



AVMED EMPLOYER PLANS

5-TIER PRESCRIPTION DRUG

FORMULARY

(Effective January – March 2024)

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

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

INTRODUCTION

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT COVERAGE AND LIMITATIONS

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

Coverage

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

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

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

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

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

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

Prior Authorization Process

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

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

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

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

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

Step Therapy

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

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

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

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

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

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

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

Opioid Medication Management

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

How we help members safely use opioid medication

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

Balancing risks and benefits

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

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

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

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

MAIL-SERVICE PRESCRIPTIONS

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

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

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

CONTACT INFORMATION

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

www.avmed.org/prescriptions.

NOTICE

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	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	14
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	23
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	57
DERMATOLOGICALS/TOPICAL THERAPY	69
DIAGNOSTICS & MISCELLANEOUS AGENTS	83
EAR, NOSE & THROAT MEDICATIONS.....	85
ENDOCRINE/DIABETES	87
GASTROENTEROLOGY	98
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	106
IMMUNOLOGY	113
MUSCULOSKELETAL & RHEUMATOLOGY.....	113
OBSTETRICS & GYNECOLOGY.....	117
OPHTHALMOLOGY	126
RESPIRATORY, ALLERGY, COUGH & COLD	131
UROLOGICALS.....	138
VITAMINS, HEMATINICS & ELECTROLYTES	139
Index	143

List of Abbreviations

1: Preferred Generics

2: Non-Preferred Generics

3: Preferred Brands

4: Non-Preferred Brands

5: Specialty Medications

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

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

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

CGM: Continuous Glucose Monitor

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
SPORANOX ORAL CAPSULE	4	QL (4 per 1 day)
SPORANOX ORAL SOLUTION	CED	PA; QL (40 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
TOLSURA	CED	PA; QL (4 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	CED	PA; QL (10 per 1 day)
VFEND ORAL TABLET 200 MG	4	QL (2 per 1 day)
VFEND ORAL TABLET 50 MG	4	QL (4 per 1 day)
VIVJOA	4	PA; QL (18 per 84 days)
<i>voriconazole oral suspension for reconstitution</i>	CED	PA; QL (10 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	QL (4 per 1 day)

ANTIVIRALS

<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	2	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	5	PA; QL (1 per 1 day)
<i>amantadine hcl</i>	1	
APRETUDE	5	PA; ACA; QL (3 per 30 days)
APTIVUS	5	
<i>atazanavir</i>	2	
ATRIPLA	5	
BARACLUDÉ ORAL SOLUTION	5	QL (20 per 1 day)
BARACLUDÉ ORAL TABLET	5	QL (1 per 1 day)
BIKTARVY	5	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	5	PA; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	5	PA; QL (6 per 28 days)
CIMDUO	5	
COMBIVIR	5	
COMPLERA	5	

You can find information 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>darunavir ethanolate</i>	2	
DELSTRIGO	5	
DESCOVY	5	ACA
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO	5	QL (1 per 1 day)
EDURANT	5	
<i>efavirenz oral tablet</i>	2	
<i>efavirenz-emtricitabin-tenofovir</i>	5	
<i>efavirenz-lamivu-tenofovir disop</i>	1	
<i>emtricitabine</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	ACA
EMTRIVA	5	
<i>entecavir</i>	5	QL (1 per 1 day)
EPCLUSA	5	PA; QL (1 per 1 day)
EPIVIR	5	
EPZICOM	5	
<i>etravirine</i>	5	
EVOTAZ	5	
<i>famciclovir</i>	1	
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	5	
GENVOYA	5	
HARVONI	5	PA
HEPSERA	5	PA; QL (1 per 1 day)
INTELENCE	5	
ISENTRESS	5	
ISENTRESS HD	5	
JULUCA	5	
KALETRA	5	

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

Drug Name	Drug Tier	Requirements / Limits
LAGEVRIO (EUA)	4	8 capsules per day ; 80 capsules in 365 days
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	5	QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	2	
LEDIPASVIR-SOFOSBUVIR	5	PA
LEXIVA	5	
LIVTENCITY	5	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	
<i>lopinavir-ritonavir oral tablet</i>	5	
<i>maraviroc</i>	5	
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	5	PA; QL (3 per 1 day)
<i>nevirapine</i>	2	
NORVIR ORAL POWDER IN PACKET	5	
NORVIR ORAL TABLET	5	
ODEFSEY	5	
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	4	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	4	6 tablets per day; 60 tablets 365 days
PIFELTRO	5	
PREVYMIS ORAL	5	PA; QL (1 per 1 day)
PREZCOBIX	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	
RELENZA DISKHALER	4	QL (20 per 180 days)
RETROVIR ORAL CAPSULE	5	
RETROVIR ORAL SYRUP	5	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	5	
REYATAZ ORAL POWDER IN PACKET	5	
<i>ribavirin inhalation</i>	5	

You can find information 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>rimantadine</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	5	PA; QL (2 per 1 day)
SELZENTRY	5	
SOFOSBUVIR-VELPATASVIR	5	PA; QL (1 per 1 day)
SOVALDI	5	PA
<i>stavudine oral capsule 40 mg</i>	2	
STRIBILD	5	
SUNLENCA ORAL	5	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	5	PA; QL (3 per 126 days)
SYMFY	5	
SYMFY LO	5	
SYMTUZA	5	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	PA; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
TAMIFLU	4	
TEMBEXA	4	
<i>tenofovir disoproxil fumarate</i>	2	QL (1 per 1 day)
TIVICAY	5	
TIVICAY PD	5	QL (6 per 1 day)
TRIUMEQ	5	
TRIUMEQ PD	5	
TRUVADA	5	
TYBOST	5	
<i>valacyclovir</i>	1	
VALCYTE ORAL RECON SOLN	5	PA for age 18 and older
VALCYTE ORAL TABLET	5	
<i>valganciclovir oral recon soln</i>	5	PA for age 18 and older
<i>valganciclovir oral tablet</i>	5	
VALTREX	4	
VEMLIDY	5	PA; QL (1 per 1 day)
VIEKIRA PAK	5	PA
VIRACEPT ORAL TABLET	5	

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

Drug Name	Drug Tier	Requirements / Limits
VIRAZOLE	5	
VIREAD ORAL POWDER	5	QL (8 per 1 day)
VIREAD ORAL TABLET	5	QL (1 per 1 day)
VOSEVI	5	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (1 per 183 days)
ZEPATIER	5	PA
ZIAGEN ORAL SOLUTION	5	
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	CED	PA
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	PA; 100 ml per fill
DIFICID ORAL TABLET	4	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	4	PA for age 18 and older
ERYPED 200	4	PA for age 18 and older

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

Drug Name	Drug Tier	Requirements / Limits
ERYPED 400	4	PA for age 18 and older
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet,delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	QL (12 per 30 days)
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	4	PA; QL (6 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA	4	
ARIKAYCE	5	PA; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	4	PA
BETHKIS	5	
BILTRICIDE	4	
CAYSTON	5	LA
<i>chloroquine phosphate</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
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	4	
CYCLOSERINE	4	
<i>dapsone oral</i>	1	
DARAPRIM	5	PA; QL (3 per 1 day)
EMVERM	4	PA; 2 tablets per fill
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	CED	PA
HUMATIN	4	
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	CED	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
IMPAVIDO	5	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (20 per 90 days)
KITABIS PAK	5	
KRINTAFEL	4	QL (2 per 365 days)
LAMPIT	4	PA
<i>linezolid</i>	1	
MALARONE	4	
MALARONE PEDIATRIC	4	
<i>mefloquine</i>	1	
MEPRON	4	
<i>metronidazole oral capsule</i>	CED	PA
<i>metronidazole oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN	4	
NEBUPENT	4	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</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
PASER	4	
<i>pentamidine inhalation</i>	2	
PLAQUENIL	4	
<i>praziquantel</i>	2	
PRETOMANID	4	PA; QL (1 per 1 day)
PRIFTIN	4	
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	5	PA; QL (3 per 1 day)
QUALAQUN	4	
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIRTURO	CED	PA; LA
SIVEXTRO ORAL	5	
SOLOSEC	CED	PA
STROMECTOL	4	PA; QL (20 per 90 days)
<i>tinidazole</i>	1	
TOBI	5	
TOBI PODHALER	5	ST
<i>tobramycin in 0.225 % nacl</i>	5	
<i>tobramycin inhalation</i>	5	
TOBRAMYCIN WITH NEBULIZER	5	
TRECATOR	4	
XENLETA ORAL	4	PA; QL (10 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (42 per 120 days)
ZYVOX ORAL	4	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	

You can find information 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>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
AUGMENTIN XR	4	
<i>dicloxacillin</i>	1	
MOXATAG	4	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	4	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	CED	PA
<i>avidoxy</i>	1	
AVIDOXY DK	CED	PA
<i>demeclocycline</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	CED	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	CED	PA
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	CED	PA
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	CED	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	CED	PA
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	CED	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	CED	PA
LYMEPAK	4	
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	CED	PA
<i>minocycline oral tablet</i>	CED	PA
<i>minocycline oral tablet extended release 24 hr</i>	CED	PA
<i>monodoxine nl oral capsule 100 mg</i>	1	
<i>monodoxine nl oral capsule 75 mg</i>	CED	PA
MONODOX ORAL CAPSULE 100 MG, 50 MG	CED	
MONODOX ORAL CAPSULE 75 MG	CED	PA
MORGIDOX 1X 50	CED	PA
MORGIDOX 1X100	CED	PA
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	CED	PA
ORACEA	CED	PA
SEYSARA	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	CED	PA
TARGADOX	CED	PA
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
XIMINO	CED	PA
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	2	
FURADANTIN	4	
HIPREX	4	
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	PA
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	CED	PA
PRIMSOL	4	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	CED	PA
VANCOCIN	4	
<i>vancomycin oral capsule</i>	2	
<i>vancomycin oral recon soln</i>	CED	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
MESNEX ORAL	5	

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

Drug Name	Drug Tier	Requirements / Limits
VISTOGARD	5	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (4 per 1 day)
<i>abiraterone oral tablet 500 mg</i>	CED	PA
AFINITOR	5	PA; QL (1 per 1 day)
AFINITOR DISPERZ	5	PA
ALECensa	5	PA; QL (8 per 1 day)
ALKERAN	5	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
ARIMIDEX	4	
AROMASIN	4	
ASTAGRAF XL	CED	PA
AYVAKIT	5	PA; LA; QL (1 per 1 day)
AZASAN	CED	PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	CED	PA
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	5	PA; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	5	PA; LA; QL (1 per 1 day)
<i>bexarotene</i>	5	PA
<i>bicalutamide</i>	1	
BOSULIF ORAL TABLET 100 MG	5	PA; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (6 per 1 day)
BRUKINSA	5	PA; LA; QL (4 per 1 day)
CABOMETYX	5	PA; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	5	PA; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	5	PA; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
CASODEX	4	
CELLCEPT	5	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (2 per 1 day)
COTELLIC	5	PA; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	5	
CYCLOPHOSPHAMIDE ORAL TABLET	5	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO ORAL TABLET 100 MG	5	PA; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (2 per 1 day)
DROXIA	3	
ELIGARD	5	PA; QL (1 per 28 days)
ELIGARD (3 MONTH)	5	PA; QL (1 per 63 days)
ELIGARD (4 MONTH)	5	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	5	PA; QL (1 per 126 days)
EMCYT	5	PA
ENSPRYNG	5	PA; QL (1 per 28 days)
ENVARSUS XR	CED	PA
ERIVEDGE	5	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	5	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (3 per 1 day)
<i>etoposide oral</i>	5	PA
EULEXIN	4	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA
<i>everolimus (immunosuppressive)</i>	5	

You can find information 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>exemestane</i>	1	ACA
EXKIVITY	5	PA; QL (4 per 1 day)
FARESTON	4	QL (1 per 1 day)
FEMARA	4	
FENSOLVI	5	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	QL (1 per 30 days)
FOTIVDA	5	PA; QL (21 per 28 days)
GAVRETO	5	PA; LA; QL (4 per 1 day)
<i>gefitinib</i>	2	PA; QL (1 per 1 day)
<i>gengraf</i>	1	
GILOTRIF	5	PA; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	5	PA; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	5	PA; QL (2 per 1 day)
GLEOSTINE	5	PA
HYCAMTIN ORAL	5	PA
HYDREA	4	
<i>hydroxyurea</i>	1	
IBRANCE	5	PA; QL (1 per 1 day)
ICLUSIG	5	PA; QL (1 per 1 day)
IDHIFA	5	PA; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (1 per 1 day)
IMURAN	4	
INLYTA ORAL TABLET 1 MG	5	PA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	5	PA; QL (4 per 1 day)
INQOVI	5	PA; QL (5 per 28 days)
INREBIC	5	PA; LA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
IRESSA	5	PA; QL (1 per 1 day)
JAKAFI	5	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (1 per 1 day)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63 per 30 days)
KLISYRI	4	PA; QL (5 per 365 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (4 per 1 day)
KRAZATI	5	PA; QL (6 per 1 day)
<i>lapatinib</i>	5	PA; QL (6 per 1 day)
<i>lenalidomide</i>	5	PA; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	5	PA
LEUPROLIDE (3 MONTH)	5	PA; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	5	PA; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
LORBRENA ORAL TABLET 25 MG	5	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (3 per 1 day)
LUPKYNIS	5	PA; QL (6 per 1 day)
LUPRON DEPOT	5	PA; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PA; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	5	PA; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	5	PA; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	5	PA; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; QL (1 per 126 days)
LYNPARZA	5	PA; QL (4 per 1 day)
LYSODREN	5	PA
LYTGOBI	5	PA; LA; QL (4 per 21 days)
MATULANE	5	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	CED	PA
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	5	PA; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (1 per 1 day)
MEKTOVI	5	PA; LA; QL (6 per 1 day)
<i>melphalan</i>	5	PA
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	5	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</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
MYFORTIC	4	
MYLERAN	5	PA
NEORAL	4	
NERLYNX	5	PA; LA; QL (6 per 1 day)
NEXAVAR	5	PA; LA; QL (4 per 1 day)
NILANDRON	5	PA; QL (1 per 1 day)
<i>nilutamide</i>	5	PA; QL (1 per 1 day)
NINLARO	5	PA; QL (3 per 30 days)
NUBEQA	5	PA; LA; QL (4 per 1 day)
ODOMZO	5	PA; LA; QL (1 per 1 day)
ONUREG	5	PA; QL (14 per 28 days)
ORGOVYX	5	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (3 per 1 day)
<i>pazopanib</i>	5	PA; QL (4 per 1 day)
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	5	PA; QL (56 per 28 days)
POMALYST	5	PA; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE	5	
PROGRAF ORAL GRANULES IN PACKET	CED	PA
PURIXAN	CED	PA
QINLOCK	5	PA; LA; QL (3 per 1 day)
RAPAMUNE	4	
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (4 per 1 day)
REVLIMID	5	PA; LA; QL (1 per 1 day)
REZLIDHIA	5	PA; QL (2 per 1 day)
REZUROCK	5	PA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; 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
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; LA; QL (12 per 1 day)
RUBRACA	5	PA; LA; QL (4 per 1 day)
RYDAPT	5	PA; QL (8 per 1 day)
SANDIMMUNE ORAL CAPSULE	4	
SANDIMMUNE ORAL SOLUTION	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (10 per 1 day)
SIGNIFOR	5	PA
SIKLOS	CED	PA
<i>sirolimus</i>	2	
SOLTAMOX	4	
<i>sorafenib</i>	5	PA; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (3 per 1 day)
STIVARGA	5	PA; QL (84 per 30 days)
<i>sunitinib malate</i>	5	PA; QL (1 per 1 day)
SUPPRELIN LA	5	QL (1 per 365 days)
SUTENT	5	PA; QL (1 per 1 day)
TABLOID	5	PA
TABRECTA	5	PA; QL (4 per 1 day)
<i>tacrolimus oral</i>	1	
TAFINLAR ORAL CAPSULE	5	PA; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (30 per 1 day)
TAGRISSO	5	PA; LA; QL (1 per 1 day)
TALZENNA	5	PA; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; QL (1 per 1 day)
TARCEVA ORAL TABLET 25 MG	5	PA; QL (3 per 1 day)
TARGETIN	5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
TAZVERIK	5	PA; LA; QL (8 per 1 day)
<i>temozolomide</i>	5	PA
TEPMETKO	5	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	QL (1 per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	QL (2 per 1 day)
TIBSOVO	5	PA; QL (2 per 1 day)
<i>toremifene</i>	2	QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PA; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	5	PA
TREXALL	CED	PA
TRIPTODUR	5	PA; QL (1 per 126 days)
TUKYSA	5	PA; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (4 per 1 day)
TYKERB	5	PA; LA; QL (6 per 1 day)
VANFLYTA	5	PA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	5	PA; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	5	PA; QL (42 per 365 days)
VERZENIO	5	PA; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (10 per 1 day)
VIZIMPRO	5	PA; QL (1 per 1 day)
VONJO	5	PA; QL (4 per 1 day)
VOTRIENT	5	PA; QL (4 per 1 day)
WELIREG	5	PA; 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
XALKORI ORAL CAPSULE	5	PA; QL (4 per 1 day)
XATMEP	CED	PA
XELODA ORAL TABLET 150 MG	5	PA; QL (4 per 1 day)
XELODA ORAL TABLET 500 MG	5	PA; QL (10 per 1 day)
XERMELO	5	LA
XOSPATA	5	PA; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	5	PA; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	5	PA; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	5	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	5	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	5	PA; QL (2 per 1 day)
YONSA	5	PA; QL (4 per 1 day)
ZEJULA ORAL TABLET	5	PA; LA; QL (1 per 1 day)
ZELBORA	5	PA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	5	PA; QL (1 per 28 days)
ZOLINZA	5	PA; QL (4 per 1 day)
ZORTRESS	5	
ZYDELIG	5	PA; QL (2 per 1 day)
ZYKADIA	5	PA; QL (3 per 1 day)
ZYTIGA ORAL TABLET 250 MG	5	PA; QL (4 per 1 day)
ZYTIGA ORAL TABLET 500 MG	CED	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

