | |
| ALREX | 3 | |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 1 | |
| <i>difluprednate</i> | 1 | |
| DUREZOL | 3 | |
| FLAREX | 2 | |
| <i>fluorometholone</i> | 1 | |
| FML FORTE | 3 | |
| FML LIQUIFILM | 3 | |
| LOTEMAX | 3 | |
| <i>loteprednol etabonate</i> | 1 | |
| MAXIDEX | 2 | |
| PRED FORTE | 3 | |
| PRED MILD | 2 | |
| <i>prednisolone acetate</i> | 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i> | 1 | |
| STEROID-SULFONAMIDE COMBINATIONS | | |
| <i>sulfacetamide-prednisolone</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SULFONAMIDES | | |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i> | 1 | |
| SYMPATHOMIMETICS | | |
| ALPHAGAN P | 3 | |
| <i>brimonidine ophthalmic (eye)</i> | 1 | |
| VASOCONSTRICTOR DECONGESTANTS | | |
| CYCLOMYDRIL | 3 | |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %</i> | 1 | |
| RESPIRATORY, ALLERGY, COUGH & COLD | | |
| ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS | | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML | 3 | PA |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 1 | |
| <i>cetirizine oral solution 1 mg/ml</i> | 1 | |
| <i>cyproheptadine</i> | 1 | |
| <i>dexchlorpheniramine maleate oral solution</i> | 1 | |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML | 1 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 1 | |
| EPIPEN | 2 | |
| EPIPEN JR | 2 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 1 | |
| <i>hydroxyzine hcl oral tablet</i> | 1 | |
| <i>hydroxyzine pamoate</i> | 1 | |
| <i>levocetirizine</i> | 1 | |
| <i>promethazine oral</i> | 1 | |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | 1 | |
| <i>promethegan</i> | 1 | |
| RYCLORA | 1 | |
| VISTARIL ORAL CAPSULE 25 MG | 3 | |
| COUGH & COLD THERAPY | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | 1 | |
| <i>brompheniramine-pseudoeph-dm</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|--|
| <i>codeine-guaifenesin</i> | 1 | PA for age 11 and younger |
| <i>g tussin ac</i> | 1 | PA for age 11 and younger |
| <i>hydrocodone-chlorpheniramine</i> | 1 | PA for age 5 and younger; QL (120 per 30 days) |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | 1 | PA for age 5 and younger |
| <i>hydrocodone-homatropine oral tablet</i> | 1 | PA for age 5 and younger |
| <i>hydromet</i> | 1 | PA for age 5 and younger |
| <i>maxi-tuss ac</i> | 1 | PA for age 11 and younger |
| <i>promethazine vc</i> | 1 | |
| <i>promethazine vc-codeine</i> | 1 | PA for age 11 and younger |
| <i>promethazine-codeine</i> | 1 | PA for age 11 and younger |
| <i>promethazine-dm</i> | 1 | |
| PULMONARY AGENTS | | |
| 24 HOUR NASAL ALLERGY | 1 | OTC |
| ACCOLATE | 3 | |
| <i>acetylcysteine</i> | 1 | |
| ADCIRCA | 3 | PA; SP; QL (2 per 1 day) |
| ADEMPAS | 3 | PA; SP; LA; QL (3 per 1 day) |
| ADVAIR DISKUS | 1 | |
| ADVAIR HFA | 2 | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> | 1 | |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i> | 1 | |
| <i>albuterol sulfate oral syrup</i> | 1 | |
| <i>albuterol sulfate oral tablet</i> | 1 | |
| <i>alyq</i> | 3 | PA; SP; QL (2 per 1 day) |
| <i>ambrisentan</i> | 1 | PA; SP; LA; QL (1 per 1 day) |
| ANORO ELLIPTA | 2 | |
| <i>arformoterol</i> | 1 | PA |
| ARNUITY ELLIPTA | 2 | |
| ATROVENT HFA | 3 | |
| <i>azelastine-fluticasone</i> | 1 | |
| <i>bosentan</i> | 1 | PA; SP; QL (2 per 1 day) |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| BREO ELLIPTA | 2 | |
| BREZTRI AEROSPHERE | 2 | QL (1 per 30 days) |
| BROVANA | 3 | PA |
| <i>budesonide inhalation</i> | 1 | |
| <i>budesonide nasal</i> | 1 | OTC |
| <i>budesonide-formoterol</i> | 1 | |
| COMBIVENT RESPIMAT | 2 | |
| <i>cromolyn inhalation</i> | 1 | |
| DALIRESP ORAL TABLET 500 MCG | 3 | PA; QL (1 per 1 day) |
| DYMISTA | 3 | |
| ELIXOPHYLLIN | 1 | |
| ESBRIET ORAL CAPSULE | 3 | PA; SP; QL (6 per 1 day) |
| ESBRIET ORAL TABLET 267 MG | 3 | PA; SP; QL (6 per 1 day) |
| ESBRIET ORAL TABLET 801 MG | 3 | PA; SP; QL (3 per 1 day) |
| FIRAZYR | 3 | PA; SP; QL (9 per 28 days) |
| <i>flunisolide</i> | 1 | |
| FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE | 1 | |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER | 1 | |
| <i>fluticasone propionate nasal</i> | 1 | |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER | 1 | |
| <i>formoterol fumarate</i> | 1 | PA |
| HAEGARDA | 3 | PA; SP; LA |
| <i>icatibant</i> | 1 | PA; SP; QL (9 per 28 days) |
| INCRUSE ELLIPTA | 2 | |
| <i>ipratropium bromide inhalation</i> | 1 | |
| <i>ipratropium-albuterol</i> | 1 | |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | 3 | PA; SP; QL (2 per 1 day) |
| KALYDECO ORAL TABLET | 3 | PA; SP; QL (2 per 1 day) |
| LETAIRIS | 3 | PA; SP; LA; QL (1 per 1 day) |
| <i>levalbuterol hcl</i> | 1 | |
| LEVALBUTEROL TARTRATE | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|--------------------------------|
| <i>mometasone nasal</i> | 1 | |
| <i>montelukast</i> | 1 | |
| NASAL ALLERGY | 1 | OTC |
| <i>nebusal inhalation solution for nebulization 3 %</i> | 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | 3 | |
| NUCALA | 3 | PA; SP; LA; QL (1 per 28 days) |
| OFEV | 3 | PA; SP; QL (2 per 1 day) |
| OMNARIS | 3 | |
| ORKAMBI ORAL GRANULES IN PACKET | 3 | PA; SP; QL (2 per 1 day) |
| ORKAMBI ORAL TABLET | 3 | PA; SP; QL (4 per 1 day) |
| PERFOROMIST | 3 | PA |
| <i>pirfenidone oral capsule</i> | 3 | PA; SP; QL (6 per 1 day) |
| <i>pirfenidone oral tablet 267 mg</i> | 3 | PA; SP; QL (6 per 1 day) |
| <i>pirfenidone oral tablet 801 mg</i> | 3 | PA; SP; QL (3 per 1 day) |
| PROAIR RESPICLICK | 2 | |
| PROVENTIL HFA | 3 | |
| PULMICORT FLEXHALER | 2 | |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML | 3 | |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML | 2 | |
| PULMOZYME | 2 | SP; QL (5 per 1 day) |
| QNASL | 3 | ST |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA; SP; QL (6 per 1 day) |
| REVATIO ORAL TABLET | 3 | PA; SP; QL (3 per 1 day) |
| <i>roflumilast</i> | 1 | PA; QL (1 per 1 day) |
| <i>sajazir</i> | 1 | PA; SP; QL (9 per 28 days) |
| SEREVENT DISKUS | 2 | |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i> | 1 | PA; SP; QL (6 per 1 day) |
| <i>sildenafil (pulm.hypertension) oral tablet</i> | 1 | PA; SP; QL (3 per 1 day) |
| SINGULAIR | 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 |
|---|------------------|--------------------------------|
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i> | 1 | |
| SPIRIVA RESPIMAT | 2 | |
| SPIRIVA WITH HANDIHALER | 2 | |
| STIOLTO RESPIMAT | 2 | |
| STRIVERDI RESPIMAT | 3 | |
| SYMBICORT | 2 | |
| SYMDEKO | 3 | PA; SP; QL (2 per 1 day) |
| <i>tadalafil (pulm. hypertension)</i> | 3 | PA; SP; QL (2 per 1 day) |
| <i>terbutaline oral</i> | 1 | |
| THEO-24 | 2 | |
| <i>theophylline oral elixir</i> | 1 | |
| <i>theophylline oral tablet extended release 12 hr</i> | 1 | |
| <i>theophylline oral tablet extended release 24 hr</i> | 1 | |
| <i>tiotropium bromide</i> | 1 | |
| TRACLEER ORAL TABLET | 2 | PA; SP; LA; QL (2 per 1 day) |
| TRELEGY ELLIPTA | 2 | |
| <i>triamcinolone acetonide nasal</i> | 1 | OTC |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL | 3 | PA; SP; QL (2 per 1 day) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | 3 | PA; SP; QL (3 per 1 day) |
| TYVASO | 3 | PA; SP; QL (11.6 per 365 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG | 3 | PA; SP; QL (1 per 365 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG | 3 | PA; SP; QL (1 per 30 days) |
| TYVASO REFILL KIT | 3 | PA; SP; QL (81.2 per 28 days) |
| TYVASO STARTER KIT | 3 | PA; SP; QL (1 per 365 days) |
| VENTAVIS | 3 | PA; SP; QL (9 per 1 day) |
| VENTOLIN HFA | 3 | |
| XOPENEX HFA | 3 | |
| YUPELRI | 2 | QL (1 per 1 day) |
| <i>zafirlukast</i> | 1 | |
| ZETONNA | 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 |
|--|-----------|-----------------------|
| UROLOGICALS | | |
| ANTICHOLINERGICS & ANTISPASMODICS | | |
| <i>darifenacin</i> | 1 | |
| DETROL | 3 | |
| DETROL LA | 3 | |
| <i>fesoterodine</i> | 1 | |
| <i>flavoxate</i> | 1 | |
| MYRBETRIQ | 2 | |
| <i>oxybutynin chloride oral syrup</i> | 1 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 1 | |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 1 | |
| OXYTROL | 3 | |
| <i>solifenacin</i> | 1 | |
| <i>tolterodine</i> | 1 | |
| TOVIAZ | 3 | |
| <i>trospium</i> | 1 | |
| VESICARE | 3 | |
| VESICARE LS | 3 | |
| BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY | | |
| <i>alfuzosin</i> | 1 | |
| CIALIS ORAL TABLET 5 MG | 3 | QL (1 per 1 day) |
| <i>dutasteride</i> | 1 | |
| <i>dutasteride-tamsulosin</i> | 1 | |
| <i>finasteride oral tablet 5 mg</i> | 1 | |
| FLOMAX | 3 | |
| JALYN | 3 | |
| PROSCAR | 3 | |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | 1 | QL (1 per 1 day) |
| <i>tamsulosin</i> | 1 | |
| UROXATRAL | 3 | |
| CHOLINERGIC STIMULANTS | | |
| <i>bethanechol chloride</i> | 1 | |
| MISCELLANEOUS UROLOGICALS | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| CAVERJECT | 3 | PA; QL (4 per 30 days) |
| CAVERJECT IMPULSE | 3 | PA; QL (4 per 30 days) |
| CIALIS ORAL TABLET 10 MG, 20 MG | 3 | QL (6 per 30 days) |
| CYSTAGON | 2 | SP; LA |
| EDEX | 3 | PA; QL (4 per 30 days) |
| ELMIRON | 2 | |
| K-PHOS NO 2 | 2 | |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG | 3 | PA; QL (6 per 30 days) |
| <i>potassium citrate oral tablet extended release</i> | 1 | |
| PROCYSBI | 3 | PA; SP |
| <i>sildenafil</i> | 1 | PA; QL (6 per 30 days) |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> | 1 | QL (6 per 30 days) |
| UROCIT-K 10 | 3 | |
| UROCIT-K 15 | 1 | |
| UROCIT-K 5 | 1 | |
| <i>vardefafil oral tablet</i> | 1 | PA; QL (4 per 30 days) |
| VIAGRA | 3 | PA; QL (6 per 30 days) |
| URINARY ANESTHETICS | | |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> | 1 | |
| PYRIDIUM | 3 | |
| VITAMINS, HEMATINICS & ELECTROLYTES | | |
| ELECTROLYTES | | |
| <i>calcium acetate(phosphat bind)</i> | 1 | QL (12 per 1 day) |
| <i>effer-k oral tablet, effervescent 25 meq</i> | 1 | |
| GALZIN | 2 | |
| <i>klor-con</i> | 1 | |
| <i>klor-con 10</i> | 1 | |
| <i>klor-con 8</i> | 1 | |
| <i>klor-con m10</i> | 1 | |
| <i>klor-con m15</i> | 1 | |
| <i>klor-con m20</i> | 1 | |
| <i>klor-con/ef</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 3 | |
| <i>potassium chloride oral capsule, extended release</i> | 1 | |
| <i>potassium chloride oral liquid</i> | 1 | |
| <i>potassium chloride oral packet</i> | 1 | |
| <i>potassium chloride oral tablet extended release</i> | 1 | |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq</i> | 1 | |
| VITAMINS & HEMATINICS | | |
| <i>b complex 1 (with folic acid)</i> | 9 | ACA; OTC |
| <i>b complex-vitamin c-folic acid oral tablet</i> | 9 | ACA; OTC |
| <i>balanced b-100 oral tablet</i> | 9 | ACA; OTC |
| <i>bal-care dha</i> | 1 | |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i> | 9 | ACA; OTC |
| <i>classic prenatal</i> | 9 | ACA; OTC |
| <i>c-nate dha</i> | 3 | |
| <i>complete natal dha</i> | 3 | |
| <i>cyanocobalamin (vitamin b-12) injection</i> | 1 | |
| <i>dialyvite 800 oral tablet</i> | 9 | ACA; OTC |
| <i>dodex</i> | 1 | |
| <i>elite-ob</i> | 3 | |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | 1 | |
| <i>fluoride (sodium) oral drops</i> | 9 | ACA; OTC |
| <i>fluoride (sodium) oral tablet,chewable</i> | 9 | ACA; OTC |
| <i>folic acid oral tablet 1 mg</i> | 1 | |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | 9 | ACA; OTC |
| <i>folitab</i> | 9 | ACA; OTC |
| <i>folivane-ob</i> | 3 | |
| <i>foltabs 800</i> | 9 | ACA; OTC |
| <i>full spectrum b-vitamin c</i> | 9 | ACA; OTC |
| <i>kobee</i> | 9 | ACA; OTC |
| <i>ludent fluoride</i> | 9 | ACA; OTC |
| <i>m-natal plus</i> | 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 |
|--|------------------|------------------------------|
| <i>multi-vitamin with fluoride</i> | 9 | ACA; OTC |
| <i>mvc-fluoride</i> | 9 | ACA; OTC |
| <i>mynatal</i> | 1 | |
| <i>mynatal plus</i> | 1 | |
| <i>mynatal-z</i> | 1 | |
| <i>newgen</i> | 1 | |
| <i>one daily prenatal</i> | 9 | ACA; OTC |
| <i>pnv-dha</i> | 3 | |
| <i>pnv-omega</i> | 3 | |
| <i>pnv-select</i> | 3 | |
| <i>pr natal 400</i> | 1 | |
| <i>pr natal 400 ec</i> | 1 | |
| <i>pr natal 430</i> | 1 | |
| <i>pr natal 430 ec</i> | 1 | |
| <i>prenatabs fa</i> | 1 | |
| <i>prenatabs rx</i> | 1 | |
| <i>prenatal complete</i> | 9 | ACA; OTC |
| <i>prenatal multi-dha (algal oil)</i> | 9 | ACA; OTC |
| <i>prenatal multivitamins</i> | 9 | ACA; OTC |
| <i>prenatal one daily</i> | 9 | ACA; OTC |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i> | 9 | ACA; OTC |
| <i>prenatal plus</i> | 3 | |
| <i>prenatal plus (calcium carb)</i> | 3 | |
| <i>prenatal vit no.179-iron-folic</i> | 9 | ACA; OTC |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | 9 | ACA; OTC |
| <i>prenatal vitamin with minerals</i> | 9 | ACA; OTC |
| <i>prenatal-u</i> | 3 | |
| <i>rena-vite</i> | 9 | ACA; OTC |
| <i>se-natal 19 chewable</i> | 3 | |
| <i>se-natal-19</i> | 3 | |
| <i>stress formula with iron</i> | 9 | ACA; OTC |
| <i>stress formula with iron(sulf)</i> | 9 | ACA; OTC |
| <i>super b maxi complex</i> | 9 | ACA; OTC |
| <i>super quint</i> | 9 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>taron-c dha</i> | 3 | |
| <i>trinatal rx 1</i> | 3 | |
| <i>trinate</i> | 3 | |
| <i>tri-vitamin with fluoride</i> | 9 | ACA; OTC |
| <i>vitamin b complex-folic acid oral tablet</i> | 9 | ACA; OTC |
| <i>vitamins a,c,d and fluoride</i> | 9 | ACA; OTC |
| <i>wescap-c dha</i> | 3 | |
| <i>westab plus</i> | 3 | |
| <i>zatean-pn dha</i> | 3 | |
| <i>zatean-pn plus</i> | 3 | |

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 | | |
| ..... | 102 | |
| A | | |
| <i>abacavir</i> | 13 | |
| <i>abacavir-lamivudine</i> | 13 | |
| ABILIFY | 40 | |
| ABILIFY MAINTENA..... | 40 | |
| <i>abiraterone</i> | 21 | |
| ABRYSVO..... | 85 | |
| ABSORICA..... | 60 | |
| <i>acamprosate</i> | 66 | |
| <i>acarbose</i> | 74 | |
| ACCOLATE..... | 102 | |
| ACCU-CHEK SMARTVIEW | | |
| CONTRL SOL | 70 | |
| ACCUPRIL | 50 | |
| ACCURETIC | 50 | |
| <i>accutane</i> | 60 | |
| <i>acebutolol</i> | 50 | |
| <i>acetaminophen-codeine</i> | 34 | |
| <i>acetazolamide</i> | 99 | |
| <i>acetic acid</i> | 68 | |
| <i>acetylcysteine</i> | 102 | |
| ACIPHEX..... | 82 | |
| <i>acitretin</i> | 58 | |
| ACTHIB (PF)..... | 85 | |
| ACTIMMUNE | 84 | |
| ACTIVELLA | 89 | |
| ACTONEL | 87 | |
| ACTOPLUS MET..... | 74 | |
| ACTOS..... | 74 | |
| ACULAR | 99 | |
| ACULAR LS..... | 99 | |
| <i>acyclovir</i> | 13, 64 | |
| ADACEL(TDAP | | |
| ADOLESN/ADULT)(PF) | 85 | |
| <i>adapalene</i> | 60, 61 | |
| ADBRY..... | 60 | |
| ADCIRCA..... | 102 | |
| ADDERALL | 40 | |
| ADDERALL XR..... | 40 | |
| <i>adefovir</i> | 13 | |
| ADEMPAS..... | 102 | |
| <i>adult aspirin regimen</i> | 37 | |
| ADVAIR DISKUS..... | 102 | |
| ADVAIR HFA | 102 | |
| AEROCHAMBER MINI | 70 | |
| AEROCHAMBER PLUS | | |
| FLOW-VU..... | 70 | |
| AEROCHAMBER PLUS Z | | |
| STAT | 70 | |
| AEROVENT PLUS..... | 70 | |
| AFINITOR | 21 | |
| AFINITOR DISPERZ | 21 | |
| <i>afirmelle</i> | 92 | |
| AFLURIA QD 2023-24(3YR | | |
| UP)(PF) | 85 | |
| AFLURIA QUAD 2023- | | |
| 2024(6MO UP)..... | 85 | |
| <i>after pill</i> | 92 | |
| AFTERA | 92 | |
| AGRYLIN..... | 66 | |
| AJOVY AUTOINJECTOR.. | 31 | |
| AJOVY SYRINGE..... | 31 | |
| AKEEGA..... | 21 | |
| AKLIEF..... | 61 | |
| AKTEN (PF) | 98 | |
| AKYNZEO (NETUPITANT) | | |
| ..... | 77 | |
| ALA-SCALP | 64 | |
| <i>albendazole</i> | 17 | |
| <i>albuterol sulfate</i> | 102 | |
| ALCAINE | 98 | |
| <i>alclometasone</i> | 64 | |
| ALDACTONE..... | 50 | |
| ALECENSA | 21 | |
| <i>alendronate</i> | 87 | |
| ALFERON N..... | 84 | |
| <i>alfuzosin</i> | 106 | |
| ALINIA | 17 | |
| <i>aliskiren</i> | 50 | |
| ALKERAN..... | 21 | |
| <i>allergy eye (ketotifen)</i> | 98 | |
| <i>allopurinol</i> | 87 | |
| <i>almotriptan malate</i> | 31 | |
| ALOCRIAL..... | 98 | |
| ALOMIDE..... | 98 | |
| <i>alosetron</i> | 77 | |
| ALPHAGAN P..... | 101 | |
| <i>alprazolam</i> | 40 | |
| <i>alprazolam intensol</i> | 40 | |
| ALREX..... | 100 | |
| ALTABAX..... | 63 | |
| ALTACE | 50 | |
| <i>altavera (28)</i> | 92 | |
| <i>alyacen 1/35 (28)</i> | 92 | |
| <i>alyacen 7/7/7 (28)</i> | 92 | |
| <i>alyq</i> | 102 | |
| <i>amabelz</i> | 89 | |
| <i>amantadine hcl</i> | 13 | |
| AMBIEN | 40 | |
| AMBIEN CR..... | 40 | |
| <i>ambrisentan</i> | 102 | |
| <i>amethia</i> | 92 | |
| <i>amethyst (28)</i> | 92 | |
| AMICAR | 55 | |
| <i>amiloride</i> | 50 | |
| <i>amiloride-hydrochlorothiazide</i> | | |
| ..... | 50 | |
| <i>aminocaproic acid</i> | 55 | |
| <i>amiodarone</i> | 49 | |
| AMITIZA | 77 | |
| <i>amitriptyline</i> | 40 | |
| <i>amitriptyline-chlordiazepoxide</i> | | |
| ..... | 40 | |
| AMJEVITA(CF)..... | 88 | |
| <i>amlodipine</i> | 50 | |
| <i>amlodipine-atorvastatin</i> | 56 | |
| <i>amlodipine-benazepril</i> | 50 | |
| <i>amlodipine-olmesartan</i> | 50 | |
| <i>amlodipine-valsartan</i> | 50 | |
| <i>amlodipine-valsartan-hctiazid</i> | | |
| ..... | 50 | |
| <i>amnesteem</i> | 61 | |
| <i>amoxapine</i> | 40 | |
| <i>amoxicil-clarithromy-</i> | | |
| <i>lansopraz</i> | 82 | |
| <i>amoxicillin</i> | 19 | |
| <i>amoxicillin-pot clavulanate</i> .. | 19 | |
| <i>ampicillin</i> | 19 | |
| AMPYRA | 32 | |
| ANAFRANIL | 40 | |
| <i>anagrelide</i> | 66 | |
| ANALPRAM-HC..... | 59, 77 | |
| ANALPRAM-HC SINGLES78 | | |
| ANAPROX DS..... | 37 | |
| <i>anaspaz</i> | 76 | |
| <i>anastrozole</i> | 22 | |
| ANDRODERM | 72 | |
| ANDROGEL | 72 | |

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

| | | | | |
|--------------------------------------|-----|---------------------------------------|---------------------------------------|--------|
| ANGELIQ..... | 89 | ATROPINE SULFATE (PF)98 | <i>balziva</i> (28)..... | 92 |
| ANORO ELLIPTA | 102 | ATROVENT HFA | BANZEL | 27 |
| <i>anucort-hc</i> | 78 | AUBAGIO..... | BAQSIMI | 70 |
| ANUSOL-HC..... | 78 | <i>aubra</i> | BARACLUDGE..... | 13 |
| ANZEMET..... | 78 | <i>aubra eq</i> | BASAGLAR KWIKPEN U- | |
| <i>apexicon e</i> | 64 | AUGMENTIN..... | 100 INSULIN | 71 |
| APOKYN | 30 | AUGMENTIN ES-600..... | BAXDELA | 20 |
| <i>apomorphine</i> | 30 | AUGTYRO | <i>bayer low dose aspirin</i> | 37 |
| <i>aprepitant</i> | 78 | <i>aurovela 1.5/30 (21)</i> | <i>b-complex with vitamin c</i> | 108 |
| <i>apri</i> | 92 | <i>aurovela 1/20 (21)</i> | BD INTEGRA NEEDLE | 70 |
| APRISO..... | 78 | <i>aurovela 24 fe</i> | BD MICROTAINER | |
| APTIOM..... | 27 | <i>aurovela fe 1.5/30 (28)</i> | LANCET | 70 |
| APTIVUS | 13 | <i>aurovela fe 1-20 (28)</i> | BD SPECIALTY USE | |
| <i>aranelle</i> (28)..... | 92 | AURYXIA..... | NEEDLES | 70 |
| ARANESP (IN | | AUSTEDO | BD ULTRA-FINE NANO | |
| POLYSORBATE)..... | 83 | AUSTEDO XR..... | PEN NEEDLE..... | 70 |
| ARAVA..... | 88 | AUVI-Q..... | <i>benazepril</i> | 50 |
| ARAZLO..... | 61 | AVALIDE | <i>benazepril-hydrochlorothiazide</i> | |
| AREXVY (PF)..... | 85 | AVAPRO..... | ..... | 50 |
| <i>arformoterol</i> | 102 | <i>avar</i> | BENICAR..... | 50 |
| ARICEPT | 32 | <i>aviane</i> | BENICAR HCT..... | 50 |
| ARIMIDEX..... | 22 | <i>avidoxy</i> | BENZAMYCIN | 61 |
| <i>aripiprazole</i> | 40 | <i>ayuna</i> | BENZNIDAZOLE | 17 |
| ARISTADA..... | 40 | AZASAN..... | <i>benzonatate</i> | 101 |
| ARISTADA INITIO | 40 | <i>azathioprine</i> | <i>benztropine</i> | 30 |
| ARIXTRA | 55 | <i>azelaic acid</i> | <i>bepotastine besilate</i> | 98 |
| <i>armodafinil</i> | 40 | <i>azelastine</i> | BEPREVE | 98 |
| ARMOUR THYROID | 75 | <i>azelastine-fluticasone</i> | <i>besper</i> | 64 |
| ARNUITY ELLIPTA..... | 102 | AZELEX | BESIVANCE..... | 97 |
| AROMASIN..... | 22 | AZILECT | <i>betaine</i> | 78 |
| ARTHROTEC 75..... | 37 | <i>azithromycin</i> | <i>betamethasone dipropionate</i> | 64 |
| <i>ascomp with codeine</i> | 34 | AZOPT | <i>betamethasone valerate</i> | 64 |
| <i>asenapine maleate</i> | 40 | AZOR..... | <i>betamethasone, augmented</i> ... | 64 |
| <i>ashlyna</i> | 92 | AZSTARYS | BETAPACE | 49 |
| <i>aspirin</i> | 37 | AZULFIDINE | BETAPACE AF | 49 |
| <i>aspirin childrens</i> | 37 | AZULFIDINE EN-TABS | BETASERON..... | 84 |
| <i>aspirin-dipyridamole</i> | 55 | B | <i>betaxolol</i> | 50, 98 |
| ASTAGRAF XL | 22 | <i>b complex 1 (with folic acid)</i> | <i>bethanechol chloride</i> | 106 |
| ATACAND | 50 | ..... | BETIMOL | 98 |
| ATACAND HCT | 50 | <i>b complex-vitamin c-folic acid</i> | BETOPTIC S..... | 98 |
| <i>atazanavir</i> | 13 | ..... | <i>bexarotene</i> | 22 |
| ATELVIA..... | 87 | <i>bacitracin</i> | BEXSERO..... | 85 |
| <i>atenolol</i> | 50 | <i>bacitracin-polymyxin b</i> | BEYAZ..... | 92 |
| <i>atenolol-chlorthalidone</i> | 50 | <i>baclofen</i> | <i>bicalutamide</i> | 22 |
| ATIVAN..... | 41 | BACTRIM..... | BIDIL | 50 |
| <i>atomoxetine</i> | 41 | BACTRIM DS..... | BIJUVA..... | 89 |
| <i>atorvastatin</i> | 56 | <i>balanced b-100</i> | BIKTARVY | 13 |
| <i>atovaquone</i> | 17 | <i>bal-care dha</i> | BILTRICIDE..... | 17 |
| <i>atovaquone-proguanil</i> | 17 | <i>balsalazide</i> | <i>bimatoprost</i> | 99 |
| <i>atropine</i> | 98 | BALVERSA..... | BIMZELX | 59 |