ACTIVE-PAC	CED	PA
APTIOM	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
BANZEL	4	PA
BRIVIACT ORAL	4	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	4	PA
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam</i>	2	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; QL (6 per 1 day)
DIASTAT	4	
DIASTAT ACUDIAL	4	
<i>diazepam rectal</i>	1	
DILANTIN	4	PA
DILANTIN EXTENDED	4	PA
DILANTIN INFATABS	4	PA
DILANTIN-125	4	PA
<i>divalproex</i>	1	
ELEPSIA XR	CED	PA
EPIDIOLEX	5	PA; LA
<i>epitol</i>	1	
EPRONTIA	CED	PA
EQUETRO	4	PA
<i>ethosuximide</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>felbamate</i>	2	
FELBATOL ORAL TABLET	4	PA
FINTEPLA	5	PA; LA; QL (12 per 1 day)
FYCOMPA	4	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	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
KLONOPIN	4	
<i> lacosamide oral</i>	2	PA
LAMICTAL ODT	CED	PA
LAMICTAL ODT STARTER (BLUE)	CED	PA
LAMICTAL ODT STARTER (GREEN)	CED	PA
LAMICTAL ODT STARTER (ORANGE)	CED	PA
LAMICTAL ORAL TABLET	4	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	PA
LAMICTAL STARTER (BLUE) KIT	CED	PA
LAMICTAL STARTER (GREEN) KIT	CED	PA
LAMICTAL STARTER (ORANGE) KIT	CED	PA
LAMICTAL XR	4	PA
LAMICTAL XR STARTER (BLUE)	CED	PA
LAMICTAL XR STARTER (GREEN)	CED	PA
LAMICTAL XR STARTER (ORANGE)	CED	PA
<i> lamotrigine oral tablet</i>	1	
<i> lamotrigine oral tablet disintegrating, dose pk</i>	CED	PA
<i> lamotrigine oral tablet extended release 24hr</i>	2	
<i> lamotrigine oral tablet, chewable dispersible</i>	1	
<i> lamotrigine oral tablet,disintegrating</i>	CED	PA
<i> lamotrigine oral tablets,dose pack</i>	CED	PA
<i> levetiracetam oral</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
LYRICA	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	ST; QL (1 per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	ST; QL (2 per 1 day)
<i>methsuximide</i>	2	
MYSOLINE	4	PA
NAYZILAM	4	PA; QL (10 per 30 days)
NEURONTIN	4	PA
ONFI	5	PA
<i>oxcarbazepine</i>	1	
OXTELLAR XR	4	PA
<i>phenobarbital</i>	1	
PHENYTEK	4	PA
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	ST; QL (1 per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	ST; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	CED	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	CED	PA; QL (2 per 1 day)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	2	PA
SABRIL	5	PA; LA
SPRITAM	CED	PA
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	CED	PA
<i>subvenite starter (green) kit</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (orange) kit</i>	CED	PA
SYMPAZAN	CED	PA
TEGRETOL ORAL SUSPENSION	4	PA
TEGRETOL ORAL TABLET	4	PA
TEGRETOL XR	4	PA
<i>tiagabine</i>	2	
TOPAMAX	4	PA
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	2	PA; QL (1 per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	CED	PA; QL (1 per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral tablet</i>	1	
TRILEPTAL	4	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	CED	PA; QL (2 per 1 day)
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	4	PA; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; LA
<i>vigadrone oral powder in packet</i>	5	PA
<i>vigadrone oral tablet</i>	2	PA
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	4	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI TITRATION PACK	4	PA; 1 unit per day; 1 box in 365 days
ZARONTIN	4	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA
ZONISADE	CED	PA
<i>zonisamide</i>	1	
ZTALMY	4	PA; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; LA; QL (3 per 1 day)
<i>apomorphine</i>	5	PA; QL (3 per 1 day)
AZILECT	4	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	4	
DHIVY	CED	PA; QL (8 per 1 day)
DUOPA	5	
<i>entacapone</i>	1	
GOCOVRI	CED	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (10 per 1 day)
LODOSYN	4	
MIRAPEX ER	CED	PA
NEUPRO	4	ST
NOURIANZ	4	PA; LA; QL (1 per 1 day)
ONGENTYS	4	PA; QL (1 per 1 day)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	CED	PA
PARLODEL	4	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	CED	PA
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
RYTARY	CED	PA
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
TASMAR ORAL TABLET 100 MG	4	PA; QL (6 per 1 day)
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	4	ST
ZELAPAR	CED	PA
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	4	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	4	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
ELYXYB	CED	PA; QL (16 per 1 day)
EMGALITY PEN	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ERGOMAR	4	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
FROVA	4	QL (12 per 30 days)
<i>frovatriptan</i>	2	QL (12 per 30 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	4	QL (6 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
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	4	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	4	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	4	QL (18 per 30 days)
IMITREX STATDOSE PEN	4	QL (6 per 30 days)
IMITREX STATDOSE REFILL	4	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	4	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	4	QL (12 per 30 days)
<i>migergot</i>	CED	PA
MIGRANAL	4	PA; QL (8 per 28 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	3	PA; QL (8 per 30 days)
ONZETRA XSAIL	CED	PA
QULIPTA	3	PA; QL (1 per 1 day)
RELPAX	4	QL (12 per 30 days)
REYVOW	4	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
<i>sumatriptan-naproxen</i>	CED	PA
TOSYMRA	CED	PA
TREXIMET	CED	PA
TRUDHESA	CED	PA; QL (8 per 30 days)
UBRELVY	4	PA; QL (10 per 30 days)
ZAVZPRET	5	PA; QL (1 per 30 days)
ZEMBRACE SYMTOUCH	CED	PA
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL (12 per 30 days)

You can find information 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>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i>	CED	PA; QL (12 per 30 days)
ZOMIG NASAL	4	ST; QL (12 per 30 days)
ZOMIG ORAL	4	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	CED	PA
AMPYRA	5	LA; QL (2 per 1 day)
ARICEPT	4	
AUSTEDO	5	PA; LA
AUSTEDO XR	5	PA
AUSTEDO XR TITRATION KT(WK1-4)	5	PA; QL (42 per 365 days)
<i>dalfampridine</i>	5	QL (2 per 1 day)
DAYBUE	5	PA; QL (120 per 1 day)
<i>dichlorphenamide</i>	5	PA; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI	5	PA; LA; QL (6.7 per 1 day)
EXELON PATCH	4	
FIRDAPSE	5	PA; LA; QL (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	CED	PA
<i>galantamine oral tablet</i>	2	
HORIZANT	CED	PA
INGREZZA	5	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PACK	5	PA; QL (28 per 365 days)
KEVEYIS	5	PA; QL (4 per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral solution</i>	CED	PA
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
NAMENDA ORAL TABLET	4	
NAMENDA TITRATION PAK	4	
NAMENDA XR	4	

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

Drug Name	Drug Tier	Requirements / Limits
NAMZARIC	CED	PA
NUEDEXTA	5	PA; QL (2 per 1 day)
NULIBRY	5	PA
RADICAVA ORS STARTER KIT SUSP	5	PA
RELYVARIO	5	PA; QL (2 per 1 day)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	5	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (4 per 1 day)
XENAZINE ORAL TABLET 12.5 MG	5	PA; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	5	PA; LA; QL (4 per 1 day)
ZEPOSIA	5	PA; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; QL (7 per 365 days)

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

AMRIX	CED	PA
BACLOFEN ORAL SOLUTION	CED	PA
<i>baclofen oral suspension</i>	CED	PA; QL (16 per 1 day)
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet 250 mg</i>	CED	PA
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	CED	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	CED	PA
<i>cyclobenzaprine oral tablet</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral</i>	1	
FEXMID	4	
FLEQSUVY	CED	PA; QL (16 per 1 day)
LORZONE	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
LYVISPAH	CED	PA
<i>meprobamate</i>	1	
MESTINON ORAL	4	
MESTINON TIMESSPAN	4	
<i>metaxalone oral tablet 400 mg</i>	CED	PA
<i>metaxalone oral tablet 800 mg</i>	2	
METHOCARBAMOL ORAL TABLET 1,000 MG	CED	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC	CED	PA
NORGESIC FORTE	CED	PA
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	CED	PA
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	2	PA
<i>orphengesic forte</i>	CED	PA
OZOBAX	CED	PA
OZOBAX DS	CED	PA
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SOMA ORAL TABLET 250 MG	CED	PA
SOMA ORAL TABLET 350 MG	4	QL (4 per 1 day)
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
ZANAFLEX	4	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	CED	PA; QL (10 per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL (150 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	PA; QL (12 per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	PA; QL (6 per 1 day)
ascomp with codeine	1	PA; QL (6 per 1 day)
BELBUCA	4	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	5	PA; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	5	PA; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	5	PA; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	5	PA; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	5	PA; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	5	PA; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	5	PA; QL (0.27 per 28 days)
BUPAP	CED	PA
buprenorphine	2	PA; QL (4 per 28 days)
buprenorphine hcl sublingual tablet 2 mg	1	QL (12 per 1 day)
buprenorphine hcl sublingual tablet 8 mg	1	QL (3 per 1 day)
butalbital compound w/codeine	1	PA; QL (6 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	CED	PA; QL (6 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA; QL (6 per 1 day)
butalbital-acetaminophen oral capsule	CED	PA
butalbital-acetaminophen oral tablet 50-300 mg	CED	PA
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (6 per 1 day)
butalbital-acetaminophen-caff oral capsule	CED	PA; QL (6 per 1 day)
butalbital-acetaminophen-caff oral tablet	1	QL (6 per 1 day)
butalbital-aspirin-caffeine	1	
BUTRANS	4	PA; QL (4 per 28 days)
codeine sulfate oral tablet 15 mg	1	PA; QL (24 per 1 day)
codeine sulfate oral tablet 30 mg	1	PA; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
codeine sulfate oral tablet 60 mg	1	PA; QL (6 per 1 day)
codeine-butalbital-asa-caff	1	PA; QL (6 per 1 day)
DILAUDID ORAL LIQUID	4	PA; QL (22 per 1 day)
DILAUDID ORAL TABLET 2 MG	4	PA; QL (11 per 1 day)
DILAUDID ORAL TABLET 4 MG	4	PA; QL (5 per 1 day)
DILAUDID ORAL TABLET 8 MG	4	PA; QL (2 per 1 day)
endocet oral tablet 10-325 mg	1	PA; QL (6 per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	PA; QL (12 per 1 day)
endocet oral tablet 7.5-325 mg	1	PA; QL (8 per 1 day)
ESGIC ORAL CAPSULE	CED	PA; QL (6 per 1 day)
ESGIC ORAL TABLET	4	QL (6 per 1 day)
fentanyl citrate buccal lozenge on a handle	1	PA; QL (4 per 1 day)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	4	PA; QL (4 per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	CED	PA; QL (10 per 30 days)
FENTORA	4	PA; QL (4 per 1 day)
FIORICET	CED	PA; QL (6 per 1 day)
FIORICET WITH CODEINE	CED	PA; QL (6 per 1 day)
hydrocodone bitartrate oral capsule, oral only, er 12hr	2	PA; QL (2 per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	2	PA; QL (1 per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	2	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	PA; QL (180 per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	PA; QL (9 per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA; QL (12 per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5- 200 mg	2	PA; QL (5 per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	PA; QL (5 per 1 day)
hydromorphone oral liquid	1	PA; QL (22 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
hydromorphone oral tablet 2 mg	1	PA; QL (11 per 1 day)
hydromorphone oral tablet 4 mg	1	PA; QL (5 per 1 day)
hydromorphone oral tablet 8 mg	1	PA; QL (2 per 1 day)
hydromorphone oral tablet extended release 24 hr	2	PA; QL (1 per 1 day)
hydromorphone rectal	1	PA; QL (4 per 1 day)
HYSINGLA ER	4	PA; QL (1 per 1 day)
levorphanol tartrate	CED	PA; QL (4 per 1 day)
meperidine oral solution	1	PA; QL (90 per 1 day)
meperidine oral tablet 50 mg	1	PA; QL (18 per 1 day)
methadone oral concentrate	1	PA; QL (3 per 1 day)
methadone oral solution 10 mg/5 ml	1	PA; QL (15 per 1 day)
methadone oral solution 5 mg/5 ml	1	PA; QL (30 per 1 day)
methadone oral tablet 10 mg	1	PA; QL (3 per 1 day)
methadone oral tablet 5 mg	1	PA; QL (6 per 1 day)
methadose oral concentrate	1	PA; QL (3 per 1 day)
morphine concentrate oral solution	1	PA; QL (4 per 1 day)
morphine oral capsule, er multiphase 24 hr	CED	PA; QL (1 per 1 day)
morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	CED	PA; QL (1 per 1 day)
morphine oral solution 10 mg/5 ml	1	PA; QL (45 per 1 day)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	PA; QL (22 per 1 day)
morphine oral tablet 15 mg	1	PA; QL (6 per 1 day)
morphine oral tablet 30 mg	1	PA; QL (3 per 1 day)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	1	PA; QL (2 per 1 day)
morphine oral tablet extended release 15 mg, 30 mg	1	PA; QL (3 per 1 day)
morphine rectal suppository 10 mg, 5 mg	2	PA; QL (6 per 1 day)
morphine rectal suppository 20 mg	2	PA; QL (4 per 1 day)
morphine rectal suppository 30 mg	2	PA; QL (3 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; QL (2 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; QL (3 per 1 day)
NALOCET	CED	PA
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	4	PA; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	CED	PA; QL (8 per 1 day)
<i>oxycodone oral capsule</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	CED	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i>	CED	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	CED	PA
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg</i>	CED	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	CED	PA; QL (8 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	4	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
PERCOSET ORAL TABLET 10-325 MG	4	PA; QL (6 per 1 day)
PERCOSET ORAL TABLET 2.5-325 MG, 5-325 MG	4	PA; QL (12 per 1 day)
PERCOSET ORAL TABLET 7.5-325 MG	4	PA; QL (8 per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	CED	PA; QL (6 per 1 day)
PRIMLEV ORAL TABLET 5-300 MG	CED	PA; QL (12 per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG	CED	PA; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
PROLATE ORAL SOLUTION	CED	PA
<i>prolate oral tablet 10-300 mg</i>	CED	PA; QL (6 per 1 day)
<i>prolate oral tablet 5-300 mg</i>	CED	PA; QL (12 per 1 day)
<i>prolate oral tablet 7.5-300 mg</i>	CED	PA; QL (8 per 1 day)
ROXICODONE ORAL TABLET 15 MG	4	PA; QL (4 per 1 day)
ROXICODONE ORAL TABLET 30 MG	4	PA; QL (2 per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	CED	PA
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	CED	PA; QL (12 per 1 day)
SEGLENTIS	CED	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	PA; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
TREZIX	CED	PA; QL (10 per 1 day)
XTAMPZA ER	4	PA; QL (2 per 1 day)
<i>zebutal</i>	CED	PA; QL (6 per 1 day)

NON-NARCOTIC ANALGESICS

<i>adult aspirin regimen</i>	1	ACA; OTC
ANAPROX DS	4	
ARTHROTEC 50	4	PA; QL (4 per 1 day)
ARTHROTEC 75	4	PA; QL (4 per 1 day)
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA; QL (5 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
CAMBIA	CED	PA; QL (9 per 30 days)
CAPSFENAC PAK	CED	PA
CAPSINAC	CED	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	4	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	4	QL (1 per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
CONZIP	CED	PA; QL (1 per 1 day)
DAYPRO	4	QL (2 per 1 day)
DICLOFENAC EPOLAMINE	4	PA; QL (2 per 1 day)
<i>diclofenac potassium oral capsule</i>	CED	PA; QL (4 per 1 day)
<i>diclofenac potassium oral powder in packet</i>	CED	PA; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	CED	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	CED	PA; QL (224 per 30 days)
DICLOFENAC SUBMICRONIZED	CED	PA; QL (3 per 1 day)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
DICLOFEX DC	CED	PA
DICLOHEAL-60	CED	PA
DICLOPR	CED	PA
DICLOSAICIN	CED	PA
DICLOTRAL	CED	PA
<i>diflunisal</i>	2	QL (3 per 1 day)
DIMENTHO	CED	PA
DISALCID	4	

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

Drug Name	Drug Tier	Requirements / Limits
DITHOL	CED	PA
DUEXIS	CED	PA; QL (3 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG	4	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	QL (2 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
FELDENE	4	QL (1 per 1 day)
FENOPROFEN ORAL CAPSULE 200 MG	CED	PA; QL (6 per 1 day)
<i>fenoprofen oral capsule 400 mg</i>	CED	PA; QL (4 per 1 day)
<i>fenoprofen oral tablet</i>	CED	PA; QL (4 per 1 day)
FLECTOR	4	PA; QL (2 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	CED	PA; QL (3 per 1 day)
ICLOFENAC CP	CED	PA
INDOCIN ORAL	4	PA; QL (40 per 1 day)
INDOCIN RECTAL	4	PA; QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	CED	PA
<i>indomethacin rectal suppository 50 mg</i>	2	PA; QL (4 per 1 day)
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	CED	PA; QL (4 per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	CED	PA
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	CED	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
KETOROLAC NASAL	CED	PA; QL (5 per 30 days)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	3	2 sprays per fill
LICART	CED	PA; QL (1 per 1 day)
LIFEMS NALOXONE	4	
LODINE ORAL TABLET	4	QL (2 per 1 day)
<i>lofena</i>	CED	PA
LUCEMYRA	CED	PA
<i>meclofenamate</i>	CED	PA; QL (4 per 1 day)
<i>mefenamic acid</i>	2	29 capsules per fill
MELOXICAM ORAL SUSPENSION	4	
<i>meloxicam oral tablet</i>	1	
<i>meloxicam submicronized</i>	CED	PA; QL (1 per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
NALFON ORAL CAPSULE 400 MG	CED	PA; QL (4 per 1 day)
NALFON ORAL TABLET	CED	PA; QL (4 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	2	2 sprays per fill
<i>naltrexone</i>	1	
NAPRELAN CR	CED	PA; QL (2 per 1 day)
NAPROSYN ORAL SUSPENSION	CED	PA; QL (40 per 1 day)
NAPROSYN ORAL TABLET 500 MG	4	QL (3 per 1 day)
<i>naproxen oral suspension</i>	CED	PA; QL (40 per 1 day)
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	CED	PA; QL (2 per 1 day)
<i>naproxen-esomeprazole</i>	CED	PA; QL (2 per 1 day)

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

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

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

Drug Name	Drug Tier	Requirements / Limits
VIMOVO	CED	PA; QL (2 per 1 day)
VIVITROL	5	
VIVLODEX	CED	PA; QL (1 per 1 day)
ZICLOPRO	CED	PA
ZIMHI	4	1 ml per fill
ZIPSOR	CED	PA; QL (4 per 1 day)
ZORVOLEX	4	PA; QL (3 per 1 day)
ZUBSOLV	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	CED	PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	CED	PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)
ABILIFY MAINTENA	3	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	CED	PA
ABILIFY MYCITE STARTER KIT	CED	PA
ABILIFY ORAL TABLET	4	PA for age 17 and younger; QL (1 per 1 day)
ADASUVE	CED	PA
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	3	PA for age 19 and older; QL (2 per 1 day)
ADDYI	4	PA; QL (1 per 1 day)
ADZENYS XR-ODT	4	PA; QL (1 per 1 day)
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	2	
AMBIEN	4	QL (1 per 1 day)
AMBIEN CR	4	QL (1 per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	1	

You can find information 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>amphetamine sulfate oral tablet 10 mg</i>	2	PA; QL (6 per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	2	PA; QL (3 per 1 day)
ANAFRANIL	4	
APLENZIN	CED	PA
APTENSIO XR	4	PA; QL (1 per 1 day)
<i>aripiprazole oral solution</i>	CED	PA for Age less than or equal to 17 year(s); QL (30 per 1 day)
<i>aripiprazole oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>aripiprazole oral tablet,disintegrating</i>	CED	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
ARISTADA INITIO	3	PA for age 17 and younger; QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	3	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	PA for age 17 and younger; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
ATIVAN ORAL	4	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
AUVELITY	4	PA; QL (2 per 1 day)
AZSTARYS	4	PA; QL (1 per 1 day)
BELSOMRA	4	ST; QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 per 1 day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 per 1 day)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	
bupropion hcl oral tablet sustained-release 12 hr	1	QL (2 per 1 day)
buspirone	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	4	PA for age 18 and older
CAPLYTA ORAL CAPSULE 42 MG	4	PA for age 18 and older; QL (1 per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG	4	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	4	QL (1 per 1 day)
chlordiazepoxide hcl	1	
chlorpromazine oral concentrate 100 mg/ml	CED	PA for age 17 and younger; QL (8 per 1 day)
chlorpromazine oral concentrate 30 mg/ml	CED	PA for age 17 and younger; QL (27 per 1 day)
chlorpromazine oral tablet	2	PA for age 17 and younger; QL (4 per 1 day)
CITALOPRAM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
citalopram oral solution	2	QL (20 per 1 day)
citalopram oral tablet 10 mg, 20 mg	1	QL (1.5 per 1 day)
citalopram oral tablet 40 mg	1	QL (1 per 1 day)
clomipramine	2	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	PA for age 17 and younger; QL (9 per 1 day)
clozapine oral tablet 200 mg	1	PA for age 17 and younger; QL (4.5 per 1 day)
clozapine oral tablet 25 mg, 50 mg	1	PA for age 17 and younger; QL (3 per 1 day)
clozapine oral tablet,disintegrating 100 mg	CED	PA; QL (9 per 1 day)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	CED	PA; QL (3 per 1 day)
clozapine oral tablet,disintegrating 150 mg	CED	PA; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet,disintegrating 200 mg</i>	CED	PA; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	4	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 200 MG	4	PA for age 17 and younger; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 25 MG, 50 MG	4	PA for age 17 and younger; QL (3 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	4	PA for age 19 and older; QL (2 per 1 day)
COTEMPLA XR-ODT	4	PA; QL (2 per 1 day)
CYMBALTA	4	QL (2 per 1 day)
DAYTRANA	4	PA; QL (1 per 1 day)
DAYVIGO	4	ST; QL (1 per 1 day)
<i>desipramine</i>	2	
DESOXYN	4	PA for age 19 and older; QL (5 per 1 day)
DESVENLAFAKINE	CED	PA; QL (1 per 1 day)
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	PA for age 19 and older; QL (4 per 1 day)
<i>dexamphetamine oral capsule,er biphasic 50-50</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>dexamphetamine oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	CED	PA
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	CED	PA
DRIZALMA SPRINKLE	CED	PA
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	CED	PA; QL (3 per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	4	PA; QL (8 per 1 day)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	4	PA; QL (1 per 1 day)
EDLUAR	CED	PA
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	4	QL (3 per 1 day)
EMSAM	4	PA; QL (1 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (1 per 1 day)
EVEKEO ODT	4	PA; QL (2 per 1 day)
EVEKEO ORAL TABLET 10 MG	4	PA; QL (6 per 1 day)
EVEKEO ORAL TABLET 5 MG	4	PA; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLET	4	PA for age 18 and older; QL (2 per 1 day)
FANAPT ORAL TABLETS,DOSE PACK	4	PA for age 18 and older; QL (8 per 365 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST; QL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST; QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	CED	PA; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet</i>	2	PA; QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for age 17 and younger; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral capsule,extended release 24hr</i>	CED	PA; QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
FOCALIN	4	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	4	PA for age 19 and older; QL (1 per 1 day)
FORFIVO XL	4	
GEODON ORAL	4	PA for age 17 and younger; QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	4	QL (1 per 1 day)
HALDOL DECANOATE	4	PA for age 17 and younger
<i>haloperidol decanoate</i>	2	PA for age 17 and younger
<i>haloperidol lactate injection</i>	1	PA for age 17 and younger