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

| | | |
|---|---------------------------------------|--------------------------------------|
| <i>bismuth subcit k-metronidz-ten</i> | <i>calcipotriene</i> | CASODEX |
| ..... | 59 | 22 |
| <i>bisoprolol fumarate</i> | <i>calcipotriene-betamethasone</i> | CATAPRES-TTS-1..... |
| 50 | 59 | 51 |
| <i>bisoprolol-hydrochlorothiazide</i> | <i>calcitonin (salmon)</i> | CATAPRES-TTS-2..... |
| ..... | 72 | 51 |
| 50 | <i>calcitriol</i> | CATAPRES-TTS-3..... |
| <i>blisovi 24 fe</i> | 72 | CAVERJECT |
| 92 | <i>calcium acetate(phosphat bind)</i> | 107 |
| <i>blisovi fe 1.5/30 (28)</i>..... | ..... | CAVERJECT IMPULSE ... |
| 92 | 107 | 107 |
| <i>blisovi fe 1/20 (28)</i> | CALQUENCE | CAYA CONTOURED |
| 92 | (ACALABRUTINIB MAL) | 89 |
| BOOSTRIX TDAP ..... | ..... | CAYSTON |
| 85 | 22 | 17 |
| <i>bosentan</i> | CAMBIA | <i>caziant (28)</i> |
| 102 | 37 | 93 |
| BOSULIF | <i>camila</i> | <i>cefaclor</i> |
| 22 | 89 | 16 |
| BREO ELLIPTA..... | <i>camrese</i> | <i>cefadroxil</i> |
| 103 | 92 | 16 |
| BREZTRI AEROSPHERE | <i>camrese lo</i> | <i>cefдинir</i> |
| 103 | 93 | 16 |
| <i>briellyn</i> | CAMZYOS | <i>cefixime</i> |
| 92 | 58 | 16 |
| BRILINTA | CANASA..... | <i>cefpodoxime</i> |
| 55 | 78 | 16 |
| <i>brimonidine</i> | <i>candesartan</i> | <i>cefprozil</i> |
| 61, 101 | 50 | 16 |
| <i>brimonidine-timolol</i> | <i>candesartan-</i> | <i>cefuroxime axetil</i> |
| 99 | <i>hydrochlorothiazid</i> | 16 |
| <i>brinzolamide</i> | 50 | CELEBREX |
| 99 | <i>capecitabine</i> | 37 |
| <i>bromfenac</i> | 22 | <i>celecoxib</i> |
| 99 | CAPEX..... | 37 |
| <i>bromocriptine</i> | 64 | CELEXA |
| 30 | CAPRELSA..... | 41 |
| <i>brompheniramine-pseudoeph-</i> | 22 | CELLCEPT |
| <i>dm</i> | <i>captopril</i> | 22 |
| 101 | 50 | CELONTIN |
| BROVANA | <i>captopril-hydrochlorothiazide</i> | CENTANY |
| 103 | ..... | 63 |
| BRUKINSA | 51 | <i>cephalexin</i> |
| 22 | CARAC | 16 |
| <i>budesonide</i> | 60 | <i>cetirizine</i> |
| 78, 103 | CARAFATE..... | 101 |
| <i>budesonide-formoterol</i> | 82 | CETROTIDE..... |
| 103 | CARBAGLU | 72 |
| <i>bumetanide</i> | 66 | <i>cevimeline</i> |
| 50 | <i>carbamazepine</i> | 66 |
| BUPHENYL..... | 27, 28 | <i>charlotte 24 fe</i> |
| 66 | CARBATROL..... | 93 |
| <i>buprenorphine</i> | 28 | <i>chateal (28)</i> |
| 34 | <i>carbidopa</i> | 93 |
| <i>buprenorphine hcl</i> | 30 | <i>chateal eq (28)</i> |
| 34 | <i>carbidopa-levodopa</i> | 93 |
| <i>buprenorphine-naloxone</i> | 30 | CHEMET..... |
| 37 | <i>carbidopa-levodopa-</i> | 66 |
| <i>bupropion hcl</i> | <i>entacapone</i> | <i>chlordiazepoxide hcl</i> |
| 41 | 30 | 41 |
| <i>bupropion hcl (smoking deter)</i> | <i>carbinoxamine maleate</i> | <i>chlordiazepoxide-clidinium</i> .. |
| ..... | 101 | 76 |
| 67 | CARDIZEM | <i>chlorhexidine gluconate</i> |
| <i>buspirone</i> | 51 | 68 |
| 41 | CARDIZEM CD..... | <i>chloroquine phosphate</i> |
| <i>butalbital compound w/codeine</i> | 51 | 18 |
| ..... | CARDIZEM LA..... | <i>chlorpromazine</i> |
| 34 | 51 | 41 |
| <i>butalbital-acetaminop-caf-cod</i> | CARDURA | <i>chlorthalidone</i> |
| ..... | 51 | 51 |
| 34 | CARDURA XL..... | <i>chlorzoxazone</i> |
| <i>butalbital-acetaminophen</i> | 51 | 33 |
| 34 | <i>carglumic acid</i> | CHOLBAM |
| <i>butalbital-acetaminophen-caff</i> | 66 | 78 |
| ..... | <i>carisoprodol</i> | <i>cholestyramine (with sugar)</i> . |
| 34 | 33 | 56 |
| <i>butalbital-aspirin-caffeine</i> | <i>carisoprodol-aspirin-codeine</i> | <i>cholestyramine light</i> |
| 34 | ..... | 56 |
| <i>butorphanol</i> | 33 | 106, 107 |
| 37 | CARNITOR..... | <i>ciclodan</i> |
| BUTRANS | 66 | 63 |
| 34 | CARNITOR (SUGAR-FREE) | <i>ciclopirox</i> |
| BYSTOLIC | 66 | 63 |
| 50 | ..... | <i>cilostazol</i> |
| C | <i>carteolol</i> | 55 |
| <i>cabergoline</i> | 98 | CILOXAN |
| 72 | <i>cartia xt</i> | 97 |
| CABOMETYX..... | 51 | CIMDUO..... |
| 22 | <i>carvedilol</i> | 13 |
| CADUET..... | 51 | <i>cimetidine</i> |
| 56 | <i>carvedilol phosphate</i> | 82 |
| | 51 | <i>cinacalcet</i> |
| | | 72 |
| | | CIPRO |
| | | 20 |
| | | CIPRO HC..... |
| | | 68 |

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

| | | | | | |
|--|------------|---|-------------|---|--------|
| <i>ciprofloxacin</i> | 20 | <i>colchicine</i> | 87 | <i>curae</i> | 93 |
| <i>ciprofloxacin hcl</i> | 20, 68, 97 | COLCRYS..... | 87 | CUVPOSA | 76 |
| <i>ciprofloxacin-dexamethasone</i> | 68 | <i>colesevelam</i> | 56 | <i>cyanocobalamin (vitamin b-12)</i> | 108 |
| CIPROFLOXACIN- FLUOCINOLONE | 68 | COLESTID..... | 56 | <i>cyclobenzaprine</i> | 33 |
| <i>citalopram</i> | 41 | COLESTID FLAVORED | 56 | CYCLOMYDRIL..... | 101 |
| <i>citrate of magnesia</i> | 78 | <i>colestipol</i> | 56 | <i>cyclophosphamide</i> | 23 |
| <i>citroma</i> | 78 | COMBIGAN | 99 | CYCLOSERINE..... | 18 |
| <i>claravis</i> | 61 | COMBIPATCH..... | 89 | <i>cyclosporine</i> | 23 |
| <i>clarithromycin</i> | 17 | COMBIVENT RESPIMAT | 103 | <i>cyclosporine modified</i> | 23 |
| <i>classic prenatal</i> | 108 | COMETRIQ | 22 | CYMBALTA..... | 42 |
| <i>clearlax</i> | 78 | COMIRNATY 2023-24 (12Y UP)(PF) | 85 | <i>cyproheptadine</i> | 101 |
| CLENPIQ | 78 | COMPACT SPACE CHAMBER | 70 | <i>cyred</i> | 93 |
| CLEOCIN..... | 91 | COMPLERA | 13 | <i>cyred eq</i> | 93 |
| CLEOCIN HCL..... | 18 | <i>complete natal dha</i> | 108 | CYSTADANE..... | 78 |
| CLEOCIN PEDIATRIC..... | 18 | <i>compro</i> | 78 | CYSTAGON | 107 |
| CLEOCIN T | 61 | COMTAN..... | 30 | CYSTARAN..... | 98 |
| CLIMARA | 89 | CONCERTA | 41, 42 | CYTOMEL..... | 75 |
| CLIMARA PRO..... | 89 | CONDYLOX..... | 60 | CYTOTEC..... | 82 |
| <i>clindacin</i> | 61 | <i>constulose</i> | 78 | D | |
| <i>clindacin etz</i> | 61 | COPAXONE | 84 | <i>dalfampridine</i> | 32 |
| <i>clindacin p</i> | 61 | CORDRAN | 64 | DALIRESP | 103 |
| CLINDAGEL | 61 | CORDRAN TAPE LARGE ROLL..... | 64 | <i>danazol</i> | 72 |
| <i>clindamycin hcl</i> | 18 | COREG | 51 | DANTRIUM..... | 33 |
| <i>clindamycin pediatric</i> | 18 | CORGARD | 51 | <i>dantrolene</i> | 33 |
| <i>clindamycin phosphate</i> ... | 61, 91 | CORLANOR | 58 | <i>dapsone</i> | 18 |
| <i>clindamycin-benzoyl peroxide</i> | 61 | CORTEF..... | 69 | DAPTACEL (DTAP PEDIATRIC) (PF)..... | 85 |
| <i>clindamycin-tretinoin</i> | 61 | CORTENEMA | 78 | DARAPRIM | 18 |
| <i>clobetasol</i> | 64 | CORTIFOAM | 78 | <i>darifenacin</i> | 106 |
| <i>clobetasol-emollient</i> | 64 | CORTISPORIN-TC | 68 | <i>darunavir</i> | 13 |
| CLOBEX..... | 64 | COSENTYX..... | 59 | <i>dasetta 1/35 (28)</i> | 93 |
| <i>clocortolone pivalate</i> | 64 | COSENTYX (2 SYRINGES) | 59 | <i>dasetta 7/7/7 (28)</i> | 93 |
| <i>clomipramine</i> | 41 | COSENTYX PEN | 59 | DAYPRO..... | 37 |
| <i>clonazepam</i> | 28 | COSENTYX PEN (2 PENS) | 59 | <i>daysee</i> | 93 |
| <i>clonidine</i> | 51 | COSOPT..... | 99 | DAYTRANA..... | 42 |
| <i>clonidine hcl</i> | 41, 51 | COSOPT (PF)..... | 99 | DDAVP | 72 |
| <i>clopidogrel</i> | 55 | COTELLIC..... | 22 | <i>deblitane</i> | 89 |
| <i>clorazepate dipotassium</i> | 41 | <i>covaryx</i> | 89 | <i>deferasirox</i> | 66 |
| <i>clotrimazole</i> | 12 | <i>covaryx h.s.</i> | 89 | <i>deferiprone</i> | 66 |
| <i>clotrimazole-betamethasone</i> | 63 | COZAAR..... | 51 | DELSTRIGO..... | 13 |
| <i>clozapine</i> | 41 | CREON | 78 | DELZICOL..... | 78 |
| CLOZARIL | 41 | CRESEMBA | 12 | <i>demeclocycline</i> | 20 |
| <i>c-nate dha</i> | 108 | CRESTOR..... | 56 | DENAVIR | 64 |
| COARTEM | 18 | CRINONE | 89 | <i>denta 5000 plus</i> | 68 |
| <i>codeine sulfate</i> | 34 | <i>cromolyn</i> | 78, 98, 103 | DEPAKOTE | 28 |
| <i>codeine-butalbital-asa-caff</i> .. | 34 | <i>crotan</i> | 66 | DEPAKOTE ER..... | 28 |
| <i>codeine-guafenesin</i> | 102 | <i>cryselle (28)</i> | 93 | DEPAKOTE SPRINKLES...28 | |
| COLAZAL | 78 | | | DEPO-PROVERA..... | 89, 90 |
| | | | | DEPO-TESTOSTERONE.... | 72 |

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

| | | | | |
|---------------------------------------|---------------------------------------|--------|--------------------------------------|-----|
| DERMA-SMOOTH/FS | <i>digoxin</i> | 55 | DUPIXENT SYRINGE..... | 60 |
| BODY OIL | <i>dihydroergotamine</i> | 31 | DUREX AVANTI BARE | |
| DERMA-SMOOTH/FS | DILANTIN | 28 | REAL FEEL | 89 |
| SCALP OIL | DILANTIN EXTENDED..... | 28 | DUREZOL | 100 |
| DERMOTIC OIL | DILANTIN INFATABS | 28 | <i>dutasteride</i> | 106 |
| DESCOVY | DILANTIN-125..... | 28 | <i>dutasteride-tamsulosin</i> | 106 |
| <i>desipramine</i> | DILAUDID | 34 | DYMISTA | 103 |
| <i>desmopressin</i> | <i>diltiazem</i> | 51 | DYRENIUM..... | 51 |
| DESMOPRESSIN | <i>dilt-xr</i> | 51 | E | |
| <i>desonide</i> | <i>dimethyl fumarate</i> | 84 | <i>e.e.s. 400</i> | 17 |
| <i>desoximetasone</i> | DIOVAN | 51 | E.E.S. GRANULES..... | 17 |
| <i>desvenlafaxine succinate</i> | DIOVAN HCT | 51 | EASIVENT HOLDING | |
| DETROL | DIPENTUM | 78 | CHAMBER | 70 |
| DETROL LA..... | <i>diphenoxylate-atropine</i> | 76 | EC-NAPROSYN | 38 |
| <i>dexamethasone</i> | DIPROLENE | | <i>econazole</i> | 63 |
| <i>dexamethasone sodium</i> | (AUGMENTED) | 65 | <i>econtra ez</i> | 93 |
| <i>phosphate</i> | <i>dipyridamole</i> | 55 | <i>econtra one-step</i> | 93 |
| <i>dexchlorpheniramine maleate</i> | <i>disopyramide phosphate</i> | 49 | <i>ecotrin low strength</i> | 38 |
| ..... | <i>disulfiram</i> | 66 | EDARBI | 51 |
| DEXCOM G6 RECEIVER .. | DIURIL | 51 | EDARBYCLOR | 52 |
| DEXCOM G6 SENSOR | <i>divalproex</i> | 28 | EDECRIIN | 52 |
| DEXCOM G6 | DIVIGEL | 90 | EDEX | 107 |
| TRANSMITTER | <i>dodex</i> | 108 | <i>ed-spaz</i> | 76 |
| DEXEDRINE SPANSULE.. | <i>dofetilide</i> | 49 | EDURANT | 13 |
| DEXILANT..... | <i>dolishale</i> | 93 | <i>eemt</i> | 90 |
| <i>dexlansoprazole</i> | <i>donepezil</i> | 32 | <i>eemt hs</i> | 90 |
| <i>dexmethylphenidate</i> | DORYX..... | 20 | <i>efavirenz</i> | 13 |
| <i>dextroamphetamine sulfate</i> .. | <i>dorzolamide</i> | 99 | <i>efavirenz-emtricitabin-tenofo</i> | |
| <i>dextroamphetamine-</i> | <i>dorzolamide-timolol</i> | 99 | ..... | 13 |
| <i>amphetamine</i> | <i>dorzolamide-timolol (pf)</i> | 99 | <i>efavirenz-lamivu-tenofo</i> | |
| DHIVY | <i>dotti</i> | 90 | ..... | 13 |
| <i>dialyvite 800</i> | DOVATO | 13 | <i>effe-k</i> | 107 |
| <i>diazepam</i> | <i>doxazosin</i> | 51 | EFFEXOR XR..... | 42 |
| <i>diazoxide</i> | <i>doxepin</i> | 42, 60 | EFFIENT | 55 |
| DIBENZYLINE | <i>doxercalciferol</i> | 73 | EFUDEX | 60 |
| DICLOFENAC EPOLAMINE | <i>doxycycline hyclate</i> | 20 | ELESTRIN | 90 |
| ..... | <i>doxycycline monohydrate</i> | 20 | <i>eletriptan</i> | 31 |
| <i>diclofenac potassium</i> | <i>dronabinol</i> | 78 | ELIDEL | 60 |
| <i>diclofenac sodium</i> | <i>drospirenone-e.estradiol-lm.fa</i> | | <i>elinst</i> | 93 |
| <i>diclofenac-misoprostol</i> ..... | ..... | 93 | ELIQUIS..... | 55 |
| <i>dicloxacillin</i> | <i>drospirenone-ethinyl estradiol</i> | | ELIQUIS DVT-PE TREAT | |
| <i>dicyclomine</i>..... | ..... | 93 | 30D START..... | 55 |
| <i>didanosine</i> | DROXIA | 23 | <i>elite-ob</i> | 108 |
| DIFFERIN | DRYSOL DAB-O-MATIC .. | 60 | ELIXOPHYLLIN | 103 |
| DIFICID | DUAVEE..... | 90 | ELMIRON..... | 107 |
| <i>diflorasone</i> | DUETACT | 74 | <i>eluryng</i> | 91 |
| DIFLUCAN..... | <i>dulcolax (magnesium</i> | | EMCYT | 23 |
| <i>diflunisal</i> | <i>hydroxide)</i> | 78 | EMEND | 79 |
| <i>difluprednate</i> | <i>duloxetine</i> | 42 | EMGALITY PEN..... | 31 |
| <i>digox</i> | DUPIXENT PEN | 60 | EMGALITY SYRINGE..... | 31 |