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

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate intramuscular</i>	1	PA for age 17 and younger
<i>haloperidol lactate oral</i>	1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	5	PA; QL (1 per 1 day)
HETLIOZ LQ	5	PA
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	CED	PA
INTUNIV ER	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	PA for age 17 and younger; QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	PA for age 17 and younger; QL (5 per 135 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	4	PA; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	PA; QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	PA for age 17 and younger; QL (2.63 per 63 days)
JORNAY PM	4	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	3	PA; QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	4	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	4	QL (1 per 1 day)
<i>lisdexamfetamine</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG	CED	PA; QL (1 per 1 day)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG	CED	PA
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	5	PA; QL (1 per 1 day)
LUNESTA	4	QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
LYBALVI	CED	PA; QL (1 per 1 day)
MARPLAN	4	
<i>methamphetamine</i>	2	PA for age 19 and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	4	PA for age 19 and older; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	4	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate</i>	2	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	2	PA; QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	CED	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml	2	PA for age 19 and older; QL (30 per 1 day)
methylphenidate hcl oral solution 5 mg/5 ml	2	PA for age 19 and older; QL (60 per 1 day)
methylphenidate hcl oral tablet	1	PA for age 19 and older; QL (3 per 1 day)
methylphenidate hcl oral tablet extended release	1	PA for age 19 and older; QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	2	PA for age 19 and older; QL (2 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 63 MG	CED	PA for age 19 and older
methylphenidate hcl oral tablet,chewable	2	PA for age 19 and older; QL (3 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	4	
midazolam oral syrup 2 mg/ml	1	
mirtazapine	1	QL (1 per 1 day)
modafinil	2	QL (1 per 1 day)
molindone	2	
MYDAYIS	4	PA; QL (1 per 1 day)
NARDIL	4	
nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg	2	QL (2 per 1 day)
nefazodone oral tablet 200 mg	2	QL (3 per 1 day)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	
nortriptyline 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>nortriptyline oral solution</i>	2	
NUPLAZID	5	PA; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	4	QL (2 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine oral tablet,disintegrating</i>	CED	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	CED	PA for Age less than or equal to 17 year(s)
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
PAMELOR	4	
PARNATE	4	QL (6 per 1 day)
<i>paroxetine hcl oral suspension</i>	CED	PA; QL (30 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	CED	PA; QL (2 per 1 day)
<i>paroxetine mesylate(menop.sym)</i>	CED	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	CED	PA; QL (2 per 1 day)
PAXIL ORAL SUSPENSION	CED	PA; QL (30 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	4	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	4	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	4	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)

You can find information 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>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for age 17 and younger
PERSERIS	3	PA for age 17 and younger; QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
PRISTIQ	4	QL (1 per 1 day)
<i>procentra</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>protriptyline</i>	2	
PROVIGIL	4	QL (1 per 1 day)
PROZAC ORAL CAPSULE	4	QL (2 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; QL (2 per 1 day)
QUAZEPAM	CED	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
QUETIAPINE ORAL TABLET 150 MG	CED	PA for age 17 and younger; QL (5 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	4	PA; QL (1 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	4	PA; QL (2 per 1 day)
QUILLIVANT XR	4	PA; QL (12 per 1 day)
QUVIVIQ	4	ST
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	4	PA for Age greater than or equal to 19 year(s); 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
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	4	QL (1 per 1 day)
REMERON SOLTAB	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	CED	PA; QL (1 per 1 day)
REXULTI ORAL TABLET	4	PA; QL (1 per 1 day)
RISPERDAL CONSTA	3	PA for age 17 and younger; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	4	PA for age 17 and younger; QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA for age 17 and younger; QL (2 per 1 day)
<i>risperidone oral solution</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>risperidone oral tablet,disintegrating</i>	CED	QL (2 per 1 day)
RITALIN	4	PA for age 19 and older; QL (3 per 1 day)
RITALIN LA	4	PA for age 19 and older; QL (1 per 1 day)
ROZEREM	4	QL (1 per 1 day)
RYKINDO	CED	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
SAPHRIS	4	PA; QL (2 per 1 day)
SECUADO	CED	PA
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	PA for age 17 and younger; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SERTRALINE ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
sertraline oral tablet 25 mg, 50 mg	1	QL (1.5 per 1 day)
SILENOR	CED	PA
SODIUM OXYBATE	5	PA; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (8 per 28 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (12 per 28 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	QL (2 per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	QL (1 per 1 day)
SUNOSI	4	PA; QL (1 per 1 day)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	CED	PA for Age less than or equal to 17 year(s)
tasimelteon	5	PA; QL (1 per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 per 1 day)
temazepam oral capsule 22.5 mg, 7.5 mg	CED	PA; QL (1 per 1 day)
thioridazine oral tablet 10 mg, 25 mg, 50 mg	1	PA for age 17 and younger; QL (4 per 1 day)
thioridazine oral tablet 100 mg	1	PA for age 17 and younger; QL (8 per 1 day)
thiothixene oral capsule 1 mg	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
thiothixene oral capsule 10 mg	2	PA for age 17 and younger; QL (6 per 1 day)
thiothixene oral capsule 2 mg, 5 mg	2	PA for age 17 and younger; QL (3 per 1 day)
tranylcypromine	2	QL (6 per 1 day)
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	QL (3 per 1 day)
trazodone oral tablet 300 mg	2	QL (2 per 1 day)
triazolam	1	QL (1 per 1 day)
trifluoperazine	1	PA for age 17 and younger; QL (4 per 1 day)
trimipramine	2	
TRINTELLIX	4	ST; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	CED	PA for Age less than or equal to 17 year(s); QL (0.28 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	CED	PA for Age less than or equal to 17 year(s); QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	CED	PA for Age less than or equal to 17 year(s); QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	CED	PA for Age less than or equal to 17 year(s); QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	CED	PA for Age less than or equal to 17 year(s); QL (0.7 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	CED	PA for Age less than or equal to 17 year(s); QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	CED	PA for Age less than or equal to 17 year(s); QL (0.21 per 28 days)
VALIUM	4	
VENLAFAXINE BESYLATE	CED	PA; QL (2 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet extended release 24hr</i>	CED	PA; QL (1 per 1 day)
VERSACLOZ	CED	PA; QL (18 per 1 day)
VIIBRYD ORAL TABLET	4	ST; QL (1 per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30 per 365 days)
vilazodone	2	ST; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE	4	PA for age 18 and older; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA for age 18 and older; QL (7 per 365 days)
VYLEESI	4	PA; QL (2.4 per 30 days)
VYVANSE	3	PA for age 19 and older; QL (1 per 1 day)
WAKIX	5	PA; 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
WELLBUTRIN SR	4	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	QL (1 per 1 day)
XANAX	4	
XANAX XR	4	
XELSTRYM	4	PA for age 19 and older; QL (1 per 1 day)
XYREM	5	PA; LA; QL (18 per 1 day)
XYWAV	5	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 7.5 MG	4	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 30 MG	4	PA for age 19 and older; QL (2 per 1 day)
<i>ziprasidone hcl</i>	1	PA for age 17 and younger; QL (2 per 1 day)
ZOLOFT ORAL CONCENTRATE	4	QL (10 per 1 day)
ZOLOFT ORAL TABLET 100 MG	4	QL (2 per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	4	QL (1.5 per 1 day)
ZOLPIDEM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase</i>	2	QL (1 per 1 day)
<i>zolpidem sublingual</i>	CED	PA
ZYPREXA ORAL	4	PA for age 17 and younger; QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	3	PA for age 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	PA for age 17 and younger; QL (1 per 28 days)
ZYPREXA ZYDIS	CED	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

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

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg</i>	2	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
BETAPACE	4	
BETAPACE AF	4	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	2	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	4	
NORPACE CR	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	4	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	CED	PA
TIKOSYN	4	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	
ACCURETIC	4	
<i>acebutolol</i>	1	
ALDACTONE	4	
<i>aliskiren</i>	2	ST
ALTACE	4	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	

You can find information 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>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiazid</i>	CED	PA
ATACAND	4	ST
ATACAND HCT	4	ST
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	
AVAPRO	4	
AZOR	4	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	4	
BENICAR HCT	4	
<i>betaxolol oral</i>	1	
BIDIL	4	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	4	
<i>candesartan</i>	2	ST
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA	4	
CARDURA XL	CED	PA
CAROSPIR	CED	PA
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 40 mg</i>	CED	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 20 mg, 80 mg</i>	CED	PA; QL (1 per 1 day)
CATAPRES-TTS-1	4	
CATAPRES-TTS-2	4	
CATAPRES-TTS-3	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
CONJUPRI	CED	PA
CONSENSI	CED	PA
COREG CR	CED	PA; QL (1 per 1 day)
CORGARD ORAL TABLET 20 MG, 40 MG	4	
COZAAR	4	
DEMSER	4	PA
DIBENZYLINE	4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL	4	
<i>doxazosin</i>	1	
DYRENIUM	4	
EDARBI	4	ST
EDARBYCLOR	4	ST
EDECIN	4	PA
<i>enalapril maleate oral solution</i>	CED	PA
<i>enalapril maleate oral tablet</i>	1	

You can find information 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>enalapril-hydrochlorothiazide</i>	1	
EPANED	CED	PA
<i>eplerenone</i>	1	
<i>eprosartan</i>	2	
<i>ethacrynic acid</i>	2	PA
EXFORGE	4	
EXFORGE HCT	CED	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
FUROSCIX	4	PA; 2 kits per fill
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	4	
<i>indapamide</i>	1	
INDERAL LA	4	
INDERAL XL	CED	PA
INNOPRAN XL	CED	PA
INSPRA	4	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	2	
<i>isradipine</i>	1	
KAPSPARGO SPRINKLE	CED	PA
KATERZIA	CED	PA
KERENDIA	4	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
LASIX	4	
LEVAMLODIPINE	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	4	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	4	
<i>matzim la</i>	2	
MAXZIDE	4	
MAXZIDE-25MG	4	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
MICARDIS	4	
MICARDIS HCT	CED	PA
MINIPRESS	4	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
NEXICLON XR	CED	PA
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	2	
NORLIQVA	CED	PA
NORVASC	4	
NYMALIZE	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan</i>	1	
<i>olmesartanamlodipin-hcthiazid</i>	CED	PA
<i>olmesartanhydrochlorothiazide</i>	1	
ORENITRAM	5	PA; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	5	PA; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	5	PA; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	5	PA; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	
<i>prazosin</i>	1	
PRESTALIA	CED	PA
PROCARDIA XL	4	
<i>propranolol oral</i>	1	
<i>propranololhydrochlorothiazid</i>	1	
QBRELIS	CED	PA
<i>quinapril</i>	1	
<i>quinaprilhydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
SOAANZ	CED	PA
<i>spironolactone oral suspension</i>	CED	PA
<i>spironolactone oral tablet</i>	1	
<i>spironolactonhydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	
<i>taztia xt</i>	1	
TEKTURNA	4	ST
TEKTURNA HCT	4	ST
<i>telmisartan</i>	1	
<i>telmisartanamlodipine</i>	CED	PA
<i>telmisartanhydrochlorothiazid</i>	CED	PA
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>terazosin</i>	1	
THALITONE	CED	PA
<i>tiadylt er</i>	1	
TIAZAC	4	
<i>timolol maleate oral</i>	2	
TOPROL XL	4	
<i>torsemide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	CED	PA
UPTRAVI ORAL TABLET	5	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; LA; QL (200 per 365 days)
VALSARTAN ORAL SOLUTION	CED	PA
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	
<i>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	4	
VASOTEC	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM	4	
ZESTORETIC	4	
ZESTRIL	4	
CARDIAC GLYCOSIDES		
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	CED	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	4	

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

Drug Name	Drug Tier	Requirements / Limits
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	CED	PA
COAGULATION THERAPY		
AMICAR	4	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA	5	
<i>aspirin-dipyridamole</i>	2	
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	CED	PA
BRILINTA	3	
CABLIVI INJECTION KIT	5	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	5	PA; LA; QL (2 per 1 day)
EFFIENT	4	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	5	
<i>fondaparinux</i>	5	
FRAGMIN SUBCUTANEOUS SOLUTION	5	
FRAGMIN SUBCUTANEOUS SYRINGE	5	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	4	
<i>jantoven</i>	1	
LOVENOX	5	

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

Drug Name	Drug Tier	Requirements / Limits
MULPLETA	5	PA; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	4	
PRADAXA ORAL CAPSULE 110 MG	4	PA
PRADAXA ORAL CAPSULE 150 MG, 75 MG	4	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	4	PA; QL (4 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 150 MG	4	PA; QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 20 MG	4	PA; QL (1 per 1 day)
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	5	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (2 per 1 day)
SAVAYSA	4	PA
TAVALISSE	5	PA; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (20 per 1 day)
XARELTO ORAL TABLET	3	
YOSPRALA	4	PA
ZONTIVITY	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	CED	PA
<i>amlodipine-atorvastatin</i>	2	
ATORVALIQ	CED	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	4	

You can find information 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>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	
COLESTID	4	
COLESTID FLAVORED ORAL PACKET	4	
<i>colestipol</i>	1	
CRESTOR	4	
EZALLOR SPRINKLE	CED	PA
<i>ezetimibe</i>	1	
EZETIMIBE-ROSVASTATIN	CED	PA
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	CED	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	CED	PA
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	CED	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	CED	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	CED	PA
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	1	PA
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	1	
FENOGLIDE	CED	PA
FIBRICOR	CED	PA
FLOLIPID	4	
<i>fluvastatin oral capsule</i>	2	ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	CED	PA; ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	5	PA; LA
LESCOL XL	CED	PA
LIPITOR	4	

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

Drug Name	Drug Tier	Requirements / Limits
LIPOFEN	CED	PA
LIVALO	4	ST
LOPID	4	
<i>lovastatin</i>	1	ACA
LOVAZA	4	QL (4 per 1 day)
NEXLETOL	4	PA; QL (1 per 1 day)
NEXLIZET	4	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pitavastatin calcium</i>	2	ST; ACA
PRALUENT PEN	4	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (2 per 28 days)
REPATHA SYRINGE	3	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET	CED	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR	4	
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG	CED	PA
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG	4	
VASCEPA	4	PA; QL (4 per 1 day)
VYTORIN 10-10	4	PA
VYTORIN 10-20	4	PA
VYTORIN 10-40	4	PA
VYTORIN 10-80	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
WELCHOL	4	
ZETIA	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	4	
ZYPITAMAG	4	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZY SPRINKLE	CED	PA
CAMZYOS	5	PA; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	4	QL (15 per 1 day)
CORLANOR ORAL TABLET	4	QL (2 per 1 day)
ENTRESTO	3	
FILSPARI	5	PA; QL (1 per 1 day)
LODOCOCO	CED	
<i>ranolazine</i>	2	
VERQUVO	4	PA; QL (1 per 1 day)
VYNDAMAX	5	PA; QL (1 per 1 day)
VYNDAQEL	5	PA; QL (4 per 1 day)
NITRATES		
GONITRO	CED	PA
ISORDIL	CED	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	CED	PA
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR	4	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	2	
NITROLINGUAL	4	
NITROMIST	CED	PA
NITROSTAT	4	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		

You can find information 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>acitretin</i>	2	
ANALPRAM-HC TOPICAL	4	
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
CALCIPOTRIENE TOPICAL FOAM	CED	PA
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone</i>	2	ST
<i>calcitriol topical</i>	2	
<i>calsodore</i>	CED	
COSENTYX (2 SYRINGES)	5	PA; QL (2 per 28 days)
COSENTYX PEN	5	PA; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (2 per 28 days)
ENSTILAR	CED	PA
EPIFOAM	CED	PA
ILUMYA	5	PA; QL (1 per 63 days)
PRAMOSONE TOPICAL CREAM 1-1 %	CED	PA
PRAMOSONE TOPICAL LOTION	4	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ	5	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1 per 63 days)
SORILUX	CED	PA
SOTYKTU	5	PA; QL (1 per 1 day)
STELARA INTRAVENOUS	5	PA; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 42 days)

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

Drug Name	Drug Tier	Requirements / Limits
TACLONEX TOPICAL OINTMENT	4	
TACLONEX TOPICAL SUSPENSION	4	ST
TALTZ AUTOINJECTOR	5	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; QL (1 per 28 days)
TREMFYA	5	PA; QL (1 per 42 days)
VECTICAL	4	
VTAMA	4	PA; QL (1 per 30 days)
WYNZORA	CED	PA
ZORYVE	4	PA; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	4	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
KERALYT RX	CED	PA
KERALYT SCALP	CED	PA
<i>keralyt topical shampoo 6 %</i>	CED	PA
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
CARAC	CED	PA; QL (30 per 365 days)
CIBINQO	5	PA; QL (1 per 1 day)
CONDYLOX TOPICAL GEL	4	
CORTANE-B	CED	PA
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
<i>doxepin topical</i>	CED	PA
DRYSOL DAB-O-MATIC	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (2.28 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (4 per 28 days)
EFUDEX TOPICAL CREAM	4	QL (40 per 365 days)
ELIDEL	4	
EUCRISA	4	ST; QL (1 per 30 days)
FLUOROPLEX	CED	PA; QL (30 per 365 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	CED	PA; QL (30 per 365 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	5	PA; QL (3 per 30 days)
<i>methoxsalen</i>	5	
OPZELURA	5	PA; QL (60 per 30 days)
PANRETIN	5	PA
<i>pimecrolimus</i>	2	ST
<i>podofilox topical solution</i>	1	
<i>prodoxin</i>	CED	PA
QBREXZA	CED	PA
QUTENZA	CED	PA
REGRANEX	4	QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
TOLAK	4	
<i>urea topical cream 40 %</i>	1	
VALCHLOR	5	PA; QL (60 per 30 days)
VEREGEN	CED	PA
ZONALON	CED	PA
THERAPY FOR ACNE		
ABSORICA LD	CED	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	CED	PA
ACANYA TOPICAL GEL WITH PUMP	4	ST
<i>accutane</i>	1	
ACZONE TOPICAL GEL	4	ST
ACZONE TOPICAL GEL WITH PUMP	CED	PA
<i>adapalene topical cream</i>	1	PA for age 29 and older