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

| | | | | | |
|--|--------|---------------------------------------|--------|--|-----|
| EMSAM | 42 | <i>erythrocin (as stearate)</i> | 17 | <i>falmina (28)</i> | 93 |
| <i>emtricitabine</i> | 13 | <i>erythromycin</i> | 17, 97 | <i>famciclovir</i> | 14 |
| <i>emtricitabine-tenofovir (tdf)</i> . | 13 | <i>erythromycin ethylsuccinate</i> . | 17 | <i>famotidine</i> | 82 |
| EMTRIVA..... | 13, 14 | <i>erythromycin with ethanol</i> | 61 | FARESTON | 23 |
| <i>enalapril maleate</i> | 52 | <i>erythromycin-benzoyl peroxide</i> | | FARXIGA | 74 |
| <i>enalapril-hydrochlorothiazide</i> |  | ..... | 61 | FC2 FEMALE CONDOM ... | 89 |
| ..... | 52 | ESBRIET | 103 | <i>febuxostat</i> | 87 |
| ENBREL | 88 | <i>escitalopram oxalate</i> | 42 | <i>felbamate</i> | 28 |
| ENBREL MINI | 88 | ESGIC | 34 | FELBATOL..... | 28 |
| ENBREL SURECLICK | 88 | <i>esomeprazole magnesium</i> | 82 | FELDENE | 38 |
| <i>endocet</i> | 34 | <i>estarylla</i> | 93 | <i>felodipine</i> | 52 |
| ENDOMETRIN | 90 | <i>estazolam</i> | 43 | FEMARA | 23 |
| ENGERIX-B (PF) | 85 | ESTRACE | 90 | FEMCAP | 89 |
| ENGERIX-B PEDIATRIC | | <i>estradiol</i> | 90 | FEMRING | 90 |
| (PF)..... | 85 | <i>estradiol-norethindrone acet</i> | 90 | <i>fenofibrate</i> | 57 |
| <i>enoxaparin</i> | 55 | ESTRING | 90 | FENOFIBRATE | 57 |
| <i>enpresse</i> | 93 | ESTROGEL..... | 90 | <i>fenofibrate micronized</i> | 57 |
| <i>enskyce</i> | 93 | <i>estrogens-methyltestosterone</i> | 90 | FENOFIBRATE | |
| <i>entacapone</i> | 30 | <i>eszopiclone</i> | 43 | MICRONIZED | 57 |
| <i>entecavir</i> | 14 | <i>ethacrynic acid</i> | 52 | <i>fenofibrate nanocrystallized</i> . | 57 |
| ENTRESTO | 58 | <i>ethambutol</i> | 18 | <i>fenofibric acid (choline)</i> | 57 |
| ENTYVIO PEN..... | 79 | <i>ethosuximide</i> | 28 | <i>fenoprofen</i> | 38 |
| <i>enulose</i> | 79 | <i>ethynodiol diac-eth estradiol</i> | 93 | <i>fentanyl</i> | 35 |
| ENVARSUS XR | 23 | <i>etodolac</i> | 38 | <i>fentanyl citrate</i> | 35 |
| EPANED | 52 | <i>etonogestrel-ethinyl estradiol</i> | | FENTANYL CITRATE | 35 |
| EPCLUSA | 14 | ..... | 91 | FENTORA..... | 35 |
| EPIFOAM | 59 | <i>etoposide</i> | 23 | FERRIPROX | 66 |
| <i>epinastine</i> | 98 | <i>etravirine</i> | 14 | <i>fesoterodine</i> | 106 |
| <i>epinephrine</i> | 101 | <i>euthyrox</i> | 75 | FETZIMA..... | 43 |
| EPINEPHRINE | 101 | EVAMIST | 90 | FEXMID..... | 33 |
| EPIPEN | 101 | <i>everolimus (antineoplastic)</i> .. | 23 | FIASP FLEXTOUCH U-100 | |
| EPIPEN JR | 101 | <i>everolimus</i> | | INSULIN | 71 |
| <i>epitol</i> | 28 | (<i>immunosuppressive</i>)..... | 23 | FIASP PENFILL U-100 | |
| EPIVIR | 14 | EVISTA..... | 87 | INSULIN | 71 |
| <i>eplerenone</i> | 52 | EVOCLIN | 61 | FIASP U-100 INSULIN | 71 |
| EQUETRO | 28 | EVOTAZ..... | 14 | FINACEA..... | 61 |
| <i>ergocalciferol (vitamin d2)</i> . | 108 | EVOXAC | 66 | <i>finasteride</i> | 106 |
| ERGOMAR..... | 31 | EVRYSDI..... | 32 | <i>fingolimod</i> | 84 |
| <i>ergotamine-caffeine</i> | 31 | EXELDERM | 63 | <i>finzala</i> | 93 |
| ERIVEDGE..... | 23 | EXELON PATCH..... | 32 | FIORICET | 35 |
| ERLEADA | 23 | <i>exemestane</i> | 23 | FIRAZYR | 103 |
| <i>erlotinib</i> | 23 | EXFORGE..... | 52 | FIRDAPSE | 32 |
| <i>errin</i> | 90 | EXFORGE HCT..... | 52 | <i>flac otic oil</i> | 68 |
| ERTACZO | 63 | EXJADE..... | 66 | FLAGYL | 18 |
| <i>ery pads</i> | 61 | EXTAVIA | 84 | FLAREX..... | 100 |
| <i>erygel</i> | 61 | <i>eye itch relief</i> | 98 | <i>flavoxate</i> | 106 |
| ERYPED 200 | 17 | <i>ezetimibe</i> | 56 | <i>flecainide</i> | 49 |
| ERYPED 400 | 17 | <i>ezetimibe-simvastatin</i> | 56 | FLECTOR | 38 |
| <i>ery-tab</i> | 17 | F | | FLEXICHAMBER | 70 |
| ERY-TAB..... | 17 | FABIOR | 61 | FLOMAX | 106 |

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

| | | | | | |
|--|---------|---|--------|---|--------|
| FLUAD QUAD 2023-24(65Y UP)(PF) | 85 | FOCALIN..... | 43 | GENTEEL VACUUM LANCING DEVICE | 70 |
| FLUARIX QUAD 2023-2024 (PF)..... | 85 | FOCALIN XR | 43 | <i>gentle laxative (bisacodyl)</i> | 79 |
| FLUBLOK QUAD 2023-2024 (PF)..... | 85 | <i>folic acid</i> | 108 | <i>gentlelax</i> | 79 |
| FLUCELVAX QUAD 2023-2024..... | 85 | <i>folitab</i> | 108 | GENVOYA | 14 |
| FLUCELVAX QUAD 2023-2024 (PF)..... | 86 | <i>folivane-ob</i> | 108 | GEODON | 43 |
| <i>fluconazole</i> | 12 | FOLLISTIM AQ | 73 | GILOTRIF | 23 |
| <i>fludrocortisone</i> | 69 | <i>foltabs 800</i> | 108 | GLEEVEC | 23 |
| FLULAVAL QUAD 2023-2024 (PF)..... | 86 | <i>fondaparinux</i> | 55 | GLEOSTINE | 23 |
| FLUMIST QUAD 2023-2024 | 86 | <i>formoterol fumarate</i> | 103 | <i>glimepiride</i> | 74 |
| <i>flunisolide</i> | 103 | FORTEO | 87 | <i>glipizide</i> | 74 |
| <i>fluocinolone</i> | 65 | FORTESTA..... | 73 | <i>glipizide-metformin</i> | 74 |
| <i>fluocinolone acetonide oil</i> | 68 | FOSAMAX | 87 | GLUCAGEN HYPOKIT..... | 70 |
| <i>fluocinolone and shower cap</i> | 65 | FOSAMAX PLUS D..... | 87 | <i>glucagon emergency kit (human)</i> | 70 |
| <i>fluocinonide</i> | 65 | <i>fosamprenavir</i> | 14 | GLUCOTROL XL..... | 74 |
| <i>fluocinonide-e</i> | 65 | <i>fosinopril</i> | 52 | <i>glyburide</i> | 74 |
| <i>fluoride (sodium)</i> | 68, 108 | <i>fosinopril-hydrochlorothiazide</i> | 52 | <i>glyburide micronized</i> | 74 |
| <i>fluorometholone</i> | 100 | FOSTENOL | 77 | <i>glyburide-metformin</i> | 74 |
| FLUOROPLEX..... | 60 | FRAGMIN..... | 55 | <i>glycopyrrolate</i> | 76 |
| <i>fluorouracil</i> | 60 | FREESTYLE LIBRE 3 READER | 70 | GLYNASE | 74 |
| FLUOROURACIL | 60 | FROVA | 31 | GLYXAMBI..... | 74 |
| <i>flouxetine</i> | 43 | <i>frovatriptan</i> | 31 | GOLYTELY | 79 |
| <i>fluphenazine decanoate</i> | 43 | FRUZAQLA..... | 23 | GONAL-F..... | 73 |
| <i>fluphenazine hcl</i> | 43 | <i>full spectrum b-vitamin c</i> | 108 | GONAL-F RFF | 73 |
| <i>flurandrenolide</i> | 65 | <i>furosemide</i> | 52 | GONAL-F RFF REDI-JECT | 73 |
| <i>flurbiprofen</i> | 38 | FUZEON | 14 | <i>granisetron hcl</i> | 79 |
| <i>flurbiprofen sodium</i> | 99 | <i>fyavolv</i> | 90 | GRANIX..... | 83 |
| FLUTICASONE FUROATE-VILANTEROL..... | 103 | FYCOMPA..... | 28 | <i>griseofulvin microsize</i> | 12 |
| <i>fluticasone propionate</i> .. | 65, 103 | <i>fyremadel</i> | 73 | <i>griseofulvin ultramicrosize</i> ... | 12 |
| FLUTICASONE PROPIONATE | 103 | G | | <i>guanfacine</i> | 43, 52 |
| FLUTICASONE PROPION-SALMETEROL | 103 | <i>g tussin ac</i> | 102 | GYNAZOLE-1 | 91 |
| <i>fluvastatin</i> | 57 | <i>gabapentin</i> | 28 | H | |
| FLUZONE HIGHDOSE QUAD 23-24 PF..... | 86 | <i>galantamine</i> | 32 | HAEGARDA..... | 103 |
| FLUZONE QUAD 2023-2024 | 86 | GALZIN | 107 | <i>hailey</i> | 93 |
| FLUZONE QUAD 2023-2024 (PF)..... | 86 | <i>ganirelix</i> | 73 | <i>hailey 24 fe</i> | 93 |
| FML FORTE..... | 100 | GARDASIL 9 (PF)..... | 86 | <i>hailey fe 1.5/30 (28)</i> | 93 |
| FML LIQUIFILM | 100 | GASTROCROM | 79 | <i>hailey fe 1/20 (28)</i> | 93 |
| | | <i>gatifloxacin</i> | 97 | <i>halcinonide</i> | 65 |
| | | GATTEX 30-VIAL | 79 | HALCION | 43 |
| | | <i>gavilax</i> | 79 | <i>halobetasol propionate</i> | 65 |
| | | <i>gavilyte-c</i> | 79 | <i>haloette</i> | 91 |
| | | <i>gavilyte-g</i> | 79 | HALOG | 65 |
| | | <i>gemfibrozil</i> | 57 | <i>haloperidol</i> | 43 |
| | | <i>gemmily</i> | 93 | <i>haloperidol lactate</i> | 43 |
| | | <i>gengraf</i> | 23 | HARVONI..... | 14 |
| | | GENOTROPIN | 84 | HAVRIX (PF) | 86 |
| | | GENOTROPIN MINIQUICK | 84 | <i>heather</i> | 90 |
| | | <i>gentamicin</i> | 63, 97 | <i>hemmorex-hc</i> | 79 |
| | | | | <i>heparin (porcine)</i> | 55 |

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

| | | |
|---|---|--|
| <i>heparin, porcine (pf)</i> .....55, 56 | <i>hydroxyzine pamoate</i> 101 | <i>irbesartan-hydrochlorothiazide</i>.....52 |
| HEPARIN, PORCINE (PF) .56 | <i>hyoscyamine sulfate</i> 76 | ISENTRESS 14 |
| HEPLISAV-B (PF) 86 | <i>hyosyne</i> 76 | ISENTRESS HD 14 |
| <i>her style</i> 93 | HYZAAR 52 | <i>isibloom</i> 93 |
| HIBERIX (PF)..... 86 | I | <i>isoniazid</i> 18 |
| HIPREX 21 | <i>ibandronate</i> 87 | ISORDIL 58 |
| <i>homatropaire</i> 98 | IBRANCE 23 | ISORDIL TITRADOSE 58 |
| HUMIRA..... 88 | <i>ibu</i> 38 | <i>isosorbide dinitrate</i> 58 |
| HUMIRA PEN 88 | <i>ibuprofen</i> 38 | <i>isosorbide mononitrate</i> 58 |
| HUMIRA PEN CROHNS-UC- HS START 88 | <i>icatibant</i> 103 | <i>isosorbide-hydralazine</i> 52 |
| HUMIRA(CF) 88 | <i>iclevia</i> 93 | <i>isotretinoin</i> 61, 62 |
| HUMIRA(CF) PEDI | <i>icosapent ethyl</i> 57 | <i>isradipine</i> 52 |
| CROHNS STARTER 88 | IDHIFA 23 | <i>itraconazole</i> 12 |
| HUMIRA(CF) PEN..... 88 | ILEVRO 99 | <i>ivermectin</i> 18 |
| HUMIRA(CF) PEN | <i>imatinib</i> 23 | IWILFIN 24 |
| CROHNS-UC-HS 88 | IMBRUVICA 23, 24 | J |
| HUMIRA(CF) PEN | <i>imipramine hcl</i> 43 | JADENU..... 66 |
| PEDIATRIC UC 88 | <i>imipramine pamoate</i> 43 | <i>jaimiess</i> 93 |
| HUMIRA(CF) PEN PSOR- UV-ADOL HS..... 88 | <i>imiquimod</i> 87 | JAKAFI 24 |
| HUMULIN 70/30 U-100 | IMITREX 31 | JALYN 106 |
| INSULIN 71 | IMITREX STATDOSE PEN31 | <i>jantoven</i> 56 |
| HUMULIN 70/30 U-100 | IMITREX STATDOSE | JANUMET 74 |
| KWIKPEN 71 | REFILL 31 | JANUMET XR 74 |
| HUMULIN N NPH INSULIN | IMPAVIDO 18 | JANUVIA 74 |
| KWIKPEN 71 | IMURAN..... 24 | JARDIANCE..... 74 |
| HUMULIN N NPH U-100 | INBRIJA..... 30 | <i>jasmiel (28)</i> 93 |
| INSULIN 71 | <i>incassia</i> 90 | <i>jencycla</i> 90 |
| HUMULIN R REGULAR U- 100 INSULN 71 | INCRELEX 66 | <i>jinteli</i> 90 |
| <i>hydralazine</i> 52 | INCRUSE ELLIPTA..... 103 | <i>jolessa</i> 94 |
| HYDREA 23 | <i>indapamide</i> 52 | JORNAY PM..... 44 |
| <i>hydrochlorothiazide</i> 52 | INDERAL LA 52 | <i>juleber</i> 94 |
| <i>hydrocodone-acetaminophen</i> 35 | INDOCIN 38 | JULUCA..... 14 |
| <i>hydrocodone-</i> | <i>indomethacin</i> 38 | <i>junel 1.5/30 (21)</i> 94 |
| <i>chlorpheniramine</i> 102 | INFANRIX (DTAP) (PF)..... 86 | <i>junel 1/20 (21)</i> 94 |
| <i>hydrocodone-homatropine</i> . 102 | INLYTA 24 | <i>junel fe 1.5/30 (28)</i> 94 |
| <i>hydrocodone-ibuprofen</i> 35 | INQOVI..... 24 | <i>junel fe 1/20 (28)</i> 94 |
| <i>hydrocortisone</i> 65, 69, 79 | INSPIRA..... 52 | <i>junel fe 24</i> 94 |
| <i>hydrocortisone acetate</i> 79 | INSULIN DEGLUDEC 71 | JYNARQUE 73 |
| <i>hydrocortisone butyrate</i> 65 | INSULIN SYRINGE- NEEDLE U-100 70 | K |
| <i>hydrocortisone valerate</i> 65 | INTELENCE 14 | <i>kaitlib fe</i> 94 |
| <i>hydrocortisone-acetic acid</i> ... 68 | INTUNIV ER 43 | KALETRA 14 |
| <i>hydrocortisone-pramoxine</i> ... 79 | INVEGA..... 43 | <i>kalliga</i> 94 |
| <i>hydromet</i> 102 | INVEGA HAFYERA..... 43 | KALYDECO 103 |
| <i>hydromorphone</i> 35 | INVEGA SUSTENNA..... 44 | <i>kelnor 1/35 (28)</i> 94 |
| <i>hydroxychloroquine</i> 18 | INVEGA TRINZA 44 | <i>kelnor 1-50 (28)</i> 94 |
| <i>hydroxyurea</i> 23 | IPOL 86 | KENALOG 65 |
| <i>hydroxyzine hcl</i> 101 | <i>ipratropium bromide</i> 68, 103 | <i>keralyt</i> 59 |
| | <i>ipratropium-albuterol</i> 103 | KERENDIA..... 52 |
| | <i>irbesartan</i> 52 | KESIMPTA PEN..... 84 |

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

| | | | | | |
|---------------------------------------|--------|--|--------|---------------------------------------|-----|
| <i>ketoconazole</i> | 12, 63 | <i>layolis fe</i> | 94 | <i>linezolid</i> | 18 |
| <i>ketoprofen</i> | 38 | LEDIPASVIR-SOFOSBUVIR | | LINZESS | 79 |
| <i>ketorolac</i> | 38, 99 | ..... | 14 | <i>liothyronine</i> | 76 |
| <i>ketotifen fumarate</i> | 99 | <i>leena 28</i> | 94 | LIPITOR..... | 57 |
| KEVZARA..... | 88 | <i>leflunomide</i> | 88 | LIPOFEN..... | 57 |
| KINERET..... | 88 | <i>lenalidomide</i> | 24 | <i>lisinopril</i> | 52 |
| KINRIX (PF)..... | 86 | LENVIMA..... | 24 | <i>lisinopril-hydrochlorothiazide</i> | |
| KITABIS PAK | 18 | LESCOL XL..... | 57 | ..... | 52 |
| KLARON | 63 | <i>lessina</i> | 94 | <i>lithium carbonate</i> | 44 |
| <i>klayesta</i> | 63 | LETAIRIS | 103 | LITHOBID | 44 |
| KLONOPIN | 28 | <i>letrozole</i> | 24 | LITHOSTAT | 67 |
| <i>klor-con</i> | 107 | <i>leucovorin calcium</i> | 21 | LIVMARLI..... | 79 |
| <i>klor-con 10</i> | 107 | LEUKERAN | 24 | LO LOESTRIN FE..... | 94 |
| <i>klor-con 8</i> | 107 | LEUKINE..... | 83 | LOCOID | 65 |
| <i>klor-con m10</i> | 107 | <i>levabuterol hcl</i> | 103 | LOCOID LIPOCREAM | 65 |
| <i>klor-con m15</i> | 107 | LEVALBUTEROL | | LODOCO | 58 |
| <i>klor-con m20</i> | 107 | TARTRATE | 103 | LODOSYN | 30 |
| <i>klor-con/ef</i> | 107 | LEVBID | 76 | LOESTRIN 1.5/30 (21)..... | 94 |
| <i>kobee</i> | 108 | LEVEMIR FLEXPEN..... | 71 | LOESTRIN 1/20 (21)..... | 94 |
| KOSELUGO | 24 | LEVEMIR U-100 INSULIN | 71 | LOESTRIN FE 1.5/30 (28- | |
| K-PHOS NO 2..... | 107 | <i>levetiracetam</i> | 28 | DAY)..... | 94 |
| KRISTALOSE | 79 | <i>levobunolol</i> | 98 | LOESTRIN FE 1/20 (28-DAY) | |
| K-TAB..... | 108 | <i>levocarnitine</i> | 66 | ..... | 94 |
| <i>kurvelo (28)</i> | 94 | <i>levocarnitine (with sugar)</i> | 66 | <i>lojaimiess</i> | 94 |
| L | | <i>levocetirizine</i> | 101 | LOKELMA..... | 77 |
| <i>l norgest/e.estradiol-e.estrad</i> | 94 | <i>levofloxacin</i> | 20 | LOMOTIL | 77 |
| <i>labetalol</i> | 52 | <i>levonest (28)</i> | 94 | LONSURF | 24 |
| <i>lacosamide</i> | 28 | <i>levonorgestrel</i> | 94 | LOPID | 57 |
| <i>lactulose</i> | 79 | <i>levonorgestrel-ethinyl estrad</i> | 94 | <i>lopinavir-ritonavir</i> | 14 |
| LAGEVRIO (EUA)..... | 14 | <i>levonorg-eth estrad triphasic</i> | 94 | LOPRESSOR | 52 |
| <i>lamivudine</i> | 14 | <i>levora-28</i> | 94 | <i>lorazepam</i> | 44 |
| <i>lamivudine-zidovudine</i> | 14 | <i>levo-t</i> | 75 | <i>lorazepam intensol</i> | 44 |
| <i>lamotrigine</i> | 28 | <i>levothyroxine</i> | 76 | <i>loryna (28)</i> | 94 |
| LAMPIT | 18 | LEVOTHYROXINE..... | 75 | <i>losartan</i> | 52 |
| LANCETS..... | 70 | <i>levoxyl</i> | 76 | <i>losartan-hydrochlorothiazide</i> | |
| LANCING DEVICE | 70 | LEVSIN..... | 76 | ..... | 53 |
| LANOXIN..... | 55 | LEVSIN/SL..... | 77 | LOTEMAX..... | 100 |
| <i>lansoprazole</i> | 82 | LEXAPRO..... | 44 | LOTENSIN..... | 53 |
| <i>lanthanum</i> | 77 | LIALDA | 79 | LOTENSIN HCT..... | 53 |
| <i>lapatinib</i> | 24 | <i>lidocaine</i> | 62, 63 | <i>loteprednol etabonate</i> | 100 |
| <i>larin 1.5/30 (21)</i> | 94 | <i>lidocaine hcl</i> | 62 | LOTREL..... | 53 |
| <i>larin 1/20 (21)</i> | 94 | <i>lidocaine hcl-hydrocortison ac</i> | | LOTRONEX..... | 79 |
| <i>larin 24 fe</i> | 94 | ..... | 62, 79 | <i>lovastatin</i> | 57 |
| <i>larin fe 1.5/30 (28)</i> | 94 | <i>lidocaine viscous</i> | 63 | LOVENOX..... | 56 |
| <i>larin fe 1/20 (28)</i> | 94 | <i>lidocaine-prilocaine</i> | 63 | <i>low-ogestrel (28)</i> | 94 |
| LASIX | 52 | LIDOCAINE-TETRACAINE | | <i>loxapine succinate</i> | 44 |
| <i>latanoprost</i> | 100 | ..... | 63 | <i>lo-zumandimine (28)</i> | 95 |
| LATUDA | 44 | <i>lidocort</i> | 63 | <i>lubiprostone</i> | 79 |
| <i>laxative (bisacodyl)</i> | 79 | LIDODERM..... | 63 | <i>ludent fluoride</i> | 108 |
| <i>laxative peg 3350</i> | 79 | <i>lidopin</i> | 63 | LUMIGAN | 100 |

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

| | | | | | |
|------------------------------------|-----|---|----|--|------------|
| LUNESTA..... | 44 | MAYZENT STARTER(FOR 1MG MAINT) | 85 | <i>methyldopa</i> | 53 |
| LUPRON DEPOT | 24 | MAYZENT STARTER(FOR 2MG MAINT) | 85 | <i>methylergonovine</i> | 97 |
| LUPRON DEPOT (3 MONTH)..... | 24 | <i>meclizine</i> | 80 | METHYLIN | 45 |
| LUPRON DEPOT (4 MONTH)..... | 24 | <i>meclofenamate</i> | 38 | <i>methylphenidate</i> | 45 |
| <i>lurasidone</i> | 44 | MEDROL | 69 | <i>methylphenidate hcl</i> | 45 |
| <i>lutera</i> (28)..... | 95 | MEDROL (PAK) | 69 | <i>methylprednisolone</i> | 69 |
| <i>lyleq</i> | 90 | <i>medroxyprogesterone</i> | 90 | <i>metoclopramide hcl</i> | 80 |
| <i>lyllana</i> | 90 | <i>mefenamic acid</i> | 38 | <i>metolazone</i> | 53 |
| LYMEPAK..... | 20 | <i>mefloquine</i> | 18 | <i>metoprolol succinate</i> | 53 |
| LYNPARZA..... | 24 | <i>megestrol</i> | 24 | <i>metoprolol ta-hydrochlorothiaz</i> | 53 |
| LYRICA | 28 | MEKINIST | 24 | <i>metoprolol tartrate</i> | 53 |
| LYSODREN..... | 24 | MEKTOVI..... | 25 | METROCREAM..... | 62 |
| <i>lyza</i> | 90 | <i>meloxicam</i> | 38 | METROGEL | 62 |
| M | | MELOXICAM | 38 | <i>metronidazole</i> | 18, 62, 91 |
| MACROBID | 21 | <i>melfhalan</i> | 25 | <i>mibelas 24 fe</i> | 95 |
| MACRODANTIN..... | 21 | <i>memantine</i> | 32 | MICARDIS..... | 53 |
| <i>magnesium citrate</i> | 80 | MEMANTINE..... | 32 | MICARDIS HCT..... | 53 |
| MALARONE | 18 | MENEST | 90 | MICROCHAMBER | 70 |
| MALARONE PEDIATRIC . | 18 | MENOPUR | 73 | <i>microgestin 1.5/30 (21)</i> | 95 |
| <i>malathion</i> | 66 | MENOSTAR | 90 | <i>microgestin 1/20 (21)</i> | 95 |
| <i>maraviroc</i> | 14 | MENQUADFI | 90 | <i>microgestin 24 fe</i> | 95 |
| MARINOL | 80 | MENQUADFI (PF)..... | 86 | <i>microgestin fe 1.5/30 (28)</i> | 95 |
| <i>marlissa</i> (28) | 95 | MENVEO A-C-Y-W-135-DIP (PF)..... | 86 | <i>microgestin fe 1/20 (28)</i> | 95 |
| MARPLAN | 44 | <i>meperidine</i> | 35 | <i>midodrine</i> | 67 |
| MATULANE | 24 | <i>meprobamate</i> | 33 | <i>mifepristone</i> | 73 |
| <i>matzim la</i> | 53 | MEPRON | 18 | <i>migergot</i> | 31 |
| MAVENCLAD (10 TABLET PACK)..... | 84 | <i>mercaptopurine</i> | 25 | <i>miglitol</i> | 74 |
| MAVENCLAD (4 TABLET PACK)..... | 84 | <i>merzee</i> | 95 | <i>miglustat</i> | 73 |
| MAVENCLAD (5 TABLET PACK)..... | 84 | <i>mesalamine</i> | 80 | <i>mili</i> | 95 |
| MAVENCLAD (6 TABLET PACK)..... | 84 | <i>mesalamine with cleansing wipe</i> | 80 | <i>milk of magnesia</i> | 80 |
| MAVENCLAD (7 TABLET PACK)..... | 84 | MESNEX..... | 21 | <i>milk of magnesia concentrated</i> | 80 |
| MAVENCLAD (8 TABLET PACK)..... | 85 | MESTINON | 33 | <i>millipred</i> | 69 |
| MAVENCLAD (9 TABLET PACK)..... | 85 | MESTINON TIMESPAN | 33 | <i>mimvey</i> | 90 |
| MAXALT | 31 | <i>metaxalone</i> | 33 | MINASTRIN 24 FE | 95 |
| MAXALT-MLT | 31 | <i>metformin</i> | 74 | MINIPRESS | 53 |
| MAXIDEX | 100 | <i>methadone</i> | 35 | MINIVELLE | 91 |
| MAXITROL..... | 100 | <i>methadose</i> | 35 | <i>minocycline</i> | 20 |
| <i>maxi-tuss ac</i> | 102 | <i>methazolamide</i> | 99 | <i>minoxidil</i> | 53 |
| MAXZIDE | 53 | <i>methenamine hippurate</i> | 21 | MIRAPEX ER | 30 |
| MAXZIDE-25MG..... | 53 | <i>methenamine mandelate</i> | 21 | MIRCERA..... | 83 |
| MAYZENT | 85 | <i>methimazole</i> | 69 | <i>mirtazapine</i> | 45 |
| | | <i>methocarbamol</i> | 33 | MIRVASO..... | 62 |
| | | <i>methotrexate sodium</i> | 25 | <i>misoprostol</i> | 82 |
| | | <i>methotrexate sodium (pf)</i> | 25 | M-M-R II (PF)..... | 86 |
| | | <i>methoxsalen</i> | 60 | <i>m-natal plus</i> | 108 |
| | | <i>methscopolamine</i> | 77 | <i>modafinil</i> | 45 |
| | | <i>methsuximide</i> | 29 | MODERNA COVID 23- 24(6M-11Y)PF | 86 |