You can find information 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	PA for age 29 and older
<i>adapalene topical gel with pump</i>	1	PA for Age greater than or equal to 29 year(s)
ADAPALENE TOPICAL LOTION	CED	PA for age 29 and older; QL (1 per 30 days)
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	CED	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	2	ST
AKLIEF	4	ST; QL (45 per 30 days)
ALTRENO	4	PA
<i>amnesteem</i>	1	
AMZEEQ	4	PA; QL (30 per 30 days)
ARAZLO	CED	PA
ATRALIN	4	PA for age 29 and older
<i>avar</i>	1	
<i>avita topical cream</i>	1	PA for age 29 and older
<i>azelaic acid</i>	2	
AZELEX	4	ST
BENZAMYCIN	4	
BENZEPRO (MICROSPHERES)	4	
<i>benzepro topical towelette</i>	CED	PA
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	4	
<i>clindacin</i>	CED	PA
CLINDACIN ETZ TOPICAL KIT	CED	PA
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	CED	PA
CLINDAGEL	4	
<i>clindamycin phosphate topical foam</i>	CED	PA
<i>clindamycin phosphate topical gel</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel, once daily</i>	2	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %</i>	CED	PA
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>clindamycin-tretinooin</i>	CED	PA
<i>dapsone topical gel</i>	2	ST
<i>dapsone topical gel with pump</i>	CED	PA
DIFFERIN TOPICAL CREAM	4	PA for age 29 and older
DIFFERIN TOPICAL GEL WITH PUMP	4	PA for age 29 and older
DIFFERIN TOPICAL LOTION	CED	PA for age 29 and older; QL (1 per 30 days)
EPIDUO FORTE	4	ST
EPSOLAY	CED	PA
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	
EVOCLIN	CED	PA
FABIOR	4	ST
FINACEA TOPICAL FOAM	CED	PA
FINACEA TOPICAL GEL	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	CED	PA
<i>ivermectin topical cream</i>	2	PA
METROCREAM	4	
METROGEL TOPICAL GEL 1 %	4	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	

You can find information 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>metronidazole topical gel 0.75 %</i>	2	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>metronidazole topical lotion</i>	CED	PA
MIRVASO	4	PA; QL (30 per 30 days)
<i>neuac</i>	2	
NEUAC KIT	CED	PA
NORITATE	CED	PA
NUCARACLINPAK	CED	PA
ONEXTON TOPICAL GEL WITH PUMP	CED	PA
RETIN-A	4	PA for age 29 and older
RETIN-A MICRO	4	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	4	PA for age 29 and older
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	4	ST
RHOFADE	4	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
ROSADAN TOPICAL KIT, CLEANSER AND GEL	CED	PA
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	4	PA
ROSULA	4	
SOOLANTRA	4	PA
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream</i>	2	ST
TAZAROTENE TOPICAL FOAM	4	ST
<i>tazarotene topical gel</i>	CED	PA
TAZORAC TOPICAL CREAM 0.05 %	CED	PA
TAZORAC TOPICAL CREAM 0.1 %	4	ST
TAZORAC TOPICAL GEL	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microspheres topical gel</i>	2	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	2	PA for age 29 and older
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	2	PA for Age greater than or equal to 29 year(s)
<i>tretinoin topical cream</i>	1	PA for age 29 and older
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA for age 29 and older
<i>tretinoin topical gel 0.05 %</i>	2	PA for Age greater than or equal to 29 year(s);
TWYNÉO	CED	PA
VELTIN	CED	PA
WINLEVI	4	ST; QL (60 per 30 days)
<i>zenatane</i>	1	
ZIANA	CED	PA
ZILXI	4	PA; QL (30 per 30 days)
TOPICAL ANESTHETICS		
ANODYNE LPT	CED	PA
DOLOTRANZ	CED	PA
<i>lidocaine hcl laryngotracheal</i>	CED	PA
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocaine-prilocaine topical kit</i>	CED	PA
LIDOCAINE-TETRACAINÉ	4	PA
<i>lidocort</i>	1	
LIDODERM	4	QL (3 per 1 day)
<i>lidopin topical cream 3 %</i>	1	
LIDO-PRIMO CAINE PACK	CED	PA
LIDOSOL	CED	PA
PLIAGLIS	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
ZTLIDO	CED	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	4	PA; 30 grams per fill
CENTANY	4	
CENTANY AT	CED	PA
<i>gentamicin topical</i>	1	
KLARON	4	
<i>mafenide acetate</i>	CED	PA
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	CED	PA
NEO-SYNALAR	CED	PA
NEO-SYNALAR KIT	CED	PA
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLYON TOPICAL CREAM	CED	PA
XEPI	4	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	CED	PA
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	CED	PA
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	2	
<i>econazole</i>	1	
ECOZA	CED	PA
ERTACZO	CED	PA
EXELDERM	CED	PA
EXODERM	4	
EXTINA	CED	PA
JUBLIA	CED	PA
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical foam</i>	CED	PA
<i>ketoconazole topical shampoo</i>	1	
<i>ketodan</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>ketodan kit</i>	CED	PA
LOPROX (AS OLAMINE)	4	
LOPROX KIT	CED	PA
LULICONAZOLE	CED	PA
LUZU	CED	PA
MICONAZOLE NITRATE-ZINC OX-PET	CED	PA
<i>naftifine topical cream</i>	2	PA
<i>naftifine topical gel 2 %</i>	CED	PA
NAFTIN TOPICAL GEL	CED	PA
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	CED	PA
OXISTAT TOPICAL LOTION	CED	PA
SULCONAZOLE	CED	PA
<i>tavaborole</i>	CED	PA
VUSION	4	PA
XOLEGEL	CED	PA
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	CED	PA
<i>acyclovir topical ointment</i>	1	
DENAVIR	4	PA; 5 grams per fill
<i>penciclovir</i>	2	PA; 5 grams per fill
XERESE	CED	PA
ZOVIRAX TOPICAL CREAM	4	PA
ZOVIRAX TOPICAL OINTMENT	4	
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	CED	PA
<i>alclometasone</i>	1	
<i>amcinonide topical ointment</i>	2	ST
<i>apexicon e</i>	CED	PA
<i>beser</i>	2	ST
BESER KIT	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	
BRYHALI	CED	PA
CAPEX	4	ST
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical foam</i>	2	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	2	ST
<i>clobetasol-emollient topical cream</i>	2	
<i>clobetasol-emollient topical foam</i>	2	ST
CLOBEX TOPICAL SHAMPOO	4	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	ST
<i>clocortolone pivalate</i>	CED	PA
<i>clodan</i>	2	
CLODAN KIT	CED	PA
CORDRAN TAPE LARGE ROLL	4	ST
CORDRAN TOPICAL CREAM 0.025 %	CED	PA
CORDRAN TOPICAL CREAM 0.05 %	4	ST
CORDRAN TOPICAL LOTION	4	ST
CORDRAN TOPICAL OINTMENT	4	ST
DERMA-SMOOTH/FS BODY OIL	4	

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

Drug Name	Drug Tier	Requirements / Limits
DERMA-SMOOTH/FS SCALP OIL	4	
DERMAWERX SDS	CED	PA
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	CED	PA
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	2	ST
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>desoximetasone topical spray,non-aerosol</i>	2	
<i>diflorasone</i>	2	ST
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	
DUOBRII	CED	PA
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	ST
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e</i>	1	
FLUOVIX	CED	PA
FLUOVIX PLUS	CED	PA
<i>flurandrenolide</i>	2	ST
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	CED	PA
<i>halobetasol propionate topical ointment</i>	1	
HALOG	CED	PA
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical lotion</i>	CED	PA
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone butyr-emollient</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	2	
IMPOYZ	4	ST
KENALOG TOPICAL	4	ST
LEXETTE	CED	PA
LOCOID LIPOCREAM	4	
LOCOID TOPICAL LOTION	CED	PA
LUXIQ	4	ST
<i>mometasone topical</i>	1	
NOXIPAK	CED	PA
NUCORT	CED	PA
OLUX	4	
OLUX-E	4	ST
PANDEL	CED	PA
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	2	
QUINIXIL	CED	PA
<i>scalacort</i>	2	PA
SCALACORT DK	CED	PA
SERNIVO	CED	PA
SURE RESULT TAC PAK	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
SYNALAR	4	
SYNALAR CREAM KIT	CED	PA
SYNALAR OINTMENT KIT	CED	PA
SYNALAR TS	CED	PA
TEMOVATE TOPICAL OINTMENT	4	
TEXACORT	4	ST
TOPICORT TOPICAL CREAM	4	
TOPICORT TOPICAL GEL	4	ST
TOPICORT TOPICAL OINTMENT	4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL	4	
<i>tovet emollient</i>	2	
TOVET KIT	CED	PA
<i>triamcinolone acetonide topical aerosol</i>	2	ST
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	CED	PA
<i>triderm topical cream</i>	1	
ULTRAVATE TOPICAL LOTION	CED	PA
VANOS	4	ST
VERDESO	CED	PA
WHYTEDERM TDPAK	CED	PA
WHYTEDERM TRILASIL PAK	CED	PA
XILAPAK	CED	PA
TOPICAL ENZYMES		
SANTYL	4	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	QL (60 per 30 days)
ELIMITE	4	QL (120 per 30 days)
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	QL (60 per 30 days)
<i>malathion</i>	1	QL (120 per 30 days)
NATROBA	4	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
OVIDE	4	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
ULESFIA	4	

DIAGNOSTICS & MISCELLANEOUS AGENTS

ANOREXIANTS

IMCIVREE	5	PA; QL (9 per 30 days)
----------	---	------------------------

MISCELLANEOUS AGENTS

<i>acamprosate</i>	2	
AGRYLIN	4	
<i>anagrelide</i>	1	
BUPHENYL	5	PA
<i>caffeine citrate oral</i>	1	
CARBAGLU	5	PA; LA
<i>carglumic acid</i>	5	PA
CARNITOR (SUGAR-FREE)	4	
CARNITOR ORAL	4	
<i>cevimeline</i>	2	
CHEMET	4	PA for age 18 and older
CUVRIOR	5	PA; QL (10 per 1 day)
<i>deferasirox</i>	5	PA
<i>deferiprone</i>	5	PA
<i>disulfiram</i>	2	
<i>droxidopa</i>	5	PA
ENDARI	5	PA; QL (2 per 1 day)
EVOXAC	4	
EXJADE	5	PA; LA
EXSERVAN	CED	PA; QL (2 per 1 day)
FERRIPROX	5	PA
FERRIPROX (2 TIMES A DAY)	CED	PA
INCRELEX	5	PA; LA
JADENU	5	PA
JADENU SPRINKLE	5	PA
JOENJA	5	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	5	PA; QL (1 per 1 day)
LITHOSTAT	4	
<i>midodrine</i>	1	
<i>nitisinone</i>	5	PA; LA
NITYR	5	PA; LA
NORTHERA	5	PA
OLPRUVA	5	PA
ORFADIN	5	PA; LA
OXBRYTA	5	PA; LA; QL (3 per 1 day)
PHEBURANE	5	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	5	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	5	PA; 2 tablets per day; 7 tablets in 365 days; LA
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; LA; QL (14 per 365 days)
RAVICTI	5	PA; QL (17.5 per 1 day)
REVCovi	5	PA; LA
RILUTEK	4	
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	5	PA
SYPRINE	5	PA; QL (8 per 1 day)
TAVNEOS	5	PA; QL (6 per 1 day)
THIOLA	5	PA
THIOLA EC	5	PA
TIGLUTIK	CED	PA; QL (20 per 1 day)
<i>tiopronin</i>	5	PA
<i>trientine oral capsule 250 mg</i>	5	PA; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	5	PA; QL (4 per 1 day)

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

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

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</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>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	4	15 units per fill
<i>ipratropium bromide nasal</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
PATANASE	4	
PERIDEX	4	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
PREVIDENT DENTAL GEL	4	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf</i>	1	
<i>sf5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	1		
CETRAXAL	CED	PA	
<i>ciprofloxacin hcl otic (ear)</i>	2		
DERMOTIC OIL	4		
<i>flac otic oil</i>	1		
<i>fluocinolone acetonide oil</i>	1		

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE	4	PA
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	CED	PA
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA
ALKINDI SPRINKLE	CED	PA
CORTEF	4	
<i>cortisone</i>	1	
CORTROPHIN GEL	5	PA
<i>dexabliss</i>	CED	PA
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	CED	PA
EMFLAZA	5	PA; LA
<i>fludrocortisone</i>	1	
HEMADY	CED	PA
<i>hydrocortisone oral</i>	1	
MEDROL (PAK)	4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp</i>	CED	PA
<i>millipred oral tablet</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
ORAPRED ODT	CED	PA
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	2	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	CED	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	CED	PA
<i>prednisone</i>	1	
<i>prednisone intensol</i>	2	
RAYOS	CED	PA
TAPERDEX	CED	PA
TARPEYO	5	PA; QL (4 per 1 day)
ZCORT	CED	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	3	OTC; QL (100 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	3	OTC; QL (100 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	3	OTC; QL (100 per 30 days)
ONETOUCH ULTRA TEST	3	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	3	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER 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	

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

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	
<i>diazoxide</i>	2	
GLUCAGEN HYPOKIT	4	ST
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 2-PACK SYRINGE	3	
PROGLYCEM	4	
ZEGALOGUE AUTOINJECTOR	4	ST
ZEGALOGUE SYRINGE	4	ST
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK GUIDE GLUCOSE METER	9	OTC; QL (1 per 273 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	9	OTC; QL (1 per 273 days)
ACCU-CHEK SMARTVIEW CONTRL SOL	1	OTC
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	OTC
DEXCOM G6 RECEIVER	4	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	4	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	4	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	4	PA; CGM; QL (1 per 720 days)
DEXCOM G7 SENSOR	4	PA; CGM; QL (3 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	4	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	4	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 SENSOR	4	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	3	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
V-GO 20	3	QL (30 per 30 days)
V-GO 30	3	QL (30 per 30 days)
V-GO 40	3	QL (30 per 30 days)
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
ADMELOG U-100 INSULIN LISPRO	4	PA; QL (100 per 30 days)
AFREZZA	4	PA; QL (100 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
APIDRA U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR TEMPO PEN(U-100)INSLN	CED	PA; QL (100 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
FIASP PUMPCART	4	QL (100 per 30 days)
FIASP U-100 INSULIN	4	PA; QL (100 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	1	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN	1	QL (100 per 30 days)
HUMALOG MIX 50-50 INSULN U-100	1	QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	1	QL (100 per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
HUMALOG U-100 INSULIN	1	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	3	QL (100 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	3	QL (100 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	3	QL (100 per 30 days)
INSULIN ASP PRT-INSULIN ASPART	3	PA; QL (100 per 30 days)
INSULIN ASPART U-100	3	PA; QL (100 per 30 days)
INSULIN DEGLUDEC	4	QL (100 per 30 days)
INSULIN GLARGINE	4	QL (100 per 30 days)
INSULIN GLARGINE-YFGN	4	PA; QL (100 per 30 days)
INSULIN LISPRO	3	PA; QL (100 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO	3	PA; QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	QL (100 per 30 days)
LANTUS U-100 INSULIN	3	QL (100 per 30 days)
LEVEMIR FLEXPEN	CED	PA; QL (100 per 30 days)
LEVEMIR U-100 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
LYUMJEV U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	4	ST; QL (100 per 30 days)
NOVOLIN N FLEXPEN	4	ST; QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN R FLEXPEN	4	ST; QL (100 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	4	PA; QL (100 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG U-100 INSULIN ASPART	4	PA; QL (100 per 30 days)
RELION NOVOLIN 70/30	4	ST; QL (100 per 30 days)
RELION NOVOLIN N	4	ST; QL (100 per 30 days)
RELION NOVOLIN R	4	ST; QL (100 per 30 days)
REZVOGLAR KWIKPEN	CED	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	4	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN	4	PA; QL (100 per 30 days)
SOLIQUA 100/33	4	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	3	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	3	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	3	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-200	3	QL (100 per 30 days)
TRESIBA U-100 INSULIN	3	QL (100 per 30 days)
XULTOPHY 100/3.6	4	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDRODERM	4	PA
ANDROGEL	4	PA
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	5	PA; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	5	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	5	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>danazol</i>	2	
DDAVP ORAL	4	
DEPO-TESTOSTERONE	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
FORTESTA	4	PA
GALAFOLD	5	PA; LA; QL (0.5 per 1 day)
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; LA; QL (4 per 1 day)
JATENZO	CED	PA
<i>javygtor</i>	5	PA
JYNARQUE ORAL TABLET	5	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; LA; QL (56 per 28 days)
KORLYM	5	PA; QL (4 per 1 day)
KUVAN	5	PA
KYZATREX	4	PA; QL (2 per 1 day)
METHITEST	CED	PA
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>miglustat</i>	5	PA; LA; QL (3 per 1 day)
MYALEPT	5	PA; LA
NATESTO	4	PA
NOCDURNA (MEN)	4	PA; QL (1 per 1 day)
NOCDURNA (WOMEN)	4	PA; QL (1 per 1 day)
NOCTIVA	4	
NOVAREL	5	PA
ORILISSA	4	PA
OVIDREL	5	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
RAYALDEE	4	PA; QL (2 per 1 day)
RECORLEV	5	PA; QL (8 per 1 day)
ROCALTROL	4	
SAMSCA ORAL TABLET 15 MG	5	PA; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	5	PA; QL (60 per 365 days)
<i>sapropterin</i>	5	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	PA; QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	4	PA; QL (4 per 1 day)
SOMAVERT	5	PA
STRENSIQ	5	PA; LA
SYNAREL	5	PA; QL (8 per 28 days)
TESTIM	4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	2	PA
TLANDO	CED	PA
<i>tolvaptan oral tablet 15 mg</i>	5	PA; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; LA; QL (60 per 365 days)
VOGELXO	4	PA
VOXZOGO	5	PA; QL (1 per 1 day)
XYOSTED	CED	PA
ZAVESCA	5	PA; LA; QL (3 per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	4	
ACTOS	4	
ALOGLIPTIN	4	ST
ALOGLIPTIN-METFORMIN	4	ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
BRENZAVVY	4	ST; QL (1 per 1 day)
BYDUREON BCISE	4	PA
BYETTA	4	PA
CYCLOSET	4	
DUETACT	CED	PA
FARXIGA	3	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	4	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	CED	PA; QL (2 per 1 day)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	CED	PA
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	4	
GLYXAMBI	3	
INPEFA ORAL TABLET 200 MG	4	PA; QL (2 per 1 day)
INPEFA ORAL TABLET 400 MG	4	PA; QL (1 per 1 day)
INVOKAMET	4	ST; QL (2 per 1 day)
INVOKAMET XR	4	ST; QL (2 per 1 day)
INVOKANA	4	ST; QL (1 per 1 day)
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KAZANO	4	ST
KOMBIGLYZE XR	4	ST
<i>metformin oral solution</i>	CED	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 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
METFORMIN ORAL TABLET 625 MG	CED	PA
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24hr</i>	CED	PA
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	CED	PA; QL (2 per 1 day)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	CED	PA
<i>miglitol</i>	2	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	3	PA
<i>nateglinide</i>	2	
NESINA	4	ST
ONGLYZA	4	ST
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	3	PA; QL (9 per 63 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	CED	PA
<i>pioglitazone-metformin</i>	1	
PRECOSE	4	
QTERN	4	ST
<i>repaglinide</i>	2	
RIOMET	CED	PA
RIOMET ER	CED	PA
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (30 per 365 days)
<i>saxagliptin</i>	2	ST
<i>saxagliptin-metformin</i>	2	ST
SEGLUROMET	4	ST
STEGLATRO	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
STEGLUJAN	4	ST
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 per 1 day)
TRULICITY	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK	4	PA; QL (9 per 28 days)
VICTOZA 3-PAK	4	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
THYROID HORMONES		
ARMOUR THYROID	4	
CYTOMEL	4	
ERMEZA	CED	PA
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE ORAL CAPSULE	4	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	4	
THYQUIDITY	CED	PA
<i>thyroid (pork)</i>	2	
TIROSINT	4	