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

| | | | | | |
|--|---------|------------------------------------|---------|--|--------|
| <i>moexipril</i> | 53 | NARCAN..... | 39 | <i>nilutamide</i> | 25 |
| <i>mometasone</i> | 65, 104 | NARDIL..... | 45 | <i>nimodipine</i> | 53 |
| <i>mondoxyne nl</i> | 20 | NASAL ALLERGY..... | 104 | NINLARO..... | 25 |
| <i>mono-lynyah</i> | 95 | NATACYN..... | 97 | <i>nisoldipine</i> | 53 |
| <i>montelukast</i> | 104 | NATAZIA..... | 95 | <i>nitazoxanide</i> | 18 |
| <i>morgidox</i> | 21 | <i>nateglinide</i> | 74 | <i>nitisinone</i> | 67 |
| <i>morphine</i> | 35, 36 | <i>natura-lax</i> | 80 | <i>nitro-bid</i> | 58 |
| <i>morphine concentrate</i> | 35 | NAYZILAM..... | 29 | NITRO-DUR..... | 58 |
| MOTEGRITY..... | 80 | <i>nebivolol</i> | 53 | <i>nitrofurantoin</i> | 21 |
| MOVANTIK..... | 80 | NEBUPENT..... | 18 | <i>nitrofurantoin macrocrystal</i> | 21 |
| MOVIPREP..... | 80 | <i>nebusal</i> | 104 | <i>nitrofurantoin monohyd/m-</i> | |
| <i>moxifloxacin</i> | 20, 97 | NEBUSAL..... | 104 | <i>cryst</i> | 21 |
| MS CONTIN..... | 36 | <i>necon 0.5/35 (28)</i> | 95 | <i>nitroglycerin</i> | 58 |
| MULPLETA..... | 56 | <i>nefazodone</i> | 45 | NITROLINGUAL..... | 58 |
| <i>multi-vitamin with fluoride</i> | 109 | <i>neomycin</i> | 18 | NITROMIST..... | 58 |
| <i>mupirocin</i> | 63 | <i>neomycin-bacitracin-poly-hc</i> | | NITROSTAT..... | 58 |
| <i>mupirocin calcium</i> | 63 | ..... | 100 | NITYR..... | 67 |
| MUSE..... | 107 | <i>neomycin-bacitracin-</i> | | NIVESTYM..... | 83 |
| <i>mvc-fluoride</i> | 109 | <i>polymyxin</i> | 97 | <i>nizatidine</i> | 82 |
| <i>my choice</i> | 95 | <i>neomycin-polymyxin b-</i> | | <i>nora-be</i> | 91 |
| <i>my way</i> | 95 | <i>dexameth</i> | 100 | NORDITROPIN FLEXPRO..... | 84 |
| MYAMBUTOL..... | 18 | <i>neomycin-polymyxin-</i> | | <i>norelgestromin-ethin.estradiol</i> | |
| MYCOBUTIN..... | 18 | <i>gramicidin</i> | 97 | ..... | 91 |
| <i>mycophenolate mofetil</i> | 25 | <i>neomycin-polymyxin-hc</i> | 69, 100 | <i>noreth-ethinyl estradiol-iron</i> | 95 |
| <i>mycophenolate sodium</i> | 25 | <i>neo-polycin</i> | 97 | <i>norethindrone (contraceptive)</i> | |
| MYFEMBREE..... | 91 | <i>neo-polycin hc</i> | 100 | ..... | 91 |
| MYFORTIC..... | 25 | NEORAL..... | 25 | <i>norethindrone acetate</i> | 91 |
| MYLERAN..... | 25 | <i>neuac</i> | 62 | <i>norethindrone ac-eth estradiol</i> | |
| <i>mynatal</i> | 109 | NEULASTA..... | 83 | ..... | 91, 95 |
| <i>mynatal plus</i> | 109 | NEULASTA ONPRO..... | 83 | <i>norethindrone-e.estradiol-iron</i> | |
| <i>mynatal-z</i> | 109 | NEUPRO..... | 30 | ..... | 95 |
| MYRBETRIQ..... | 106 | NEURONTIN..... | 29 | NORGESIC..... | 33 |
| MYSOLINE..... | 29 | NEVANAC..... | 99 | <i>norgestimate-ethinyl estradiol</i> | |
| MYTESI..... | 77 | <i>nevirapine</i> | 14 | ..... | 95 |
| N | | <i>new day</i> | 95 | NORPACE..... | 49 |
| <i>nabumetone</i> | 38 | <i>newgen</i> | 109 | NORPACE CR..... | 49 |
| <i>nadolol</i> | 53 | NEXAVAR..... | 25 | NORPRAMIN..... | 45 |
| <i>naftifine</i> | 63 | NEXIUM..... | 82 | <i>nortrel 0.5/35 (28)</i> | 95 |
| NAFTIN..... | 63 | NEXIUM PACKET..... | 82 | <i>nortrel 1/35 (21)</i> | 95 |
| <i>naloxone</i> | 39 | NEXLETOL..... | 57 | <i>nortrel 1/35 (28)</i> | 95 |
| <i>naltrexone</i> | 39 | NEXLIZET..... | 57 | <i>nortrel 7/7/7 (28)</i> | 95 |
| NAMENDA..... | 32 | <i>niacin</i> | 57 | <i>nortriptyline</i> | 45 |
| NAMENDA TITRATION | | NIACOR..... | 57 | NORVASC..... | 53 |
| PAK..... | 32 | <i>nicardipine</i> | 53 | NORVIR..... | 14 |
| NAMENDA XR..... | 33 | <i>nicorette</i> | 67 | NOVAVAX COVID 2023- | |
| NAPRELAN CR..... | 39 | <i>nicotine</i> | 67 | 24(PF)(EUA)..... | 86 |
| NAPROSYN..... | 39 | <i>nicotine (polacrilex)</i> | 67 | NOVOLIN 70-30 FLEXPEN | |
| <i>naproxen</i> | 39 | <i>nifedipine</i> | 53 | U-100..... | 71 |
| <i>naproxen sodium</i> | 39 | <i>nikki (28)</i> | 95 | NOVOLIN N FLEXPEN..... | 71 |
| <i>naratriptan</i> | 31 | NILANDRON..... | 25 | NOVOLIN R FLEXPEN..... | 71 |

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

| | | | | |
|--|-----------------------------------|-----|---------------------------------------|--------|
| NOVOLOG FLEXPEN U-100 | <i>omeprazole</i> | 82 | <i>orphenadrine citrate</i> | 33 |
| INSULIN..... | OMNARIS..... | 104 | <i>orphenadrine-asa-caffeine</i> ... | 33 |
| NOVOLOG MIX 70-30 U-100 | OMNIPOD 5 G6 INTRO KIT | | <i>oscimin</i> | 77 |
| INSULN | (GEN 5)..... | 71 | <i>oscimin sl</i> | 77 |
| NOVOLOG MIX 70- | OMNIPOD 5 G6 PODS (GEN | | <i>oseltamivir</i> | 15 |
| 30FLEXPEN U-100 | 5)..... | 71 | OTEZLA..... | 89 |
| NOVOLOG PENFILL U-100 | OMNIPOD 5 G6-G7 INTRO | | OTEZLA STARTER..... | 89 |
| INSULIN..... | KT(GEN5)..... | 71 | OTOVEL | 69 |
| NOVOLOG U-100 INSULIN | OMNIPOD 5 G6-G7 PODS | | OVIDE..... | 66 |
| ASPART..... | (GEN 5)..... | 71 | OVIDREL..... | 73 |
| NOXAFIL | OMNIPOD CLASSIC PODS | | <i>oxaprozin</i> | 39 |
| <i>np thyroid</i> | (GEN 3)..... | 71 | <i>oxazepam</i> | 45 |
| NUBEQA | OMNIPOD DASH INTRO | | <i>oxcarbazepine</i> | 29 |
| NUCALA | KIT (GEN 4) | 71 | OXERVATE..... | 99 |
| NUDEXTA | OMNIPOD DASH PODS | | <i>oxiconazole</i> | 64 |
| NULEV | (GEN 4)..... | 71 | OXISTAT | 64 |
| NURTEC ODT..... | OMVOH PEN | 80 | <i>oxybutynin chloride</i> | 106 |
| NUVARING..... | <i>ondansetron</i> | 80 | <i>oxycodone</i> | 36 |
| NUVESSA | <i>ondansetron hcl</i> | 80 | <i>oxycodone-acetaminophen</i> ... | 36 |
| NUVIGIL | <i>one daily prenatal</i> | 109 | OXYCONTIN | 36 |
| NUZYRA | ONETOUCH ULTRA | | <i>oxymorphone</i> | 36 |
| <i>nyamyc</i> | CONTROL..... | 71 | OXYTROL | 106 |
| <i>nylia 1/35 (28)</i> | ONETOUCH ULTRA2 | | OZEMPIC..... | 74, 75 |
| <i>nylia 7/7/7 (28)</i> | METER | 71 | P | |
| NYMALIZE | ONETOUCH VERIO FLEX | | <i>pacerone</i> | 49 |
| <i>nymyo</i> | METER | 71 | <i>paliperidone</i> | 45 |
| <i>nystatin</i> | ONETOUCH VERIO MID | | PAMELOR | 45 |
| <i>nystatin-triamcinolone</i> | CONTROL..... | 71 | PANDEL | 65 |
| <i>nystop</i> | ONETOUCH VERIO | | PANRETIN | 60 |
| O | REFLECT METER | 71 | <i>pantoprazole</i> | 82 |
| OCALIVA..... | <i>opcicon one-step</i> | 95 | <i>paricalcitol</i> | 73 |
| <i>ocella</i> | OPFOLDA..... | 73 | PARLODEL | 30 |
| OCUFLOX..... | OPTICHAMBER DIAMOND | | PARNATE..... | 45 |
| ODEFSEY | VHC..... | 70 | <i>paroex oral rinse</i> | 68 |
| ODOMZO | <i>option-2</i> | 95 | <i>paromomycin</i> | 18 |
| OFEV | OPVEE..... | 39 | <i>paroxetine hcl</i> | 45, 46 |
| <i>ofloxacin</i> | <i>oral saline laxative</i> | 80 | PASER..... | 18 |
| OGSIVEO | <i>oralone</i> | 68 | PATANASE | 68 |
| OJJAARA..... | ORAPRED ODT | 69 | PAXIL | 46 |
| <i>olanzapine</i> | ORENITRAM | 53 | PAXIL CR | 46 |
| <i>olanzapine-fluoxetine</i> | ORENITRAM MONTH 1 | | PAXLOVID..... | 15 |
| <i>olmesartan</i> | TITRATION KT | 53 | <i>pazopanib</i> | 25 |
| <i>olmesartan-amlodipin-</i> | ORENITRAM MONTH 2 | | PEDIARIX (PF) | 86 |
| <i>hcthiamid</i> | TITRATION KT | 53 | PEDVAX HIB (PF)..... | 86 |
| <i>olmesartan-</i> | ORENITRAM MONTH 3 | | <i>peg 3350-electrolytes</i> | 80 |
| <i>hydrochlorothiazide</i> | TITRATION KT | 53 | <i>peg3350-sod sul-nacl-kcl-asb-c</i> | |
| <i>olopatadine</i> | ORFADIN | 67 | ..... | 80 |
| OLUX..... | ORIAHNN..... | 91 | PEGASYS | 84 |
| OLUX-E..... | ORLISSA | 73 | <i>peg-electrolyte soln</i> | 80 |
| <i>omega-3 acid ethyl esters</i> | ORKAMBI..... | 104 | PEN NEEDLE, DIABETIC . | 71 |