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

Drug Name	Drug Tier	Requirements / Limits
TIROSINT-SOL	CED	PA
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
CUVPOSA	4	PA
DARTISLA	CED	PA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	CED	PA; QL (40 per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
GLYCATE	CED	PA
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	CED	PA
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral drops</i>	CED	PA
<i>hyosyne oral elixir</i>	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LIBRAX (WITH CLIDINIUM)	4	
LOMOTIL	4	
<i>methscopolamine</i>	1	
MOTOFEN	CED	PA
MYTESI	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
NULEV	4	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
ROBINUL FORTE	4	
ROBINUL ORAL	4	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA	4	ST; QL (12 per 1 day)
FOSRENOL ORAL POWDER IN PACKET	CED	PA; QL (3 per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE	4	QL (3 per 1 day)
<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	4	QL (3 per 1 day)
RENELA ORAL POWDER IN PACKET 0.8 GRAM	CED	PA; QL (17 per 1 day)
RENELA ORAL POWDER IN PACKET 2.4 GRAM	CED	PA; QL (5 per 1 day)
RENELA ORAL TABLET	4	QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	CED	PA; QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	CED	PA; QL (5 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	CED	PA; QL (32 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	CED	PA; QL (16 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	2	
VELPHORO	4	ST; QL (6 per 1 day)
VELTASSA	4	QL (1 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	4	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
AMITIZA	4	QL (2 per 1 day)

You can find information 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 RECTAL	4	
ANALPRAM-HC SINGLES	4	
ANTIVERT ORAL TABLET 50 MG	4	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	4	
ANUSOL-HC TOPICAL	4	
ANZEMET ORAL TABLET 50 MG	4	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	2	QL (15 per 28 days)
APRISO	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide</i>	1	
<i>betaine</i>	5	
BONJESTA	CED	PA
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; LA; QL (10 per 1 day)
BYLVAY ORAL PELLET 200 MCG	5	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLET 600 MCG	5	PA; LA; QL (4 per 1 day)
CANASA	4	QL (1 per 1 day)
CHENODAL	5	LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (4 per 1 day)
CIMZIA	5	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
CLENPIQ	4	

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

Drug Name	Drug Tier	Requirements / Limits
COLAZAL	4	
COMPАЗИНЕ	4	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	4	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	1	
CYSTADANE	5	
DELZICOL	4	
DICLEGIS	4	QL (4 per 1 day)
DIPENTUM	4	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	4	QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	4	QL (15 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	QL (5 per 28 days)
ENTEREG	4	
<i>enulose</i>	1	
GASTROCROM	4	
GATTEX 30-VIAL	5	PA
<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
GIMOTI	CED	PA
GOLYTEL Y	4	
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone-pramoxine rectal cream	2	
IBSRELA	4	PA; QL (2 per 1 day)
KRISTALOSE	CED	PA
lactulose oral packet	CED	PA
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	1	
laxative (bisacodyl) oral tablet, delayed release (dr/ec)	9	ACA; OTC
laxative peg 3350	9	ACA; OTC
LIALDA	4	
lidocaine hcl-hydrocortisone ac rectal cream	1	
LINZESS	3	QL (1 per 1 day)
LIVMARLI	5	PA; QL (3 per 1 day)
LOTRONEX	4	PA; QL (2 per 1 day)
lubiprostone	2	QL (2 per 1 day)
magnesium citrate oral solution	9	ACA; OTC
MARINOL	4	
meclizine oral tablet 12.5 mg, 25 mg	1	
MECLIZINE ORAL TABLET 50 MG	CED	
mesalamine oral capsule (with del rel tablets)	2	
mesalamine oral capsule, extended release	2	
mesalamine oral capsule, extended release 24hr	2	
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram	2	
mesalamine oral tablet, delayed release (dr/ec) 800 mg	2	ST
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL (1 per 1 day)
mesalamine with cleansing wipe	CED	PA
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
milk of magnesia	9	ACA; OTC
milk of magnesia concentrated	9	ACA; OTC
MOTTEGRITY	4	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
MOVANTIK	3	QL (1 per 1 day)
MOVIPREP	CED	PA
natura-lax	9	ACA; OTC
OCALIVA	5	PA; LA; QL (1 per 1 day)
ondansetron	1	
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
onelax magnesium citrate	9	ACA; OTC
oral saline laxative	9	ACA; OTC
ORTIKOS	CED	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
peg 3350-electrolytes	1	ACA
peg3350-sod sul-nacl-kcl-asb-c	CED	PA; ACA
peg-electrolyte soln	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
PERTZYE	4	ST
phosphate laxative	9	ACA; OTC
PLENVU	4	
polyethylene glycol 3350 oral powder	9	ACA; OTC
powderlax oral powder	9	ACA; OTC
prochlorperazine	1	
prochlorperazine maleate	1	
PROCTOFOAM HC	3	
procto-med hc	1	
proctosol hc topical	1	
proctozone-hc	1	
purelax oral powder	9	ACA; OTC
RECTIV	4	

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

Drug Name	Drug Tier	Requirements / Limits
REGLAN ORAL	4	
RELISTOR ORAL	4	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (0.4 per 1 day)
RELTONE	CED	PA
ROWASA RECTAL ENEMA KIT	CED	PA
SANCUSO	4	QL (4 per 28 days)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SFROWASA	4	
SKYRIZI INTRAVENOUS	5	PA; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
<i>sodium, potassium, mag sulfates</i>	2	ACA
SUCRAID	5	PA; QL (8 per 1 day)
SUFLAVE	4	
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	4	
SUTAB	CED	PA
SYMPROIC	3	QL (1 per 1 day)
SYNDROS	4	PA
TRANSDERM-SCOP	4	QL (10 per 30 days)
<i>trimethobenzamide oral</i>	1	
TRULANCE	4	PA; QL (1 per 1 day)
UCERIS ORAL	4	PA
UCERIS RECTAL	4	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	CED	PA
<i>ursodiol oral capsule 300 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ursodiol oral tablet</i>	2	
VARUBI	4	QL (4 per 28 days)
VIBERZI	4	PA; QL (2 per 1 day)
VIOKACE	4	ST
VOWST	5	PA; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZELNORM	4	PA; QL (2 per 1 day)
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	3	
ULCER THERAPY		
ACIPHEX	4	QL (2 per 1 day)
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>bismuth subcit k-metronidz-tn</i>	CED	PA; QL (240 per 365 days)
CARAFATE	4	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	4	
DEXILANT	4	ST; QL (1 per 1 day)
<i>dexlansoprazole</i>	2	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	QL (2 per 1 day)
<i>famotidine oral suspension</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEP	CED	PA
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	2	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM	4	QL (2 per 1 day)
NEXIUM PACKET	4	QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
OMECLAMOX-PAK	CED	PA
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	CED	PA
<i>omeprazole-sodium bicarbonate oral packet</i>	CED	PA
<i>pantoprazole oral granules dr for susp in packet</i>	CED	PA; QL (1 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	4	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	4	QL (2 per 1 day)
PREVACID SOLUTAB	4	PA for age 8 and older; QL (1 per 1 day)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	CED	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	CED	PA; QL (1 per 1 day)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	4	QL (2 per 1 day)
PYLERA	CED	PA; QL (240 per 365 days)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	CED	PA; QL (1 per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	
TALICIA	4	QL (336 per 365 days)
VOQUEZNA DUAL PAK	4	QL (2 per 365 days)
VOQUEZNA TRIPLE PAK	4	QL (2 per 365 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	CED	PA
ZEGERID ORAL PACKET	CED	PA

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

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

BIOTECHNOLOGY DRUGS

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

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	5	PA
ARCALYST	5	PA; QL (4 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA
FULPHILA	5	PA
FYLNETRA	5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	PA; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	5	PA; QL (4.8 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	5	PA
MIRCERA	5	
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	5	PA; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; QL (1.5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; QL (2.4 per 1 day)
NYVEPRIA	5	
PROCRIT	5	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML	5	QL (3 per 1 day)
RELEUKO INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; QL (3 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	QL (2.4 per 1 day)
RETACRIT	5	PA
ROLVEDON	5	PA
STIMUFEND	5	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; QL (2.4 per 1 day)
ZIEXTENZO	5	PA
GROWTH HORMONES		
EGRIFTA SV	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
HUMATROPE INJECTION CARTRIDGE	5	PA
NGENLA	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN	5	PA
OMNITROPE	5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA
SKYTROFA	5	PA
SOGROYA	5	PA; QL (3 per 28 days)
ZOMACTON	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
INTERFERONS		
ACTIMMUNE	5	PA
ALFERON N	5	
BESREMI	5	PA; QL (2 per 28 days)
PEGASYS	5	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	5	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	
AVONEX INTRAMUSCULAR SYRINGE KIT	5	
BAFIERTAM	5	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	5	
COPAXONE SUBCUTANEOUS SYRINGE	5	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	5	QL (2 per 1 day)
EXTAVIA	5	PA
<i>fingolimod</i>	5	
GILENYA ORAL CAPSULE 0.25 MG	CED	
GILENYA ORAL CAPSULE 0.5 MG	5	PA
<i>glatiramer</i>	5	
<i>glatopa</i>	5	
KESIMPTA PEN	5	PA; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; LA
MAVENCLAD (4 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; LA
MAVENCLAD (5 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; LA
MAVENCLAD (6 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; LA
MAVENCLAD (7 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; LA
MAVENCLAD (8 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; 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 (9 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; LA
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	QL (1 per 365 days)
PONVORY	5	PA; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	5	PA; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	5	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	QL (4.2 per 365 days)
REBIF TITRATION PACK	5	QL (4.2 per 365 days)
TASCENO ODT	CED	PA; QL (1 per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	5	QL (2 per 1 day)
<i>teriflunomide</i>	5	
VUMERTY	5	PA; 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

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

Drug Name	Drug Tier	Requirements / Limits
BEXSERO	9	ACA
BOOSTRIX TDAP	9	ACA
COMIRNATY 2023-24 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DENGVAXIA (PF)	CED	ACA
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	9	ACA
FLUARIX QUAD 2023-2024 (PF)	9	ACA
FLUBLOK QUAD 2023-2024 (PF)	9	ACA
FLUCELVAX QUAD 2023-2024	9	ACA
FLUCELVAX QUAD 2023-2024 (PF)	9	ACA
FLULAVAL QUAD 2023-2024 (PF)	9	ACA
FLUMIST QUAD 2023-2024	9	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	9	ACA
FLUZONE QUAD 2023-2024	9	ACA
FLUZONE QUAD 2023-2024 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	4	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	9	ACA
IPOL	9	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	9	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	CED	ACA
M-M-R II (PF)	9	ACA
MODERNA COVID 23-24(6M-11Y)PF	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
NOVAVAX COVID 2023-24(PF)(EUA)	9	ACA
ODACTRA	4	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	5	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	5	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	5	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	5	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	5	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	5	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	5	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	5	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	5	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	5	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	5	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	5	PA; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (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
PREHEVBRIOS (PF)	9	ACA
PREVNAR 13 (PF)	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	4	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF)	9	ACA
SPIKEVAX 2023-2024(12Y UP)(PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
TDVAX	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump</i>	2	PA; QL (15 per 365 days)
<i>imiquimod topical cream in packet 3.75 %</i>	2	PA; QL (56 per 365 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	PA; QL (15 per 365 days)
ZYCLARA TOPICAL CREAM IN PACKET	4	PA; QL (56 per 365 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	CED	PA
<i>colchicine oral capsule</i>	CED	PA
<i>colchicine oral tablet</i>	1	
COLCRYS	4	
<i>febuxostat</i>	1	ST
MITIGARE	CED	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	4	ST
ZYLOPRIM ORAL TABLET 100 MG	4	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate oral solution</i>	CED	PA
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ATELVIA	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
BINOSTO	CED	PA
EVISTA	4	
FORTEO	5	PA; QL (1 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	
FOSAMAX PLUS D	3	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>risedronate oral tablet,delayed release (dr/ec)</i>	CED	PA
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (1 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days)

OTHER RHEUMATOLOGICALS

ABRILADA(CF)	CED	PA; QL (2 per 28 days)
ABRILADA(CF) PEN	CED	PA; QL (2 per 28 days)
ACTEMRA ACTPEN	5	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	CED	PA; QL (0.8 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	CED	PA
ADALIMUMAB-ADBM	CED	PA; QL (2 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	CED	PA; QL (6 per 365 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	CED	PA; QL (4 per 365 days)
ADALIMUMAB-FKJP	CED	PA; QL (2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	CED	PA; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	CED	PA; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	CED	PA; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	CED	PA; QL (1.6 per 28 days)
ARAVA	4	
BENLYSTA SUBCUTANEOUS	5	PA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
CUPRIMINE	5	PA; QL (16 per 1 day)
CYLTEZO(CF)	5	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN	5	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (4 per 365 days)
DEPEN TITRATABS	5	PA; QL (16 per 1 day)
ENBREL MINI	5	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (4 per 28 days)
ENBREL SURECLICK	5	PA; QL (4 per 28 days)
HADLIMA	CED	PA; QL (1.6 per 28 days)
HADLIMA PUSHTOUCH	CED	PA; QL (1.6 per 28 days)
HADLIMA(CF)	CED	PA; QL (0.8 per 28 days)
HADLIMA(CF) PUSHTOUCH	CED	PA; QL (0.8 per 28 days)
HULIO(CF)	CED	PA; QL (2 per 28 days)
HULIO(CF) PEN	CED	PA; QL (2 per 28 days)
HUMIRA PEN	5	PA; QL (2 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL (6 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; QL (4 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (2 per 28 days)
HUMIRA(CF)	5	PA; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (2 per 28 days)
HYRIMOZ	5	PA; QL (1.6 per 28 days)
HYRIMOZ PEN	5	PA; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; QL (3 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ PEN PSORIASIS STARTER	5	PA; QL (3 per 365 days)
HYRIMOZ(CF)	5	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; QL (1.6 per 28 days)
IDACIO(CF)	CED	PA; QL (1 per 28 days)
IDACIO(CF) PEN	CED	PA; QL (2 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	CED	PA; QL (3 per 365 days)
IDACIO(CF) PEN PSORIASIS START	CED	PA; QL (2 per 365 days)
KEVZARA	5	PA; QL (2.28 per 28 days)
KINERET	5	PA; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	5	PA; QL (1 per 1 day)
ORENCIA CLICKJECT	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 per 28 days)
OTEZLA	5	PA; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (55 per 365 days)
OTREXUP (PF)	4	ST
<i>penicillamine</i>	5	PA; QL (16 per 1 day)
RASUVO (PF)	4	ST
RIDAURA	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (56 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
SAVELLA	4	ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; QL (10 per 1 day)
XELJANZ ORAL TABLET	5	PA; QL (2 per 1 day)
XELJANZ XR	5	PA; QL (1 per 1 day)
YUFLYMA(CF)	CED	PA; QL (2 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	CED	PA; QL (2 per 28 days)
YUSIMRY(CF) PEN	CED	PA; QL (1.6 per 28 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC
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	4	
<i>amabelz</i>	1	
ANGELIQ	4	
BIJUVA ORAL CAPSULE 1-100 MG	4	QL (1 per 1 day)
<i>camila</i>	1	ACA
CLIMARA	4	
CLIMARA PRO	4	
COMBIPATCH	4	
<i>covaryx</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>covaryx h.s.</i>	2	
CRINONE	4	PA
<i>deblitane</i>	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	
DIVIGEL	4	
<i>dotti</i>	1	
DUAVEE	4	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ELESTRIN	4	
<i>errin</i>	1	ACA
ESTRACE	4	
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in packet</i>	2	
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	4	
ESTROGEL	4	
<i>estrogens-methyltestosterone</i>	2	
EVAMIST	4	
FEMRING	4	
<i>fyavolv</i>	2	
<i>heather</i>	1	ACA
IMVEXXY MAINTENANCE PACK	4	
IMVEXXY STARTER PACK	4	
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	

You can find information 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>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
MENEST	4	
MENOSTAR	4	
<i>mimvey</i>	1	
MINIVELLE	4	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
PROMETRIUM	4	
PROVERA	4	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
VAGIFEM	4	
VIVELLE-DOT	4	
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	4	QL (1 per 365 days)
CLEOCIN VAGINAL	4	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	4	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	2	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYZNAZOLE-1	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>haloette</i>	1	ACA
INTRAROSA	4	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX	4	
<i>mifepristone</i>	2	
MYFEMBREE	4	PA; QL (1 per 1 day)
NUVARING	4	
NUVESSA	4	
ORIAHNN	4	PA; QL (2 per 1 day)
OSPHENA	4	PA
PHEXXI	CED	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
TWIRLA	CED	PA
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	CED	PA; OTC
VCF CONTRACEPTIVE GEL	CED	PA; ACA; OTC
VEOZAH	CED	PA; QL (1 per 1 day)
XACIATO	4	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA

ORAL CONTRACEPTIVES & RELATED AGENTS

<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
AFTERA	CED	PA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA

You can find information 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>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
BALCOLTRA	4	
<i>balziva (28)</i>	1	ACA
BEYAZ	4	
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA

You can find information 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>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
<i>ELLA</i>	4	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarrylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>finzala</i>	2	ACA
<i>gemmafly</i>	CED	PA; ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>joyeaux</i>	2	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1-50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA

You can find information 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>l norgest/e.estradiol-e.estrad</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron</i>	2	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethynodiol estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	4	
LOESTRIN 1/20 (21)	4	
LOESTRIN FE 1.5/30 (28-DAY)	4	
LOESTRIN FE 1/20 (28-DAY)	4	
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutera (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	PA; ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin 24 fe</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
MINASTRIN 24 FE	4	
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
NATAZIA	4	
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
NEXTSTELLIS	4	
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradol-iron oral capsule</i>	CED	PA; ACA
<i>norethindrone-e.estradol-iron oral tablet</i>	1	ACA
<i>norethindrone-e.estradol-iron oral tablet, chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
PLAN B ONE-STEP	CED	PA; OTC
<i>portia 28</i>	1	ACA
QUARTETTE	4	
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
SAFYRAL	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
SLYND	4	
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	CED	PA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>taysofy</i>	1	PA; ACA
TAYTULLA	CED	PA
<i>tilia fe</i>	1	ACA
<i>tri-estarrylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarrylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
TYBLUME	CED	PA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA

You can find information 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>vyfemla</i> (28)	1	ACA
<i>vylibra</i>	1	ACA
<i>wera</i> (28)	1	ACA
<i>wymzyafe</i>	1	ACA
YASMIN (28)	4	
YAZ (28)	4	
<i>zarah</i>	1	ACA
<i>zovia 1-35</i> (28)	1	ACA
<i>zumandimine</i> (28)	1	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	CED	PA
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	4	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	

You can find information 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>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	4	
ZYMAXID	4	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
BETIMOL	4	ST
BETOPTIC S	4	ST
<i>carteolol</i>	2	
ISTALOL	CED	PA
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf)</i>	CED	PA
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	CED	PA
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	PA
TIMOPTIC OCUDOSE (PF)	CED	PA
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
ATROPINE SULFATE (PF)	CED	PA
CYCLOGYL	4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
MYDRIACYL	4	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
VUITY	CED	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	CED	PA; QL (1 per 30 days)
ALCAINE	4	
<i>allergy eye (ketotifen)</i>	1	OTC
ALOCRIL	4	ST
ALOMIDE	4	ST
<i>altacaine</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	2	ST
BEPREVE	4	ST
CEQUA	4	ST
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	5	PA; QL (20 per 28 days)
CYSTARAN	5	PA; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
LACRISERT	4	ST
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	5	PA; QL (56 per 720 days)
<i>proparacaine</i>	1	
RESTASIS	4	QL (2 per 1 day)
RESTASIS MULTIDOSE	4	ST; QL (5.5 per 28 days)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
TYRVAYA	4	ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS
VERKAZIA	CED	PA
XDEMVY	4	PA; QL (10 per 365 days)
XXIDRA	3	QL (2 per 1 day)
ZERVIATE	4	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
ACULAR	4	
ACULAR LS	4	
ACUVAIL (PF)	CED	PA
<i>bromfenac</i>	2	
BROMSITE	4	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	4	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
COMBIGAN	4	
COSOPT	4	
COSOPT (PF)	4	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
IYUZEH	CED	PA
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	ST
<i>tafluprost (pf)</i>	2	ST
TRAVATAN Z	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
travoprost	2	ST
VYZULTA	4	ST; QL (5 per 30 days)
XALATAN	4	
XELPROS	CED	PA
ZIOPTAN (PF)	4	ST

STEROID-ANTIBIOTIC COMBINATIONS

MAXITROL	4	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	CED	PA
TOBRADEX ST	CED	PA
<i>tobramycin-dexamethasone</i>	1	
ZYLET	4	

STEROIDS

ALREX	4	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>disfluprednate</i>	2	
DUREZOL	4	
EYSUVIS	CED	PA
FLAREX	4	
<i>fluorometholone</i>	1	
FML FORTE	CED	PA
FML LIQUIFILM	4	
INVELTYS	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	CED	PA
LOTEMAX SM	CED	PA
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	CED	PA

You can find information 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>loteprednol etabonate ophthalmic (eye) drops, suspension</i>	2	
MAXIDEX	4	
PRED FORTE	4	
PRED MILD	CED	PA
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	4	
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	CED	PA
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	4	

You can find information 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>clemastine oral syrup</i>	CED	PA; QL (60 per 1 day)
<i>clemastine oral tablet 2.68 mg</i>	2	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet,disintegrating</i>	CED	PA
<i>dexchlorpheniramine maleate oral solution</i>	CED	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	CED	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
EPIPEN	4	
EPIPEN JR	4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	CED	PA
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
RYCLORA	CED	PA
RYVENT	3	
SYMJEPI	3	
VISTARIL ORAL CAPSULE 25 MG	4	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
BROMFED DM	4	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	CED	PA
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
HYCODAN (WITH HOMATROPINE)	4	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 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>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
TUXARIN ER	4	QL (24 per 30 days)
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY	1	OTC
ACCOLATE	4	
<i>acetylcysteine</i>	1	
ADCIRCA	5	PA; QL (2 per 1 day)
ADEMPAS	5	PA; LA; QL (3 per 1 day)
ADVAIR DISKUS	4	PA
ADVAIR HFA	3	
AIRDUO DIGIHALER	4	PA
AIRDUO RESPICLICK	4	PA
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	2	PA
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	4	PA
<i>alyq</i>	5	PA; QL (2 per 1 day)
<i>ambrisentan</i>	5	PA; LA; QL (1 per 1 day)
ANORO ELLIPTA	3	
<i>arformoterol</i>	2	
ARMONAIR DIGIHALER	4	ST
ARNUITY ELLIPTA	3	
ASMANEX HFA	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	ST
ATROVENT HFA	4	
<i>azelastine-fluticasone</i>	2	ST
BEVESPI AEROSPHERE	4	ST
<i>bosentan</i>	5	PA; QL (2 per 1 day)
BREO ELLIPTA	3	
<i>breyna</i>	2	
BREZTRI AEROSPHERE	4	ST; QL (1 per 30 days)
BRONCHITOL	5	PA; QL (20 per 1 day)
BROVANA	4	
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
COMBIVENT RESPIMAT	3	
<i>cromolyn inhalation</i>	1	
DALIRESP	4	QL (1 per 1 day)
DUAKLIR PRESSAIR	4	ST; QL (1 per 30 days)
DULERA	3	
DYMISTA	4	ST
ELIXOPHYLLIN	CED	PA
<i>epinephrine hcl</i>	2	
ESBRIET ORAL CAPSULE	5	PA; QL (6 per 1 day)
ESBRIET ORAL TABLET 267 MG	5	PA; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	5	PA; QL (3 per 1 day)
FASENRA	5	PA; QL (1 per 42 days)
FASENRA PEN	5	PA; QL (1 per 42 days)
FIRAZYR	5	PA; QL (9 per 28 days)
FLOVENT DISKUS	4	ST
FLOVENT HFA	4	ST
<i>flunisolide</i>	2	ST
FLUTICASONE FUROATE-VILANTEROL	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE	CED	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	4	PA
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	4	PA
<i>formoterol fumarate</i>	2	
HAEGARDA	5	PA; LA
HYPER-SAL	4	
<i>icatibant</i>	5	PA; QL (9 per 28 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO	5	PA; QL (2 per 1 day)
LETAIRIS	5	PA; LA; QL (1 per 1 day)
<i>levalbuterol hcl</i>	2	
LEVALBUTEROL TARTRATE	3	ST
LIQREV	5	PA; QL (6 per 1 day)
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
NASAL ALLERGY	1	OTC
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA	5	PA; LA; QL (1 per 28 days)
OFEV	5	PA; QL (2 per 1 day)
OMNARIS	4	ST
OPSUMIT	5	PA; LA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (2 per 1 day)
ORKAMBI ORAL TABLET	5	PA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ORLADEYO	5	PA; LA; QL (1 per 1 day)
PERFOROMIST	4	
<i>pirfenidone oral capsule</i>	5	PA; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (3 per 1 day)
PROAIR DIGIHALER	4	PA
PROAIR RESPICLICK	4	PA
PROVENTIL HFA	4	PA
PULMICORT	4	
PULMICORT FLEXHALER	3	
<i>pulmosal</i>	1	
PULMOZYME	5	PA; QL (5 per 1 day)
QNASL	4	ST
QVAR REDIHALER	3	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (6 per 1 day)
REVATIO ORAL TABLET	5	PA; QL (3 per 1 day)
<i>roflumilast</i>	2	QL (1 per 1 day)
RUCONEST	5	PA; QL (2 per 28 days)
RYALTRIS	CED	PA; QL (3 per 90 days)
<i>sajazir</i>	5	PA; QL (9 per 28 days)
SEREVENT DISKUS	3	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; QL (3 per 1 day)
SINGULAIR	4	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	3	
SPIRIVA WITH HANDIHALER	3	
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
SYMBICORT	4	PA
SYMDEKO	5	PA; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	5	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
TADLIQ	5	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	5	PA; QL (1.91 per 28 days)
THEO-24	4	
<i>theophylline oral elixir</i>	CED	PA
<i>theophylline oral solution</i>	CED	PA
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	CED	PA
TRACLEER ORAL TABLET	5	PA; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (3 per 1 day)
TUDORZA PRESSAIR	4	ST
TYVASO	5	PA; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	5	PA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; QL (1 per 30 days)
TYVASO REFILL KIT	5	PA; QL (81.2 per 28 days)
TYVASO STARTER KIT	5	PA; QL (1 per 365 days)
VENTAVIS	5	PA; QL (9 per 1 day)
VENTOLIN HFA	1	
<i>wixela inhuh</i>	1	
XHANCE	4	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
XOPENEX HFA	4	ST
YUPELRI	4	ST; QL (1 per 1 day)
<i>zafirlukast</i>	2	
ZETONNA	4	PA
<i>zileuton</i>	2	PA; QL (4 per 1 day)
ZYFLO	4	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

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

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

Drug Name	Drug Tier	Requirements / Limits
VESICARE LS	CED	PA
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
AVODART	4	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
ENTADFI	CED	PA; QL (1 per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
<i>silodosin</i>	2	
<i>tamsulosin</i>	1	
UROXATRAL	4	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	LA
ELMIRON	4	
K-PHOS NO 2	4	
OXLUMO	5	PA
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	5	PA
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	4	
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	

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

Drug Name	Drug Tier	Requirements / Limits
GALZIN	4	
klor-con	CED	PA
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	CED	PA
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dalyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
DRISDOL	4	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ferocon</i>	CED	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>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	9	ACA; OTC
<i>full spectrum b-vitamin c</i>	9	ACA; OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>nephronex-sl</i>	CED	ACA; OTC
<i>newgen</i>	1	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	9	ACA; OTC
<i>prenatal multivitamins</i>	9	ACA; OTC
<i>prenatal one daily</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal plus</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	9	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	1	
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b maxi complex</i>	9	ACA; OTC
<i>super quints</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	CED	ACA; OTC
<i>trinatal rx I</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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

Index

2		
24 HOUR NASAL ALLERGY		
.....	133	
A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
ABILIFY	43	
ABILIFY ASIMTUFII	43	
ABILIFY MAINTENA	43	
ABILIFY MYCITE		
MAINTENANCE KIT	43	
ABILIFY MYCITE		
STARTER KIT	43	
<i>abiraterone</i>	15	
ABRILADA(CF)	114	
ABRILADA(CF) PEN	114	
ABRYSVO	110	
ABSORICA	72	
ABSORICA LD	72	
<i>acamprosate</i>	83	
ACANYA	72	
<i>acarbose</i>	94	
ACCOLATE	133	
ACCU-CHEK AVIVA PLUS		
TEST STRP	88	
ACCU-CHEK GUIDE		
GLUCOSE METER	89	
ACCU-CHEK GUIDE L1-L2		
CTRL SOL	89	
ACCU-CHEK GUIDE ME		
GLUCOSE MTR	89	
ACCU-CHEK GUIDE TEST		
STRIPS	88	
ACCU-CHEK SMARTVIEW		
CONTRL SOL	89	
ACCU-CHEK SMARTVIEW		
TEST STRIP	88	
ACCUPRIL	58	
ACCURETIC	58	
<i>accutane</i>	72	
acebutolol	58	
<i>acetaminophen-caff-</i>		
<i>dihydrocod</i>	33	
<i>acetaminophen-codeine</i>	33, 34	
<i>acetazolamide</i>	129	
<i>acetic acid</i>	86	
<i>acetylcysteine</i>	133	
ACIPHEX	105	
<i>acitretin</i>	70	
ACTEMRA	114	
ACTEMRA ACTPEN	114	
ACTHAR	87	
ACTHIB (PF)	110	
ACTICLATE	12	
ACTIMMUNE	109	
ACTIVELLA	117	
ACTIVE-PAC	23	
ACTONEL	113	
ACTOPLUS MET	94	
ACTOS	94	
ACULAR	129	
ACULAR LS	129	
ACUVAIL (PF)	129	
<i>acyclovir</i>	4, 78	
ACZONE	72	
ADACEL(TDAP)		
ADOLESN/ADULT)(PF)		
.....	110	
ADALIMUMAB-ADAZ	114	
ADALIMUMAB-ADBM	114	
ADALIMUMAB-ADBM(CF)		
PEN CROHNS	114	
ADALIMUMAB-ADBM(CF)		
PEN PS-UV	114	
ADALIMUMAB-FKJP	114	
<i>adapalene</i>	72, 73	
ADAPALENE	73	
<i>adapalene-benzoyl peroxide</i>	73	
ADASUVE	43	
ADBRY	71	
ADCIRCA	133	
ADDERALL	43	
ADDERALL XR	43	
ADDYI	43	
<i>adefovir</i>	4	
ADEMPAS	133	
ADLARITY	31	
ADMELOG SOLOSTAR U-		
100 INSULIN	90	
ADMELOG U-100 INSULIN		
LISPRO	90	
<i>adult aspirin regimen</i>	38	
ADVAIR DISKUS	133	
ADVAIR HFA	133	
ADZENYS XR-ODT	43	
AEMCOLO	9	
AEROCHAMBER MINI	88	
AEROCHAMBER PLUS		
FLOW-VU	88	
AEROCHAMBER PLUS Z		
STAT	88	
AEROVENT PLUS	88	
AFINITOR	15	
AFINITOR DISPERZ	15	
<i>afirmelle</i>	120	
AFLURIA QD 2023-24(3YR		
UP)(PF)	110	
AFLURIA QUAD 2023-		
2024(6MO UP)	110	
AFREZZA	90	
<i>after pill</i>	120	
AFTERA	120	
AGRYLIN	83	
AIMOVIG AUTOINJECTOR		
.....	29	
AIRDUO DIGIHALER	133	
AIRDUO RESPICLICK	133	
AJOVY AUTOINJECTOR	29	
AJOVY SYRINGE	29	
AKLIEF	73	
AKTEN (PF)	128	
AKYNZEO (NETUPITANT)		
.....	99	
ALA-SCALP	78	
<i>albendazole</i>	9	
<i>albuterol sulfate</i>	133	
ALCAINE	128	
<i>alclometasone</i>	78	
ALDACTONE	58	
ALECENSA	15	
<i>alendronate</i>	113	
ALFERON N	109	
<i>alfuzosin</i>	139	
ALINIA	9	
<i>aliskiren</i>	58	
ALKERAN	15	
ALKINDI SPRINKLE	87	
<i>allergy eye (ketotifen)</i>	128	
<i>allopurinol</i>	113	
ALLOPURINOL	113	
<i>almotriptan malate</i>	29	

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

ALOCRIL	128
ALOGLIPTIN	94
ALOGLIPTIN-METFORMIN	94
ALOGLIPTIN-	
PIOGLITAZONE	94
ALOMIDE	128
alosetron	99
ALPHAGAN P	131
alprazolam	43
alprazolam intensol	43
ALREX	130
ALTABAX	77
altacaine	128
ALTACE	58
altavera (28)	120
ALTOPREV	66
ALTRENO	73
ALUNBRIG	15
ALVESCO	133
alvimopan	99
alyacen 1/35 (28)	120
alyacen 7/7/7 (28)	120
alyq	133
amabelz	117
amantadine hcl	4
AMBIEN	43
AMBIEN CR	43
ambrisentan	133
amcinonide	78
amethia	120
amethyst (28)	120
AMICAR	65
amikacin	9
amiloride	58
amiloride-hydrochlorothiazide	58
aminocaproic acid	65
amiodarone	58
AMITIZA	99
amitriptyline	43
amitriptyline-chlordiazepoxide	43
AMJEVITA(CF)	114
AMJEVITA(CF)	
AUTOINJECTOR	114
amlodipine	58
amlodipine-atorvastatin	66
amlodipine-benazepril	58
amlodipine-olmesartan	58
amlodipine-valsartan	59
amlodipine-valsartan-hcthiazid	59
ammonium lactate	71
amnesteem	73
amoxapine	43
amoxicil-clarithromy-	
lansopraz	105
amoxicillin	11
amoxicillin-pot clavulanate	11
amphetamine sulfate	44
ampicillin	12
AMPYRA	31
AMRIX	32
AMZEEQ	73
ANAFRANIL	44
anagrelide	83
ANALPRAM-HC	70, 100
ANALPRAM-HC SINGLES	100
ANAPROX DS	38
anaspaz	98
anastrozole	15
ANCOBON	3
ANDRODERM	92
ANDROGEL	92
ANGELIQ	117
ANNOVERA	119
ANODYNE LPT	76
ANORO ELLIPTA	133
ANTIVERT	100
anucort-hc	100
ANUSOL-HC	100
ANZEMET	100
apexicon e	78
APIDRA SOLOSTAR U-100	
INSULIN	90
APIDRA U-100 INSULIN	90
APLENZIN	44
APOKYN	28
apomorphine	28
apraclonidine	131
aprepitant	100
APRETUDE	4
apri	120
APRISO	100
APTENSIO XR	44
APTIOM	23
APTIVUS	4
ARAKODA	9
aranelle (28)	120
ARANESP (IN	
POLYSORBATE)	107
ARAVA	114
ARAZLO	73
ARCALYST	107
AREXVY (PF)	110
arformoterol	133
ARICEPT	31
ARIKAYCE	9
ARIMIDEX	15
aripiprazole	44
ARISTADA	44
ARISTADA INITIO	44
ARIXTRA	65
armodafinil	44
ARMONAIR DIGIHALER	133
ARMOUR THYROID	97
ARNUITY ELLIPTA	133
AROMASIN	15
ARTHROTEC 50	38
ARTHROTEC 75	38
ascomp with codeine	34
asenapine maleate	44
ashlyna	120
ASMANEX HFA	133
ASMANEX TWISTHALER	
	134
aspirin	38
aspirin childrens	38
aspirin-dipyridamole	65
ASPIRIN-OMEPRAZOLE	65
ASPRUZZO SPRINKLE	69
ASTAGRAF XL	15
ATACAND	59
ATACAND HCT	59
atazanavir	4
ATELVIA	113
atenolol	59
atenolol-chlorthalidone	59
ATIVAN	44
atomoxetine	44
ATORVALIQ	66
atorvastatin	66
atovaquone	9
atovaquone-proguanil	9
ATRALIN	73
ATRIPLA	4
atropine	127

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

ATROPINE SULFATE (PF)		<i>b complex-vitamin c-folic acid</i>		BESER KIT	78
	.....127		.....140	BESIVANCE.....	126
ATROVENT HFA	.....134	<i>bacitracin</i>	126	BESREMI.....	109
AUBAGIO	.....109	<i>bacitracin-polymyxin b</i>	126	BETADINE OPHTHALMIC	
<i>aubra</i>	.....121	<i>baclofen</i>	32	PREP.....	126
<i>aubra eq</i>	.....121	<i>BACLOFEN</i>	32	<i>betaine</i>	100
AUGMENTIN	.....12	<i>BACTRIM</i>	12	<i>betamethasone dipropionate</i> 79	
AUGMENTIN ES-600	.....12	<i>BACTRIM DS</i>	12	<i>betamethasone valerate</i> .....79	
AUGMENTIN XR	.....12	<i>BAFIERTAM</i>	109	<i>betamethasone, augmented</i>....79	
<i>aurovela 1.5/30 (21)</i>	.....121	<i>balanced b-100</i>	140	BETAPACE	58
<i>aurovela 1/20 (21)</i>	.....121	<i>bal-care dha</i>	140	BETAPACE AF	58
<i>aurovela 24 fe</i>	121	<i>BALCOLTRA</i>	121	BETASERON.....	109
<i>aurovela fe 1.5/30 (28)</i>	.....121	<i>balsalazide</i>	100	<i>betaxolol</i>	59, 127
<i>aurovela fe 1-20 (28)</i>	121	<i>BALVERSA</i>	15	<i>bethanechol chloride</i>	139
AURYXIA	.....99	<i>balziva (28)</i>	121	BETHKIS	9
AUSTEDO	.....31	<i>BANZEL</i>	24	BETIMOL	127
AUSTEDO XR	.....31	<i>BAQSIMI</i>	89	BETOPTIC S.....	127
AUSTEDO XR TITRATION		<i>BARACLUDE</i>	4	BEVESPI AEROSPHERE.134	
KT(WK1-4).....31		<i>BASAGLAR KWIKPEN U-</i>		<i>bexarotene</i>	15
AUVELITY	.....44	100 INSULIN	90	BEXSERO	111
AUVI-Q	.....131	<i>BASAGLAR TEMPO PEN(U-</i>		BEYAZ.....	121
AVALIDE	.....59	100)INSLN	90	<i>bicalutamide</i>	15
AVAPRO	.....59	<i>BAXDELA</i>	12	BIDIL	59
<i>avar</i>	.....73	<i>bayer low dose aspirin</i>	38	BIJUVA	117
<i>aviane</i>	.....121	<i>b-complex with vitamin c</i>....140		BIKTARVY	4
<i>avidoxy</i>	.....12	<i>BD INTEGRA NEEDLE</i> ....89		BILTRICIDE	9
AVIDOX Y DK	.....12	<i>BD MICROAINER</i>		<i>bimatoprost</i>	129
<i>avita</i>	.....73	LANCET	89	BINOSTO	114
AVODART	.....139	<i>BD SPECIALTY USE</i>		<i>bismuth subcit k-metronidz-tn</i>	
AVONEX	.....109	NEEDLES	89	.....105	
<i>ayuna</i>	.....121	<i>BD ULTRA-FINE NANO</i>		<i>bisoprolol fumarate</i>	59
AYVAKIT	.....15	PEN NEEDLE	89	<i>bisoprolol-hydrochlorothiazide</i>	
AZASAN	.....15	<i>BELBUCA</i>	34	.....59	
AZASITE	.....126	<i>BELSOMRA</i>	44	<i>blisovi 24 fe</i>	121
<i>azathioprine</i>	.....15	<i>benazepril</i>	59	<i>blisovi fe 1.5/30 (28)</i>.....121	
<i>azelaic acid</i>	.....73	<i>benazepril-hydrochlorothiazide</i>		<i>blisovi fe 1/20 (28)</i>.....121	
<i>azelastine</i>	.....85, 128	.....59		BONJESTA	100
<i>azelastine-fluticasone</i>	.....134	<i>BENICAR</i>	59	BOOSTRIX TDAP.....	111
AZELEX	.....73	<i>BENICAR HCT</i>	59	<i>bosentan</i>	134
AZILECT	.....28	<i>BENLYSTA</i>	114	BOSULIF	15
<i>azithromycin</i>	.....8	<i>BENZAMYCIN</i>	73	BRAFTOVI	15
AZOPT	.....129	<i>benzepro</i>	73	BRENZAVVY	95
AZOR	.....59	<i>BENZEPRO</i>		BREO ELLIPTA	134
AZSTARYS	.....44	(MICROSPHERES)	73	BREXAFEMME	3
AZULFIDINE	.....100	<i>BENZNIDAZOLE</i>	9	<i>breyna</i>	134
AZULFIDINE EN-TABS ..	100	<i>benzonataate</i>	132	BREZTRI AEROSPHERE.134	
<i>azurette (28)</i>	.....121	<i>benztropine</i>	28	<i>briellyn</i>	121
B		<i>bepotastine besilate</i>	128	BRILINTA	65
<i>b complex 1 (with folic acid)</i>		<i>BEPREVE</i>	128	<i>brimonidine</i>	73, 131
	.....140	<i>beser</i>	78	<i>brimonidine-timolol</i>	129