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

| | | | | | |
|---------------------------------------|------------|---------------------------------------|---------|---------------------------------------|-----|
| PENBRAYA (PF) | 86 | <i>pnv-omega</i> | 109 | <i>prenatal vit no.179-iron-folic</i> | 109 |
| <i>penciclovir</i> | 64 | <i>pnv-select</i> | 109 | ..... | 109 |
| <i>penicillin v potassium</i> | 19 | POCKET CHAMBER..... | 70 | <i>prenatal vitamin</i> | 109 |
| PENTACEL (PF) | 86 | <i>podofilox</i> | 60 | <i>prenatal vitamin with minerals</i> | 109 |
| <i>pentamidine</i> | 18 | <i>polycin</i> | 97 | ..... | 109 |
| PENTASA..... | 80 | <i>polyethylene glycol 3350</i> | 80 | <i>prenatal-u</i> | 109 |
| <i>pentoxifylline</i> | 56 | <i>polymyxin b sulf-trimethoprim</i> | 97 | PRETOMANID..... | 19 |
| PEPCID | 82 | ..... | 97 | PREVACID | 82 |
| PERCOCET | 36, 37 | POMALYST | 25 | PREVACID SOLUTAB..... | 83 |
| PERFOROMIST | 104 | <i>portia 28</i> | 96 | <i>prevalite</i> | 57 |
| PERIDEX | 68 | <i>posaconazole</i> | 12 | PREVNAR 20 (PF) | 86 |
| <i>perindopril erbumine</i> | 53 | <i>potassium chloride</i> | 108 | PREVYMIS..... | 15 |
| <i>periogard</i> | 68 | <i>potassium citrate</i> | 107 | PREZCOBIX..... | 15 |
| <i>permethrin</i> | 66 | <i>powderlax</i> | 80 | PREZISTA | 15 |
| <i>perphenazine</i> | 46 | <i>pr natal 400</i> | 109 | PRIFTIN | 19 |
| <i>perphenazine-amitriptyline</i> .. | 46 | <i>pr natal 400 ec</i> | 109 | PRILOSEC | 83 |
| PFIZER COVID 2023-24(5Y- | | <i>pr natal 430</i> | 109 | <i>primidone</i> | 29 |
| 11Y)PF | 86 | <i>pr natal 430 ec</i> | 109 | PRIMSOL..... | 21 |
| PFIZER COVID 2023- | | <i>pramipexole</i> | 30 | PRIORIX (PF) | 86 |
| 24(6MO-4Y)PF | 86 | PRAMOSONE | 59 | PRISTIQ | 46 |
| <i>phenazopyridine</i> | 107 | <i>prasugrel</i> | 56 | PROAIR RESPICLICK..... | 104 |
| <i>phenelzine</i> | 46 | <i>pravastatin</i> | 57 | <i>probenecid</i> | 87 |
| <i>phenobarbital</i> | 29 | <i>praziquantel</i> | 18 | <i>probenecid-colchicine</i> | 87 |
| <i>phenoxybenzamine</i> | 54 | <i>prazosin</i> | 54 | PROCARDIA XL..... | 54 |
| <i>phenylephrine hcl</i> | 101 | PRECOSE | 75 | <i>procentra</i> | 46 |
| PHENYTEK..... | 29 | PRED FORTE..... | 100 | <i>prochlorperazine</i> | 80 |
| <i>phenytoin</i> | 29 | PRED MILD..... | 100 | <i>prochlorperazine maleate</i> | 80 |
| <i>phenytoin sodium extended</i> .. | 29 | <i>prednicarbate</i> | 65 | PROCTOFOAM HC | 80 |
| PHEXXI | 91 | <i>prednisolone</i> | 69 | <i>procto-med hc</i> | 80 |
| <i>philith</i> | 96 | <i>prednisolone acetate</i> | 100 | <i>proctosol hc</i> | 80 |
| <i>phosphate laxative</i> | 80 | <i>prednisolone sodium</i> | | <i>proctozone-hc</i> | 80 |
| PHOSPHOLINE IODIDE.... | 98 | <i>phosphate</i> | 69, 100 | PROCYSBI..... | 107 |
| <i>phytonadione (vitamin k1)</i> | 56 | <i>prednisone</i> | 69 | <i>progesterone micronized</i> | 91 |
| PIFELTRO | 15 | <i>prednisone intensol</i> | 69 | PROGLYCEM | 70 |
| <i>pilocarpine hcl</i> | 67, 68, 98 | <i>pregabalin</i> | 29 | PROGRAF..... | 25 |
| <i>pimecrolimus</i> | 60 | PREHEVBRIO (PF)..... | 86 | PROLENSA | 99 |
| <i>pimozide</i> | 46 | PREMARIN | 91 | PROMACTA..... | 56 |
| <i>pindolol</i> | 54 | PREMPHASE | 91 | <i>promethazine</i> | 101 |
| <i>pioglitazone</i> | 75 | PREMPRO | 91 | <i>promethazine vc</i> | 102 |
| <i>pioglitazone-glimepiride</i> | 75 | <i>prenatabs fa</i> | 109 | <i>promethazine vc-codeine</i> | 102 |
| <i>pioglitazone-metformin</i> | 75 | <i>prenatabs rx</i> | 109 | <i>promethazine-codeine</i> | 102 |
| PIQRAY | 25 | <i>prenatal</i> | 109 | <i>promethazine-dm</i> | 102 |
| <i>pirfenidone</i> | 104 | <i>prenatal complete</i> | 109 | <i>promethegan</i> | 101 |
| <i>piroxicam</i> | 39 | <i>prenatal multi-dha (algal oil)</i> | | PROMETRIUM | 91 |
| PLAN B ONE-STEP..... | 96 | ..... | 109 | <i>propafenone</i> | 49 |
| PLAQUENIL | 18 | <i>prenatal multivitamins</i> | 109 | <i>proparacaine</i> | 99 |
| PLAVIX | 56 | <i>prenatal one daily</i> | 109 | <i>propranolol</i> | 54 |
| PLIAGLIS | 63 | <i>prenatal plus</i> | 109 | <i>propylthiouracil</i> | 69 |
| PNEUMOVAX-23 | 86 | <i>prenatal plus (calcium carb)</i> | | PROQUAD (PF)..... | 86 |
| <i>pnv-dha</i> | 109 | ..... | 109 | PROSCAR..... | 106 |

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

| | | | | | |
|--------------------------------------|--------|--------------------------------------|--------|-----------------------------------|--------|
| PROTONIX..... | 83 | RECOMBIVAX HB (PF) | 86 | <i>rivelsa</i> | 96 |
| <i>protriptyline</i> | 46 | REGLAN..... | 81 | <i>rizatriptan</i> | 32 |
| PROVENTIL HFA..... | 104 | REGRANEX | 60 | ROCALTROL | 73 |
| PROVERA | 91 | RELENZA DISKHALER | 15 | <i>roflumilast</i> | 104 |
| PROVIGIL | 46 | RELION NOVOLIN 70/30 .. | 72 | <i>ropinirole</i> | 30 |
| PROZAC | 46 | RELION NOVOLIN N | 72 | <i>rosadan</i> | 62 |
| <i>prudoxin</i> | 60 | RELION NOVOLIN R | 72 | <i>rosuvastatin</i> | 57 |
| PULMICORT..... | 104 | RELISTOR..... | 81 | ROTARIX | 86 |
| PULMICORT FLEXHALER | | RELPAK | 32 | ROTATEQ VACCINE..... | 87 |
| ..... | 104 | REMERON | 47 | ROWASA..... | 81 |
| PULMOZYME..... | 104 | REMERON SOLTAB..... | 47 | <i>roweepra</i> | 29 |
| <i>purelax</i> | 81 | <i>rena-vite</i> | 109 | ROXICODONE..... | 37 |
| PYLERA | 83 | REVELA | 77 | ROZEREM | 47 |
| <i>pyrazinamide</i> | 19 | <i>repaglinide</i> | 75 | ROZLYTREK | 25 |
| PYRIDIUM | 107 | REPATHA PUSHTRONEX | 57 | RUBRACA..... | 25 |
| <i>pyridostigmine bromide</i> | 33 | REPATHA SURECLICK | 57 | <i>rufinamide</i> | 29 |
| <i>pyrimethamine</i> | 19 | REPATHA SYRINGE | 57 | RYBELSUS..... | 75 |
| Q | | RESTASIS..... | 99 | RYCLORA | 101 |
| QELBREE..... | 46 | RESTASIS MULTIDOSE ... | 99 | RYDAPT | 25 |
| QNASL..... | 104 | RESTORIL..... | 47 | RYKINDO..... | 47 |
| QUADRACEL (PF) | 86 | RETACRIT | 83 | RYTARY..... | 30 |
| QUALAQUIN..... | 19 | RETIN-A | 62 | S | |
| QUARTETTE | 96 | RETIN-A MICRO | 62 | SABRIL..... | 29 |
| QUESTRAN..... | 57 | RETIN-A MICRO PUMP ... | 62 | SAFYRAL..... | 96 |
| QUESTRAN LIGHT..... | 57 | RETROVIR | 15 | <i>sajazir</i> | 104 |
| <i>quetiapine</i> | 46, 47 | REVATIO | 104 | SALAGEN (PILOCARPINE) | |
| QUETIAPINE | 46 | REVLIMID | 25 | ..... | 67, 68 |
| QUILLIVANT XR..... | 47 | REXULTI..... | 47 | <i>salsalate</i> | 39 |
| <i>quinapril</i> | 54 | REYATAZ | 15 | SAMSCA..... | 73 |
| <i>quinapril-hydrochlorothiazide</i> | | REYVOW | 32 | SANCUSO | 81 |
| ..... | 54 | <i>ribavirin</i> | 15, 83 | SANDIMMUNE..... | 25 |
| <i>quinine sulfate</i> | 19 | <i>rifabutin</i> | 19 | SANTYL | 66 |
| <i>quit 2</i> | 67 | <i>rifampin</i> | 19 | SAPHRIS..... | 47 |
| <i>quit 4</i> | 67 | RILUTEK..... | 67 | SAVELLA..... | 89 |
| QULIPTA..... | 32 | <i>riluzole</i> | 67 | <i>scopolamine base</i> | 81 |
| R | | <i>rimantadine</i> | 15 | <i>selegiline hcl</i> | 31 |
| <i>rabeprazole</i> | 83 | RINVOQ | 89 | <i>selenium sulfide</i> | 59 |
| RADICAVA ORS STARTER | | RIOMET..... | 75 | SELZENTRY | 15 |
| KIT SUSP..... | 33 | <i>risedronate</i> | 67, 88 | <i>se-natal 19 chewable</i> | 109 |
| <i>raloxifene</i> | 88 | RISPERDAL | 47 | <i>se-natal-19</i> | 109 |
| <i>ramelteon</i> | 47 | RISPERDAL CONSTA | 47 | SENSIPAR | 73 |
| <i>ramipril</i> | 54 | <i>risperidone</i> | 47 | SEREVENT DISKUS | 104 |
| <i>ranolazine</i> | 58 | <i>risperidone microspheres</i> | 47 | SEROQUEL | 47 |
| RAPAMUNE | 25 | RITALIN | 47 | SEROQUEL XR..... | 47 |
| <i>rasagiline</i> | 30 | RITALIN LA..... | 47 | <i>sertraline</i> | 47 |
| RAVICTI..... | 67 | RITEFLO AEROCHAMBER | | <i>setlakin</i> | 96 |
| REBIF (WITH ALBUMIN). 85 |  | ..... | 70 | <i>sevelamer carbonate</i> | 77 |
| REBIF REBIDOSE | 85 | <i>ritonavir</i> | 15 | <i>sevelamer hcl</i> | 77 |
| REBIF TITRATION PACK 85 | | <i>rivastigmine</i> | 33 | <i>sf 5000 plus</i> | 68 |
| <i>reclipsen (28)</i> | 96 | <i>rivastigmine tartrate</i> | 33 | <i>sharobel</i> | 91 |

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

| | | | | | |
|---|--------|---|-----|---------------------------------------|----------|
| SHINGRIX (PF)..... | 87 | <i>sronyx</i> | 96 | SUPREP BOWEL PREP KIT | 81 |
| SIGNIFOR | 26 | <i>ssd</i> | 59 | SUTENT | 26 |
| <i>sildenafil</i> | 107 | <i>st joseph aspirin</i> | 39 | <i>syeda</i> | 96 |
| <i>sildenafil (pulm.hypertension)</i> | 104 | <i>st. joseph aspirin</i> | 39 | <i>symax-sl</i> | 77 |
| SILVADENE | 59 | STALEVO 100..... | 31 | <i>symax-sr</i> | 77 |
| <i>silver sulfadiazine</i> | 59 | STALEVO 125..... | 31 | SYMBICORT | 105 |
| SIMBRINZA..... | 100 | STALEVO 150..... | 31 | SYMBYAX | 48 |
| <i>simpesse</i> | 96 | STALEVO 200..... | 31 | SYMDEKO | 105 |
| <i>simvastatin</i> | 57 | STALEVO 50..... | 31 | SYMFI..... | 15 |
| SINEMET..... | 31 | STALEVO 75..... | 31 | SYMFI LO..... | 15 |
| SINGULAIR | 104 | <i>stavudine</i> | 15 | SYMLINPEN 120 | 75 |
| <i>sirolimus</i> | 26 | STELARA | 59 | SYMLINPEN 60 | 75 |
| SIRTURO..... | 19 | STIOLTO RESPIMAT..... | 105 | SYMTUZA..... | 15 |
| SIVEXTRO | 19 | STIVARGA..... | 26 | SYNALAR | 65 |
| SKYRIZI | 59, 81 | <i>stop smoking aid</i> | 67 | SYNJARDY | 75 |
| <i>smoothlax</i> | 81 | STRATTERA..... | 47 | SYNJARDY XR..... | 75 |
| SOAAZ..... | 54 | STRENSIQ..... | 73 | SYNTHROID | 76 |
| <i>sodium chloride</i> | 105 | <i>stress formula with iron</i> | 109 | T | |
| <i>sodium fluoride 5000 plus</i> | 68 | <i>stress formula with iron(sulf)</i> | 109 | TABLOID..... | 26 |
| SODIUM OXYBATE..... | 47 | ..... | 109 | TACLONEX..... | 59 |
| <i>sodium phenylbutyrate</i> | 67 | STRIBILD | 15 | <i>tacrolimus</i> | 26, 60 |
| <i>sodium polystyrene sulfonate</i> | 77 | STRIVERDI RESPIMAT .. | 105 | <i>tadalafil</i> | 106, 107 |
| <i>sodium,potassium,mag sulfates</i> | 81 | STROMECTOL | 19 | <i>tadalafil (pulm. hypertension)</i> | 105 |
| SOFOSBUVIR- | | SUBOXONE | 39 | ..... | 105 |
| VELPATASVIR..... | 15 | <i>subvenite</i> | 29 | TAFINLAR | 26 |
| SOHONOS | 67 | <i>subvenite starter (blue) kit</i> | 29 | TAGRISSE..... | 26 |
| <i>solifenacin</i> | 106 | <i>subvenite starter (green) kit</i> . | 29 | TAKE ACTION | 96 |
| SOLIQUA 100/33 | 72 | <i>subvenite starter (orange) kit</i> | 29 | TALICIA | 83 |
| SOLTAMOX..... | 26 | SUCRAID | 81 | TAMIFLU | 15 |
| SOMA | 34 | <i>sucrafate</i> | 83 | <i>tamoxifen</i> | 26 |
| <i>sorafenib</i> | 26 | SULAR..... | 54 | <i>tamsulosin</i> | 106 |
| <i>sotalol</i> | 49 | SULCONAZOLE..... | 64 | TAPERDEX | 69 |
| <i>sotalol af</i> | 49 | <i>sulfacetamide sodium</i> | 101 | TARCEVA | 26 |
| SOTYKTU | 59 | <i>sulfacetamide sodium (acne)</i> | 63 | TARGRETIN | 26 |
| SOVALDI | 15 | <i>sulfacetamide sodium-sulfur</i> | 62 | <i>tarina 24 fe</i> | 96 |
| SPACE CHAMBER..... | 70 | <i>sulfacetamide-prednisolone</i> | 100 | <i>tarina fe 1/20 (28)</i> | 96 |
| SPIKEVAX 2023-2024(12Y | | <i>sulfadiazine</i> | 20 | <i>taron-c dha</i> | 110 |
| UP)(PF) | 87 | <i>sulfamethoxazole-trimethoprim</i> | 20 | TASIGNA..... | 26 |
| SPIRIVA RESPIMAT | 105 | ..... | 20 | TAYTULLA..... | 96 |
| SPIRIVA WITH | | SULFAMILYLON..... | 63 | <i>tazarotene</i> | 62 |
| HANDIHALER..... | 105 | <i>sulfasalazine</i> | 81 | TAZAROTENE..... | 62 |
| <i>spironolactone</i> | 54 | <i>sulfatrim</i> | 20 | TAZORAC | 62 |
| <i>spironolacton-</i> | | <i>sulindac</i> | 39 | <i>taztia xt</i> | 54 |
| <i>hydrochlorothiaz</i> | 54 | <i>sumatriptan</i> | 32 | TDVAX | 87 |
| SPORANOX | 12 | <i>sumatriptan succinate</i> | 32 | TECFIDERA | 85 |
| <i>sprintec (28)</i> | 96 | <i>sunitinib malate</i> | 26 | TEGRETOL | 29 |
| SPRYCEL | 26 | <i>super b maxi complex</i> | 109 | TEGRETOL XR | 29 |
| <i>sps (with sorbitol)</i> | 77 | <i>super quints</i> | 109 | TEKTRUNA..... | 54 |
| | | SUPPRELIN LA | 26 | <i>telmisartan</i> | 54 |