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

<i>brinzolamide</i>	129	<i>calcitonin (salmon)</i>	92	<i>carteolol</i>	127
BRIVIACT	24	<i>calcitriol</i>	70, 92	<i>cartia xt</i>	59
BRIXADI	34	<i>calcium acetate(phosphat bind)</i>	139	<i>carvedilol</i>	59
BROMFED DM	132			<i>carvedilol phosphate</i>	59, 60
<i>bromfenac</i>	129	CALQUENCE		CASODEX	16
<i>bromocriptine</i>	28	(ACALABRUTINIB MAL)		CATAPRES-TTS-1	60
<i>brompheniramine-pseudoeph-</i>				CATAPRES-TTS-2	60
<i>dm</i>	132			CATAPRES-TTS-3	60
BROMSITE	129	<i>calsodore</i>	70	CAYA CONTOURED	117
BRONCHITOL	134	CAMBIA	39	CAYSTON	9
BROVANA	134	<i>camila</i>	117	<i>caziant (28)</i>	121
BRUKINSA	15	<i>camrese</i>	121	<i>cefaclor</i>	8
BRYHALI	79	<i>camrese lo</i>	121	<i>cefadroxil</i>	8
<i>budesonide</i>	100, 134	CAMZYOS	69	<i>cefdinir</i>	8
<i>budesonide-formoterol</i>	134	CANASA	100	<i>cefixime</i>	8
<i>bumetanide</i>	59	<i>candesartan</i>	59	<i>cefipodoxime</i>	8
BUPAP	34	<i>candesartan-</i>		<i>cefprozil</i>	8
BUPHENYL	83	<i>hydrochlorothiazid</i>	59	<i>cefuroxime axetil</i>	8
<i>buprenorphine</i>	34	<i>capecitabine</i>	15	CELEBREX	39
<i>buprenorphine hcl</i>	34	CAPEX	79	<i>celecoxib</i>	39
<i>buprenorphine-naloxone</i>	38	CAPLYTA	45	CELEXA	45
<i>bupropion hcl</i>	44, 45	CAPRELSA	15	CELLCEPT	16
BUPROPION HCL	45	CAPSFENAC PAK	39	CELONTIN	24
<i>bupropion hcl (smoking deter)</i>		CAPSINAC	39	CENTANY	77
	85	<i>captopril</i>	59	CENTANY AT	77
<i>buspirone</i>	45	<i>captopril-hydrochlorothiazide</i>	59	<i>cephalexin</i>	8
<i>butalbital compound w/codeine</i>		CARAC	71	CEQUA	128
	34	CARAFATE	105	CERDELGA	92
<i>butalbital-acetaminop-caf-cod</i>		CARBAGLU	83	<i>cetirizine</i>	131
	34	<i>carbamazepine</i>	24	CETRAXAL	86
<i>butalbital-acetaminophen</i>	34	CARBATROL	24	<i>cevimeline</i>	83
<i>butalbital-acetaminophen-caff</i>		<i>carbidopa</i>	28	CHANTIX	85
	34	<i>carbidopa-levodopa</i>	28	CHANTIX CONTINUING	
<i>butalbital-aspirin-caffeine</i>	34	<i>carbidopa-levodopa-</i>		MONTH BOX	85
<i>butorphanol</i>	38	<i>entacapone</i>	28	CHANTIX STARTING	
BUTRANS	34	<i>carbinoxamine maleate</i>	131	MONTH BOX	85
BYDUREON BCISE	95	CARDIZEM	59	<i>charlotte 24 fe</i>	121
BYETTA	95	CARDIZEM CD	59	<i>chateal (28)</i>	121
BYLVAY	100	CARDIZEM LA	59	<i>chateal eq (28)</i>	121
BYSTOLIC	59	CARDURA	59	CHEMET	83
C		CARDURA XL	59	CHENODAL	100
CABENUVA	4	<i>carglumic acid</i>	83	<i>chlordiazepoxide hcl</i>	45
<i>cabergoline</i>	92	<i>carisoprodol</i>	32	<i>chlordiazepoxide-clidinium</i>	.98
CABLIVI	65	<i>carisoprodol-aspirin</i>	32	<i>chlorhexidine gluconate</i>	86
CABOMETYX	15	<i>carisoprodol-aspirin-codeine</i>		<i>chloroquine phosphate</i>	9
CADUET	66		32	<i>chlorpromazine</i>	45
<i>caffeine citrate</i>	83	CARNITOR	83	<i>chlorthalidone</i>	60
<i>calcipotriene</i>	70	CARNITOR (SUGAR-FREE)		<i>chlorzoxazone</i>	32
CALCIPOTRIENE	70		83	CHOLBAM	100
<i>calcipotriene-betamethasone</i>	70	CAROSPIR	59	<i>cholestyramine (with sugar)</i>	.67

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

<i>cholestyramine light</i>	67
CHORIONIC	
GONADOTROPIN, HUMAN	92
CIBINQO	71
ciclodan	77
CICLODAN KIT	77
ciclopirox	77
ciclopirox-ure-camph-menth-euc	77
cilostazol	65
CILOXAN	126
CIMDUO	4
cimetidine	105
CIMZIA	100
CIMZIA POWDER FOR RECONST	100
cinacalcet	92
CIPRO	12
CIPRO HC	87
ciprofloxacin	12
ciprofloxacin hcl	12, 86, 126
ciprofloxacin-dexamethasone	87
CIPROFLOXACIN-FLUOCINOLONE	87
citalopram	45
CITALOPRAM	45
citrate of magnesia	100
citroma	100
claravis	73
CLARINEX	131
CLARINEX-D 12 HOUR	132
clarithromycin	8
classic prenatal	140
clearlax	100
clemastine	132
CLENPIQ	100
CLEOCIN	119
CLEOCIN HCL	10
CLEOCIN PEDIATRIC	10
CLEOCIN T	73
CLIMARA	117
CLIMARA PRO	117
clindacin	73
clindacin etz	73
CLINDACIN ETZ	73
clindacin p	73
CLINDACIN PAC	73
CLINDAGEL	73
clindamycin hcl	10
clindamycin pediatric	10
clindamycin phosphate	73, 74, 119
clindamycin-benzoyl peroxide	74
clindamycin-tretinooin	74
CLINDESSE	119
clobazam	24
clobetasol	79
clobetasol-emollient	79
CLOBEX	79
clorcortolone pivalate	79
clodan	79
CLODAN KIT	79
clomipramine	45
clonazepam	24
clonidine	60
clonidine hcl	45, 60
CLONIDINE HCL	60
clopидогrel	65
clorazepate dipotassium	45
clotrimazole	3
clotrimazole-betamethasone	77
clozapine	45, 46
CLOZARIL	46
c-nate dha	140
COARTEM	10
codeine sulfate	34, 35
codeine-butalbital-asa-caff	35
codeine-guaifenesin	132
COLAZAL	101
colchicine	113
COLCRYS	113
colesevelam	67
COLESTID	67
COLESTID FLAVORED	67
colestipol	67
COMBIGAN	129
COMBIPATCH	117
COMBIVENT RESPIMAT	134
COMBIVIR	4
COMETRIQ	16
COMIRNATY 2023-24 (12Y UP)(PF)	111
COMPACT SPACE CHAMBER	88
COMPazine	101
COMPLERA	4
complete natal dha	140
compro	101
COMTAN	28
CONCERTA	46
CONDYLOX	71
CONJUPRI	60
CONSENSI	60
constulose	101
CONZIP	39
COPAXONE	109
COPIKTRA	16
CORDRAN	79
CORDRAN TAPE LARGE ROLL	79
COREG CR	60
CORGARD	60
CORLANOR	69
CORTANE-B	71
CORTEF	87
CORTENEMA	101
CORTIFOAM	101
cortisone	87
CORTISPORIN-TC	87
CORTROPHIN GEL	87
COSENTYX	70
COSENTYX (2 SYRINGES)	70
COSENTYX PEN	70
COSENTYX PEN (2 PENS)	70
COSENTYX UNREADY PEN	70
COSOPT	129
COSOPT (PF)	129
COTELLIC	16
COTEMPLA XR-ODT	46
covaryx	117
covaryx h.s.	118
COZAAR	60
CREON	101
CRESEMBA	3
CRESTOR	67
CRINONE	118
cromolyn	101, 128, 134
crotan	82
cryselle (28)	121
CUPRIMINE	115
curae	121
CUVPOSA	98
CUVRIOR	83
cyanocobalamin (vitamin b-12)	140

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

cyclobenzaprine	32	deferasirox	83	DEXILANT	105
CYCLOGYL	127	deferiprone	83	dexlansoprazole	105
CYCLOMYDRIL	131	DELSTRIGO	5	dexamethylphenidate	46
cyclopentolate	127	DELZICOL	101	dextroamphetamine sulfate	46
cyclophosphamide	16	demeclacycline	12	dextroamphetamine-	
CYCLOPHOSPHAMIDE	16	DEMSEER	60	amphetamine	46, 47
CYCLOSERINE	10	DENAVIR	78	DHIVY	28
CYCLOSET	95	DENGVAXIA (PF)	111	DIACOMIT	24
cyclosporine	16, 128	denta 5000 plus	86	dialyvite 800	140
cyclosporine modified	16	dentagel	86	DIASTAT	24
CYLTEZO(CF)	115	DEPAKOTE	24	DIASSTAT ACUDIAL	24
CYLTEZO(CF) PEN	115	DEPAKOTE ER	24	diazepam	24, 47
CYLTEZO(CF) PEN CROHN'S-UC-HS	115	DEPAKOTE SPRINKLES	24	diazepam intensol	47
CYLTEZO(CF) PEN PSORIASIS-UV	115	DEPEN TITRATABS	115	diazoxide	89
CYMBALTA	46	DEPO-PROVERA	118	DIBENZYLINE	60
cyproheptadine	132	DEPO-TESTOSTERONE	92	dichlorphenamide	31
cyred	121	DERMA-SMOOTHÉ/FS BODY OIL	79	DICLEGIS	101
cyred eq	121	DERMA-SMOOTHÉ/FS SCALP OIL	80	DICLOFENAC EPOLAMINE	39
CYSTADANE	101	DERMAWERX SDS	80	diclofenac potassium	39
CYSTADROPS	128	DERMOTIC OIL	86	diclofenac sodium	39, 71, 129
CYSTAGON	139	DESCOVERY	5	DICLOFENAC	
CYSTARAN	128	desipramine	46	SUBMICRONIZED	39
CYTOMEL	97	desloratadine	132	diclofenac-misoprostol	39
CYTOTEC	105	desmopressin	93	DICLOFEX DC	39
D		DESMOPRESSIN	93	DICLOHEAL-60	39
dabigatran etexilate	65	desog-e.estradiol	121	DICLOPR	39
dalfampridine	31	desonide	80	DICLOSAICIN	39
DALIRESP	134	desoximetasone	80	DICLOTRAL	39
danazol	92	DESOXYN	46	dicloxacillin	12
DANTRIUM	32	DESVENLAFAXINE	46	dicyclomine	98
dantrolene	32	desvenlafaxine succinate	46	didanosine	5
dapsone	10, 74	DETROL	138	DIFFERIN	74
DAPTACEL (DTAP PEDIATRIC) (PF)	111	DETROL LA	138	DIFICID	8
DARAPRIM	10	dexabliss	87	diflorasone	80
darifenacin	138	dexamethasone	87	DIFLUCAN	3
DARTISLA	98	dexamethasone intensol	87	dilunisal	39
darunavir ethanolate	5	dexamethasone sodium		disfluprednate	130
dasetta 1/35 (28)	121	phosphate	130	digox	64
dasetta 7/7/7 (28)	121	dexchlorpheniramine maleate		digoxin	64
DAURISMO	16	132		dihydroergotamine	29
DAYBUE	31	DEXCOM G6 RECEIVER	89	DILANTIN	24
DAYPRO	39	DEXCOM G6 SENSOR	89	DILANTIN EXTENDED	24
daysee	121	DEXCOM G6		DILANTIN INFATABS	24
DAYTRANA	46	TRANSMITTER	89	DILANTIN-125	24
DAYVIGO	46	DEXCOM G7 RECEIVER	89	DILAUDID	35
DDAVP	92	DEXCOM G7 SENSOR	89	diltiazem	60
deblitane	118	DEXEDRINE SPANSULE	46	dilt-xr	60
				DIMENTHO	39
				dimethyl fumarate	109

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

DIOVAN	60	DRYSOL DAB-O-MATIC ..	71	ELESTRIN	118
DIOVAN HCT	60	DUAKLIR PRESSAIR	134	<i>eletriptan</i>	29
DIPENTUM	101	DUAVEE	118	ELIDEL	72
<i>diphenoxylate-atropine</i>	98	DUETACT	95	ELIGARD	16
DIPROLENE (AUGMENTED).....	80	DUEXIS	40	ELIGARD (3 MONTH)	16
<i>dipyridamole</i>	65	<i>dulcolax (magnesium</i> <i>hydroxide)</i>	101	ELIGARD (4 MONTH)	16
DISALCID	39	DULERA	134	ELIGARD (6 MONTH)	16
<i>disopyramide phosphate</i>	58	<i>duloxetine</i>	47	ELIMITE	82
<i>disulfiram</i>	83	DUOBRII	80	<i>elinest</i>	122
DITHOL	40	DUOPA	28	ELIQUIS	65
DIURIL	60	DUPIXENT PEN	71	ELIQUIS DVT-PE TREAT 30D START	65
<i>divalproex</i>	24	DUPIXENT SYRINGE ..	71, 72	<i>elite-ob</i>	140
DIVIGEL	118	DUREX AVANTI BARE REAL FEEL	117	ELIXOPHYLLIN	134
<i>dodex</i>	140	DUREZOL	130	ELLA	122
<i>dofetilide</i>	58	<i>dutasteride</i>	139	ELMIRON	139
DOJOLVI	140	<i>dutasteride-tamsulosin</i>	139	<i>eluryng</i>	119
<i>dolishale</i>	121	DYANAVEL XR	47	ELYXYB	29
DOLOTTRANZ	76	DYMISTA	134	EMCYT	16
<i>donepezil</i>	31	DYRENium	60	EMEND	101
DOPTELET (15 TAB PACK)	65	E		EMFLAZA	87
DORAL	47	<i>e.e.s. 400</i>	8	EMGALITY PEN	29
DORYX	12	E.E.S. GRANULES	8	EMGALITY SYRINGE	29
DORYX MPC	12	EASIVENT HOLDING CHAMBER	88	EMSAM	47
<i>dorzolamide</i>	129	EC-NAPROSYN	40	<i>emtricitabine</i>	5
<i>dorzolamide-timolol</i>	129	<i>econazole</i>	77	<i>emtricitabine-tenofovir (tdf)</i>	5
<i>dorzolamide-timolol (pf)</i>	129	<i>econtra ez</i>	122	EMTRIVA	5
<i>dotti</i>	118	<i>econtra one-step</i>	122	EMVERM	10
DOVATO	5	<i>ecotrin low strength</i>	40	<i>enalapril maleate</i>	60
<i>doxazosin</i>	60	ECOZA	77	<i>enalapril-hydrochlorothiazide</i>	61
<i>doxepin</i>	47, 71	EDARBI	60	ENBREL	115
<i>doxercalciferol</i>	93	EDARBYCLOR	60	ENBREL MINI	115
<i>doxycycline hyclate</i>	13	EDECRIN	60	ENBREL SURECLICK	115
DOXYCYCLINE HYCLATE	13	EDLUAR	47	ENDARI	83
<i>doxycycline monohydrate</i>	13	<i>ed-spaz</i>	98	<i>endocet</i>	35
DOXYCYCLINE MONOHYDRATE	13	EDURANT	5	ENGERIX-B (PF)	111
<i>doxylamine-pyridoxine (vit b6)</i>	101	<i>eemt</i>	118	ENGERIX-B PEDIATRIC (PF)	111
DRISDOL	140	<i>eemt hs</i>	118	<i>enilloring</i>	119
DRIZALMA SPRINKLE....	47	<i>efavirenz</i>	5	<i>enoxaparin</i>	65
<i>dronabinol</i>	101	<i>efavirenz-emtricitabin-tenofovir5</i> <i>efavirenz-lamivu-tenofov disop</i>	5	<i>enpresse</i>	122
<i>drospirenone-e.estradiol-lm.fa</i>	121	<i>effer-k</i>	139	<i>enskyce</i>	122
<i>drospirenone-ethinyl estradiol</i>	121	EFFEXOR XR	47	ENSPRYNG	16
DROXIA	16	EFFIENT	65	ENSTILAR	70
<i>droxidopa</i>	83	EFUDEX	72	<i>entacapone</i>	28
ELEPSIA XR	24	EGRIFTA SV	108	ENTADFI	139
ENTRESTO	69			<i>entecavir</i>	5
ENTEREG	101			ENTEREG	101