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

| | | | | | |
|---------------------------------------|--------|---|-----|---------------------------------------|-----|
| <i>telmisartan-amlodipine</i> | 54 | <i>tizanidine</i> | 34 | <i>triamterene-hydrochlorothiazid</i> | 54 |
| <i>telmisartan-hydrochlorothiazid</i> | 54 | TOBI..... | 19 | ..... | 54 |
| ..... | 54 | TOBI PODHALER | 19 | <i>triazolam</i> | 48 |
| <i>temazepam</i> | 48 | TOBRADEX | 100 | TRIBENZOR..... | 54 |
| TEMOVATE..... | 65 | <i>tobramycin</i> | 97 | TRICOR | 57 |
| <i>temozolomide</i> | 26 | <i>tobramycin in 0.225 % nacl</i> . | 19 | <i>triderm</i> | 66 |
| TENIVAC (PF) | 87 | TOBRAMYCIN WITH | | <i>trientine</i> | 67 |
| <i>tenofovir disoproxil fumarate</i> | | NEBULIZER..... | 19 | <i>tri-estarylla</i> | 96 |
| ..... | 15 | <i>tobramycin-dexamethasone</i> | 100 | <i>trifluoperazine</i> | 48 |
| TENORETIC 100..... | 54 | TOBREX | 97 | <i>trifluridine</i> | 98 |
| TENORETIC 50..... | 54 | <i>tolterodine</i> | 106 | <i>trihexyphenidyl</i> | 31 |
| TENORMIN..... | 54 | <i>tolvaptan</i> | 74 | TRIJARDY XR | 75 |
| <i>terazosin</i> | 54 | TOPAMAX | 29 | TRIKAFTA | 105 |
| <i>terbinafine hcl</i> | 12 | TOPICORT | 65 | <i>tri-legest fe</i> | 96 |
| <i>terbutaline</i> | 105 | <i>topiramate</i> | 29 | TRILEPTAL..... | 29 |
| <i>terconazole</i> | 91 | TOPROL XL..... | 54 | <i>tri-linyah</i> | 96 |
| <i>teriparatide</i> | 88 | <i>toremifene</i> | 26 | TRILIPIX | 57 |
| TERIPARATIDE | 88 | <i>torse mide</i> | 54 | <i>tri-lo-estarylla</i> | 96 |
| TESTIM | 73 | TOUJEO MAX U-300 | | <i>tri-lo-marzia</i> | 96 |
| <i>testosterone</i> | 73, 74 | SOLOSTAR | 72 | <i>tri-lo-mili</i> | 96 |
| <i>testosterone cypionate</i> | 73 | TOUJEO SOLOSTAR U-300 | | <i>tri-lo-sprintec</i> | 96 |
| <i>testosterone enanthate</i> | 73 | INSULIN | 72 | <i>trimethobenzamide</i> | 81 |
| <i>tetrabenazine</i> | 33 | <i>tovet emollient</i> | 65 | <i>trimethoprim</i> | 21 |
| <i>tetracaine hcl</i> | 99 | TOVIAZ..... | 106 | <i>tri-mili</i> | 96 |
| TETRACAINE HCL (PF).... | 99 | TRACLEER | 105 | <i>trimipramine</i> | 48 |
| <i>tetracycline</i> | 21 | <i>tramadol</i> | 39 | <i>trinatal rx 1</i> | 110 |
| TEXACORT..... | 65 | <i>tramadol-acetaminophen</i> | 39 | <i>trinate</i> | 110 |
| THALOMID..... | 26 | <i>trandolapril</i> | 54 | TRINTELLIX..... | 48 |
| THEO-24..... | 105 | <i>trandolapril-verapamil</i> | 54 | <i>tri-nymyo</i> | 96 |
| <i>theophylline</i> | 105 | <i>tranexamic acid</i> | 92 | <i>tri-sprintec (28)</i> | 96 |
| THIOLA | 67 | TRANSDERM-SCOP | 81 | TRIUMEQ..... | 15 |
| THIOLA EC | 67 | <i>tranylcypramine</i> | 48 | TRIUMEQ PD..... | 15 |
| <i>thioridazine</i> | 48 | TRAVATAN Z..... | 100 | <i>tri-vitamin with fluoride</i> | 110 |
| <i>thiothixene</i> | 48 | <i>travoprost</i> | 100 | <i>trivora (28)</i> | 96 |
| <i>tiadylt er</i> | 54 | <i>trazodone</i> | 48 | <i>tri-vylibra</i> | 96 |
| <i>tiagabine</i> | 29 | TRECATOR..... | 19 | <i>tri-vylibra lo</i> | 96 |
| TIAZAC | 54 | TRELEGY ELLIPTA..... | 105 | <i>trospium</i> | 106 |
| TIBSOVO..... | 26 | TREMFYA..... | 59 | TRULICITY | 75 |
| TIKOSYN | 49 | TRESIBA FLEXTOUCH U- | | TRUMENBA..... | 87 |
| <i>tilia fe</i> | 96 | 100..... | 72 | TRUQAP | 26 |
| <i>timolol maleate</i> | 54, 98 | TRESIBA FLEXTOUCH U- | | TRUSTEX LUBRICATED | |
| <i>timolol maleate (pf)</i> | 98 | 200..... | 72 | CONDOMS | 89 |
| TIMOPTIC OCUDOSE (PF) | | TRESIBA U-100 INSULIN . | 72 | TRUSTEX-RIA NON-LUB | |
| ..... | 98 | <i>tretinoin</i> | 62 | CONDOMS | 89 |
| <i>tinidazole</i> | 19 | <i>tretinoin (antineoplastic)</i> | 26 | TRUVADA..... | 15 |
| <i>tiopronin</i> | 67 | <i>tretinoin microspheres</i> | 62 | TUKYSA..... | 26 |
| <i>tiotropium bromide</i> | 105 | TREXALL..... | 26 | <i>tulana</i> | 91 |
| TIROSINT..... | 76 | <i>triamcinolone acetonide</i> 65, 68, | | <i>turqoz (28)</i> | 96 |
| TIVICAY | 15 | 105 | | TWINRIX (PF)..... | 87 |
| TIVICAY PD | 15 | <i>triamterene</i> | 54 | TYBOST..... | 16 |

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

| | | | | | |
|---------------------------------------|--------|---------------------------------------|--------|---------------------------------------|----------|
| <i>tydemy</i> | 96 | VAXNEUVANCE (PF) | 87 | <i>vitamin b complex-folic acid</i> |110 |
| TYKERB..... | 26 | VCF CONTRACEPTIVE | | <i>vitamins a,c,d and fluoride</i> . | 110 |
| TYMLOS | 88 | FILM | 92 | VITRAKVI..... | 27 |
| TYVASO..... | 105 | VCF CONTRACEPTIVE GEL | | VIVELLE-DOT..... | 91 |
| TYVASO DPI | 105 | ..... | 92 | VIVITROL | 40 |
| TYVASO REFILL KIT | 105 | <i>velivet triphasic regimen (28)</i> | | VOGELXO..... | 74 |
| TYVASO STARTER KIT . | 105 | ..... | 96 | <i>voriconazole</i> | 13 |
| U | | VELPHORO..... | 77 | VORTEX HOLDING | |
| UBRELVY | 32 | VELSIPITY..... | 81 | CHAMBER | 70 |
| UCERIS..... | 81 | VELTASSA..... | 77 | VOSEVI | 16 |
| UDENYCA | 84 | VELTIN..... | 62 | VOTRIENT | 27 |
| UDENYCA ONBODY | 84 | VEMLIDY..... | 16 | VRAYLAR..... | 48 |
| ULORIC | 87 | VENCLEXTA | 26 | VUMERITY | 85 |
| <i>unithroid</i> | 76 | VENCLEXTA STARTING | | <i>vyfemla (28)</i> | 97 |
| UPTRAVI..... | 54, 55 | PACK | 27 | <i>vylibra</i> | 97 |
| UROCIT-K 10..... | 107 | <i>venlafaxine</i> | 48 | VYNDAMAX | 58 |
| UROCIT-K 15..... | 107 | VENTAVIS | 105 | VYNDAQEL..... | 58 |
| UROCIT-K 5..... | 107 | VENTOLIN HFA..... | 105 | VYTORIN 10-10..... | 58 |
| UROXATRAL | 106 | <i>verapamil</i> | 55 | VYTORIN 10-20..... | 58 |
| URSO 250 | 81 | VERDESO..... | 66 | VYTORIN 10-40..... | 58 |
| URSO FORTE..... | 81 | VERELAN PM..... | 55 | VYTORIN 10-80..... | 58 |
| <i>ursodiol</i> | 81 | VERQUVO | 58 | VYVANSE | 48 |
| V | | VERZENIO | 27 | W | |
| VAGIFEM..... | 91 | VESICARE | 106 | <i>warfarin</i> | 56 |
| <i>valacyclovir</i> | 16 | VESICARE LS..... | 106 | WELCHOL..... | 58 |
| VALCHLOR..... | 60 | <i>vestura (28)</i> | 96 | WELLBUTRIN SR | 48 |
| VALCYTE | 16 | VFEND..... | 12, 13 | WELLBUTRIN XL..... | 48 |
| <i>valganciclovir</i> | 16 | V-GO 20 | 71 | <i>wera (28)</i> | 97 |
| VALIUM..... | 48 | V-GO 30 | 71 | <i>wescap-c dha</i> | 110 |
| <i>valproic acid</i> | 29 | V-GO 40 | 71 | <i>westab plus</i> | 110 |
| <i>valproic acid (as sodium salt)</i> | | VIAGRA | 107 | WIDE-SEAL DIAPHRAGM | |
| ..... | 29 | VIBERZI | 81 | ..... | 89 |
| <i>valsartan</i> | 55 | VIBRAMYCIN | 21 | WINLEVI..... | 62 |
| <i>valsartan-hydrochlorothiazide</i> | | VICTOZA 2-PAK | 75 | <i>women's gentle laxative(bisac)</i> |81 |
| ..... | 55 | VICTOZA 3-PAK | 75 | <i>wymzya fe</i> | 97 |
| VALTOCO..... | 29 | <i>vienna</i> | 97 | X | |
| VALTREX | 16 | <i>vigabatrin</i> | 29 | XALATAN..... | 100 |
| <i>vanadom</i> | 34 | <i>vigadrone</i> | 29 | XALKORI | 27 |
| VANOCOCIN..... | 21 | VIGAMOX..... | 97 | XANAX..... | 48 |
| <i>vancomycin</i> | 21 | <i>vigpoder</i> | 30 | XANAX XR | 48 |
| <i>vandazole</i> | 92 | VIIBRYD | 48 | XARELTO | 56 |
| VANOS | 66 | <i>vilazodone</i> | 48 | XARELTO DVT-PE TREAT | |
| VAQTA (PF)..... | 87 | VIMPAT..... | 30 | 30D START..... | 56 |
| <i>vardenafil</i> | 107 | VIOKACE..... | 81 | XCOPRI | 30 |
| <i>varenicline</i> | 68 | VIRACEPT | 16 | XCOPRI MAINTENANCE | |
| VARIVAX (PF) | 87 | VIRAZOLE..... | 16 | PACK | 30 |
| VASCEPA..... | 58 | VIREAD..... | 16 | XCOPRI TITRATION PACK | |
| VASERETIC..... | 55 | VISTARIL..... | 101 | ..... | 30 |
| VASOTEC | 55 | VISTOGARD..... | 21 | | |
| VAXELIS (PF)..... | 87 | | | | |

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

| | | | | | |
|--------------------------|-----|------------------------------|-----|-------------------------------|----|
| XDEMVIY | 99 | <i>zaleplon</i> | 49 | ZIRGAN | 98 |
| XELJANZ | 89 | ZANAFLEX..... | 34 | ZITHROMAX..... | 17 |
| XELJANZ XR..... | 89 | <i>zarah</i> | 97 | ZITHROMAX TRI-PAK | 17 |
| XELODA | 27 | ZARONTIN..... | 30 | ZITHROMAX Z-PAK | 17 |
| XENAZINE..... | 33 | ZARXIO..... | 84 | ZOCOR..... | 58 |
| XENLETA | 19 | <i>zatean-pn dha</i> | 110 | ZOLINZA..... | 27 |
| XERESE..... | 64 | <i>zatean-pn plus</i> | 110 | <i>zolmitriptan</i> | 32 |
| XERMELO..... | 27 | ZELBORAF | 27 | ZOLOFT | 49 |
| XIFAXAN..... | 19 | ZEMPLAR | 74 | <i>zolpidem</i> | 49 |
| XIGDUO XR..... | 75 | <i>zenatane</i> | 62 | ZOMIG | 32 |
| XOPENEX HFA | 105 | ZENPEP | 82 | ZONALON..... | 60 |
| XOSPATA | 27 | <i>zenzedi</i> | 49 | ZONEGRAN..... | 30 |
| XPOVIO..... | 27 | ZEPOSIA..... | 33 | <i>zonisamide</i> | 30 |
| XTANDI..... | 27 | ZEPOSIA STARTER KIT (28- | | ZORTRESS | 27 |
| <i>xulane</i> | 92 | DAY)..... | 33 | <i>zovia 1-35 (28)</i> | 97 |
| XULTOPHY 100/3.6 | 72 | ZEPOSIA STARTER PACK | | ZOVIRAX | 64 |
| XYREM | 49 | (7-DAY) | 33 | ZUBSOLV..... | 40 |
| Y | | ZESTORETIC | 55 | <i>zumandimine (28)</i> | 97 |
| YASMIN (28) | 97 | ZESTRIL | 55 | ZURZUVAE..... | 49 |
| YAZ (28)..... | 97 | ZETIA | 58 | ZYKADIA..... | 27 |
| YUPELRI..... | 105 | ZETONNA | 105 | ZYLOPRIM..... | 87 |
| <i>yuvafem</i> | 91 | ZIAGEN | 16 | ZYPREXA..... | 49 |
| Z | | ZIANA..... | 62 | ZYPREXA RELPREVV | 49 |
| <i>zafemy</i> | 92 | <i>zidovudine</i> | 16 | ZYPREXA ZYDIS | 49 |
| <i>zafirlukast</i> | 105 | <i>ziprasidone hcl</i> | 49 | ZYVOX | 19 |

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