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

<i>enulose</i>	101	ESTRACE	118	EZETIMIBE-
ENVARSUS XR	16	<i>estradiol</i>	118	ROSUVASTATIN .....67
EPANED	61	<i>estradiol-norethindrone acet</i>	118	<i>ezetimibe-simvastatin</i> .....67
EPCLUSA	5			F
EPIDIOLEX	24	ESTRING	118	FABIOR .....74
EPIDUO FORTE	74	ESTROGEL	118	FACTIVE .....12
EPIFOAM	70	<i>estrogens-methyltestosterone</i>	118	<i>falmina</i> (28) .....122
<i>epinastine</i>	128			<i>famciclovir</i> .....5
<i>epinephrine</i>	132	<i>eszopiclone</i>	47	<i>famotidine</i> .....105
EPINEPHRINE	132	<i>ethacrynic acid</i>	61	FANAPT .....48
<i>epinephrine hcl</i>	134	<i>ethambutol</i>	10	FARESTON .....17
EPIPEN	132	<i>ethosuximide</i>	24	FARXIGA .....95
EPIPEN JR	132	<i>ethynodiol diac-eth estradiol</i>	122	FASENRA .....134
<i>epitol</i>	24			FASENRA PEN .....134
EPIVIR	5	<i>etodolac</i>	40	FC2 FEMALE CONDOM .117
<i>eplerenone</i>	61	<i>etonogestrel-ethinyl estradiol</i>	119	<i>febuxostat</i> .....113
EPOGEN	107			<i>felbamate</i> .....25
EPRONTIA	24	<i>etoposide</i>	16	FELBATOL .....25
<i>eprosartan</i>	61	<i>etravirine</i>	5	FELDENE .....40
EPSOLAY	74	EUCRISA	72	<i>felodipine</i> .....61
EPZICOM	5	EULEXIN	16	FEMARA .....17
EQUETRO	24	EURAX	82	FEMCAP .....117
<i>ergocalciferol (vitamin d2)</i>	140	<i>euthyrox</i>	97	FEMRING .....118
<i>ergoloid</i>	47	EVAMIST	118	<i>fenofibrate</i> .....67
ERGOMAR	29	EVEKEO	47	FENOFIBRATE .....67
<i>ergotamine-caffeine</i>	29	EVEKEO ODT	47	<i>fenofibrate micronized</i> .....67
ERIVEDGE	16	<i>everolimus (antineoplastic)</i> ..16		FENOFIBRATE
ERLEADA	16	<i>everolimus</i>		MICRONIZED .....67
<i>erlotinib</i>	16	<i>(immunosuppressive)</i>.....16		<i>fenofibrate nanocrystallized</i> .67
ERMEZA	97	EVISTA	114	<i>fenofibric acid</i> .....67
<i>errin</i>	118	EVOCLIN	74	<i>fenofibric acid (choline)</i> .....67
ERTACZO	77	EVOTAZ	5	FENOGLIDE .....67
<i>ery pads</i>	74	EVOXAC	83	<i>fenoprofen</i> .....40
<i>erygel</i>	74	EVRYSDI	31	FENOPROFEN .....40
ERYPED 200	8	EXELDERM	77	FENSOLVI .....17
ERYPED 400	9	EXELON PATCH	31	<i>fentanyl</i> .....35
<i>ery-tab</i>	9	<i>exemestane</i>	17	<i>fentanyl citrate</i> .....35
ERY-TAB	9	EXFORGE	61	FENTANYL CITRATE .....35
<i>erythrocin (as stearate)</i>	9	EXFORGE HCT	61	FENTORA .....35
erythromycin	9, 126	EXJADE	83	<i>ferocon</i> .....140
<i>erythromycin ethylsuccinate</i>	9	EXKIVITY	17	FERRIPROX .....83
<i>erythromycin with ethanol</i>	74	EXODERM	77	FERRIPROX (2 TIMES A
<i>erythromycin-benzoyl peroxide</i>		EXSERVAN	83	DAY) .....83
	74	EXTAVIA	109	<i>fesoterodine</i> .....138
ESBRIET	134	EXTINA	77	FETZIMA .....48
<i>escitalopram oxalate</i>	47	<i>eye itch relief</i>	128	FEXMID .....32
ESGIC	35	EYSUVIS	130	FIASP FLEXTOUCH U-100
<i>esomeprazole magnesium</i>	105	EZALLOR SPRINKLE	67	INSULIN .....90
<i>estarrylla</i>	122	<i>ezetimibe</i>	67	FIASP PENFILL U-100
<i>estazolam</i>	47			INSULIN .....90

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

FIASP PUMPCART	91
FIASP U-100 INSULIN.....	91
FIBRICOR	67
FILSPARI	69
FINACEA	74
<i>finasteride</i>	139
<i>fingolimod</i>	109
FINTEPLA	25
<i>finzala</i>	122
FIORICET	35
FIORICET WITH CODEINE	35
FIRAZYR.....	134
FIRDAPSE	31
FIRMAGON KIT W DILUENT SYRINGE	17
FIRVANQ	14
<i>flac otic oil</i>	86
FLAGYL	10
FLAREX	130
<i>flavoxate</i>	138
<i>flecainide</i>	58
FLECTOR	40
FLEQSVY	32
FLEXICHAMBER.....	88
FLOLIPID	67
FLOMAX	139
FLOVENT DISKUS	134
FLOVENT HFA.....	134
FLUAD QUAD 2023-24(65Y UP)(PF)	111
FLUARIX QUAD 2023-2024 (PF).....	111
FLUBLOK QUAD 2023-2024 (PF).....	111
FLUCELVAX QUAD 2023-2024	111
FLUCELVAX QUAD 2023-2024 (PF).....	111
<i>fluconazole</i>	3
<i>flucytosine</i>	3
<i>fludrocortisone</i>	87
FLULALVAL QUAD 2023-2024 (PF).....	111
FLUMADINE	5
FLUMIST QUAD 2023-2024	111
<i>flunisolide</i>	134
<i>fluocinolone</i>	80
<i>fluocinolone acetonide oil</i>	86
<i>fluocinolone and shower cap</i>	80
<i>fluocinonide</i>	80
<i>fluocinonide-e</i>	80
<i>fluoride (sodium)</i>	86, 141
<i>fluoromethalone</i>	130
FLUOROPLEX	72
<i>fluorouracil</i>	72
FLUOROURACIL	72
FLUOVIX	80
FLUOVIX PLUS.....	80
<i>fluoxetine</i>	48
<i>fluphenazine decanoate</i>	48
<i>fluphenazine hcl</i>	48
<i>flurandrenolide</i>	80
<i>flurazepam</i>	48
<i>flurbiprofen</i>	40
<i>flurbiprofen sodium</i>	129
FLUTICASONE FUROATE-VILANTEROL.....	134
<i>fluticasone propionate</i>	80, 135
FLUTICASONE PROPIONATE	135
<i>fluticasone propion-salmeterol</i>	135
FLUTICASONE PROPION-SALMETEROL.....	135
<i>fluvastatin</i>	67
<i>fluvoxamine</i>	48
FLUZONE HIGHDOSE QUAD 23-24 PF.....	111
FLUZONE QUAD 2023-2024	111
FLUZONE QUAD 2023-2024 (PF).....	111
FML FORTE	130
FML LIQUIFILM	130
FOCALIN.....	48
FOCALIN XR	48
<i>folic acid</i>	141
<i>folitab</i>	141
<i>folivane-ob</i>	141
<i>foltabs 800</i>	141
<i>fondaparinux</i>	65
FORFIVO XL.....	48
<i>formoterol fumarate</i>	135
FORTEO	114
FORTESTA.....	93
FOSAMAX	114
FOSAMAX PLUS D.....	114
<i>fosamprenavir</i>	5
<i>fosfomycin tromethamine</i>	14
<i>fosinopril</i>	61
<i>fosinopril-hydrochlorothiazide</i>	61
FOSRENOL	99
FOTIVDA	17
FRAGMIN	65
FREESTYLE LIBRE 14 DAY READER	90
FREESTYLE LIBRE 14 DAY SENSOR	90
FREESTYLE LIBRE 2 READER	90
FREESTYLE LIBRE 2 SENSOR	90
FREESTYLE LIBRE 3 SENSOR	90
FROVA	29
<i>frrovatriptan</i>	29
<i>full spectrum b-vitamin c</i>	141
FULPHILA	107
FURADANTIN	14
FUROSCIX	61
<i>furosemide</i>	61
FUZEON	5
<i>fyavolv</i>	118
FYCOMPA	25
FYLNETRA	107
G	
<i>g tussin ac</i>	132
<i> gabapentin</i>	25
GALAFOLD	93
<i>galantamine</i>	31
GALZIN	140
GARDASIL 9 (PF).....	111
GASTROCROM	101
<i>gatifloxacin</i>	126
GATTEX 30-VIAL	101
<i>gavilax</i>	101
<i>gavilyte-c</i>	101
<i>gavilyte-g</i>	101
GAVRETO	17
<i>gefitinib</i>	17
GELCLAIR	86
GELNIQUE	138
<i>gemfibrozil</i>	67
<i>gemmily</i>	122
GEMTESA	138
<i>gengraf</i>	17
GENOTROPIN	108

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

GENOTROPIN MINIQUICK	108
gentamicin	77, 126
GENTEEL VACUUM	
LANCING DEVICE	90
gentle laxative (<i>bisacodyl</i>)	101
gentlelax	101
GENVOYA	5
GEODON	48
GILENYA	109
GILOTRIF	17
GIMOTI	101
glatiramer	109
glatopa	109
GLEEVEC	17
GLEOSTINE	17
glimepiride	95
glipizide	95
glipizide-metformin	95
GLUCAGEN HYPOKIT	89
GLUCAGON (HCL)	
EMERGENCY KIT	89
glucagon emergency kit	
(human)	89
GLUCOTROL XL	95
GLUMETZA	95
glyburide	95
glyburide micronized	95
glyburide-metformin	95
GLYCATE	98
glycopyrrolate	98
GLYNASE	95
GLYXAMBI	95
GOCOVRI	28
GOLYTELY	101
GONITRO	69
GRALISE	25
granisetron hcl	101
GRANIX	107
GRASTEK	111
griseofulvin microsize	3
griseofulvin ultramicrosize	3
guanfacine	48, 61
GVOKE	89
GVOKE HYPOPEN 2-PACK	
.....	89
GVOKE PFS 2-PACK	
SYRINGE	89
GYZNAZOLE-1	119

H	
HADLIMA	115
HADLIMA PUSHTOUCH	115
HADLIMA(CF)	115
HADLIMA(CF)	
PUSHTOUCH	115
HAEGARDA	135
hailey	122
hailey 24 fe	122
hailey fe 1.5/30 (28)	122
hailey fe 1/20 (28)	122
halcinonide	80
HALCION	48
HALDOL DECANOATE	48
halobetasol propionate	81
HALOBETASOL	
PROPIONATE	81
haloette	120
HALOG	81
haloperidol	49
haloperidol decanoate	48
haloperidol lactate	48, 49
HARVONI	5
HAVRIX (PF)	111
heather	118
HEMADY	87
HEMANGEOL	61
hemmorex-hc	101
heparin (porcine)	65
heparin, porcine (pf)	65
HEPARIN, PORCINE (PF)	65
HEPLISAV-B (PF)	111
HEPSERA	5
her style	122
HETLIOZ	49
HETLIOZ LQ	49
HIBERIX (PF)	111
HIPREX	14
homatropaire	127
HORIZANT	31
HULIO(CF)	115
HULIO(CF) PEN	115
HUMALOG JUNIOR	
KWIKPEN U-100	91
HUMALOG KWIKPEN	
INSULIN	91
HUMALOG MIX 50-50	
INSULN U-100	91
HUMALOG MIX 50-50	
KWIKPEN	91
HUMALOG MIX 75-25	
KWIKPEN	91
HUMALOG MIX 75-25(U-100)INSULN	91
HUMALOG TEMPO PEN(U-100)INSULN	91
HUMALOG U-100 INSULIN	
.....	91
HUMATIN	10
HUMATROPE	108
HUMIRA	115
HUMIRA PEN	115
HUMIRA PEN CROHNS-UCHS START	115
HUMIRA PEN PSOR-UVEITS-ADOL HS	115
HUMIRA(CF)	115
HUMIRA(CF) PEDI	
CROHNS STARTER	115
HUMIRA(CF) PEN	115
HUMIRA(CF) PEN	
CROHNS-UC-HS	115
HUMIRA(CF) PEN	
PEDIATRIC UC	115
HUMIRA(CF) PEN PSOR-UV-ADOL HS	115
HUMULIN 70/30 U-100	
INSULIN	91
HUMULIN 70/30 U-100	
KWIKPEN	91
HUMULIN N NPH INSULIN	
KWIKPEN	91
HUMULIN N NPH U-100	
INSULIN	91
HUMULIN R REGULAR U-100 INSULN	91
HUMULIN R U-500 (CONC)	
INSULIN	91
HUMULIN R U-500 (CONC)	
KWIKPEN	91
HYCAMTIN	17
HYCODAN (WITH HOMATROPINE)	132
hydralazine	61
HYDREA	17
hydrochlorothiazide	61
hydrocodone bitartrate	35
hydrocodone-acetaminophen	35
hydrocodone-chlorpheniramine	132

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

<i>hydrocodone-homatropine</i>	133	IDHIFA	17	INSULIN SYRINGE- NEEDLE U-100	89
<i>hydrocodone-ibuprofen</i>	35	ILEVRO	129	INTELENCE	5
<i>hydrocortisone</i>	81, 87, 101, 102	ILUMYA	70	INTRAROSA	120
<i>hydrocortisone acetate</i>	101	<i>imatinib</i>	17	INTUNIV ER	49
<i>hydrocortisone butyrate</i>	81	IMBRUVICA	17	INVEGA	49
<i>hydrocortisone butyr-emollient</i>	81	IMCIVREE	83	INVEGA HAFYERA	49
<i>hydrocortisone valerate</i>	81	<i>imipramine hcl</i>	49	INVEGA SUSTENNA	49
<i>hydrocortisone-acetic acid</i>	87	<i>imipramine pamoate</i>	49	INVEGA TRINZA	49
<i>hydrocortisone-pramoxine</i>	102	<i>imiquimod</i>	113	INVELTYS	130
<i>hydromet</i>	133	IMITREX	29, 30	INVOKAMET	95
<i>hydromorphone</i>	35, 36	IMITREX STATDOSE PEN30		INVOKAMET XR	95
<i>hydroxychloroquine</i>	10	IMITREX STATDOSE REFILL	30	INVOKANA	95
<i>hydroxyurea</i>	17	IMPAVIDO	10	IOPIDINE	131
<i>hydroxyzine hcl</i>	132	IMPOYZ	81	IPOL	111
<i>hydroxyzine pamoate</i>	132	IMURAN	17	<i>ipratropium bromide</i>	86, 135
<i>HYFTOR</i>	72	IMVEXXY MAINTENANCE PACK	118	<i>ipratropium-albuterol</i>	135
<i>hyoscyamine sulfate</i>	98	IMVEXXY STARTER PACK	118	<i>irbesartan</i>	61
<i>hyosyne</i>	98	INBRIJA	28	<i>irbesartan-hydrochlorothiazide</i>	61
<i>HYPER-SAL</i>	135	<i>incassia</i>	118	IRESSA	18
<i>HYRIMOZ</i>	115	INCRELEX	83	ISENTRESS	5
<i>HYRIMOZ PEN</i>	115	INCRUSE ELLIPTA	135	ISENTRESS HD	5
<i>HYRIMOZ PEN CROHN'S- UC STARTER</i>	115	<i>indapamide</i>	61	<i>isibloom</i>	122
<i>HYRIMOZ PEN PSORIASIS STARTER</i>	116	INDERAL LA	61	<i>isoniazid</i>	10
<i>HYRIMOZ(CF)</i>	116	INDERAL XL	61	ISORDIL	69
<i>HYRIMOZ(CF) PEDI CROHN STARTER</i>	116	INDOCIN	40	ISORDIL TITRADOSE	69
<i>HYRIMOZ(CF) PEN</i>	116	<i>indomethacin</i>	40	<i>isosorbide dinitrate</i>	69
<i>HYSINGLA ER</i>	36	INDOMETHACIN	40	<i>isosorbide mononitrate</i>	69
<i>HYZAAR</i>	61	INFANRIX (DTAP) (PF)	111	<i>isosorbide-hydralazine</i>	61
I		INGREZZA	31	<i>isotretinoin</i>	74
<i>ibandronate</i>	114	INGREZZA INITIATION PACK	31	<i>isradipine</i>	61
<i>IBRANCE</i>	17	INLYTA	17	ISTALOL	127
<i>IBSRELA</i>	102	INNOPRAN XL	61	ISTURISA	93
<i>ibu</i>	40	INPEFA	95	<i>itraconazole</i>	3
<i>ibuprofen</i>	40	INQOVI	17	<i>ivermectin</i>	10, 74
<i>ibuprofen-famotidine</i>	40	INREBIC	17	IFYUZEH	129
<i>icatibant</i>	135	INSPRA	61	J	
<i>iclevia</i>	122	INSULIN ASP PRT-INSULIN ASPART	91	JADENU	83
<i>ICLOFENAC CP</i>	40	INSULIN ASPART U-100	91	JADENU SPRINKLE	83
<i>ICLUSIG</i>	17	INSULIN DEGLUDEC	91	<i>jaimiess</i>	122
<i>icosapent ethyl</i>	67	INSULIN GLARGINE	91	JAKAFI	18
<i>IDACIO(CF)</i>	116	INSULIN GLARGINE-YFGN	91	JALYN	139
<i>IDACIO(CF) PEN</i>	116	INSULIN LISPRO	91	<i>jantoven</i>	65
<i>IDACIO(CF) PEN CROHN- UC STARTR</i>	116	INSULIN LISPRO PROTAMIN-LISPRO	91	JANUMET	95
<i>IDACIO(CF) PEN PSORIASIS START</i>	116			JANUMET XR	95
				JANUVIA	95
				JARDIANCE	95
				<i>jasmiel (28)</i>	122
				JATENZO	93

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

<i>javygtor</i>	93	KINRIX (PF)	111	LAMICTAL STARTER (ORANGE) KIT	25
JAYPIRCA	18	KISQALI	18	LAMICTAL XR	25
<i>jencycla</i>	118	KISQALI FEMARA CO- PACK	18	LAMICTAL XR STARTER (BLUE)	25
JENTADUETO	95	KITABIS PAK	10	LAMICTAL XR STARTER (GREEN)	25
JENTADUETO XR	95	KLARON	77	LAMICTAL XR STARTER (ORANGE)	25
<i>jintel i</i>	118	KLISYRI	18	<i>lamivudine</i>	6
JOENJA	83	KLONOPIN	25	<i>lamivudine-zidovudine</i>	6
<i>jolessa</i>	122	<i>klor-con</i>	140	<i>lamotrigine</i>	25
JORNAY PM	49	<i>klor-con 10</i>	140	LAMPIT	10
<i>joyeaux</i>	122	<i>klor-con 8</i>	140	LANCETS	90
JUBLIA	77	<i>klor-con m10</i>	140	LANCING DEVICE	90
<i>juleber</i>	122	<i>klor-con m15</i>	140	LANOXIN	64, 65
JULUCA	5	<i>klor-con m20</i>	140	<i>lansoprazole</i>	105
<i>junel 1.5/30 (21)</i>	122	<i>klor-con/ef</i>	140	<i>lanthanum</i>	99
<i>junel 1/20 (21)</i>	122	KLOXXADO	41	LANTUS SOLOSTAR U-100 INSULIN	91
<i>junel fe 1.5/30 (28)</i>	122	<i>kobee</i>	141	LANTUS U-100 INSULIN	91
<i>junel fe 1/20 (28)</i>	122	KOMBIGLYZE XR	95	<i>lapatinib</i>	18
<i>junel fe 24</i>	122	KONVOMEП	105	<i>larin 1.5/30 (21)</i>	123
JUXTAPID	67	KORLYM	93	<i>larin 1/20 (21)</i>	123
JYNARQUE	93	KOSELUGO	18	<i>larin 24 fe</i>	123
K		K-PHOS NO 2	139	<i>larin fe 1.5/30 (28)</i>	123
<i>kaitlib fe</i>	122	KRAZATI	18	<i>larin fe 1/20 (28)</i>	123
KALETRA	5	KRINTAFEL	10	LASIX	61
<i>kalliga</i>	122	KRISTALOSE	102	<i>latanoprost</i>	129
KALYDECO	135	K-TAB	140	LATUDA	50
KAPSPARGO SPRINKLE	61	<i>kurvelo (28)</i>	122	<i>laxative (bisacodyl)</i>	102
KARBINAL ER	132	KUVAN	93	<i>laxative peg 3350</i>	102
<i>kariva (28)</i>	122	KYZATREX	93	<i>layolis fe</i>	123
KATERZIA	61	L		LEDIPASVIR-SOFOSBUVIR	6
KAZANO	95	<i>l norgest/e.estradiol-e.estrad</i>	123	<i>leena 28</i>	123
<i>kelnor 1/35 (28)</i>	122	<i>labetalol</i>	61	<i>leflunomide</i>	116
<i>kelnor 1-50 (28)</i>	122	<i>lacosamide</i>	25	<i>lenalidomide</i>	18
KENALOG	81	LACRISERT	128	LENVIMA	18
KEPPRA	25	<i>lactulose</i>	102	LESCOL XL	67
KEPPRA XR	25	LAGEVRIO (EUA)	6	<i>lessina</i>	123
<i>keralyt</i>	71	LAMICTAL	25	LETAIRIS	135
KERALYT RX	71	LAMICTAL ODT	25	<i>letrozole</i>	18
KERALYT SCALP	71	LAMICTAL ODT STARTER (BLUE)	25	<i>leucovorin calcium</i>	14
KERENDIA	61	LAMICTAL ODT STARTER (GREEN)	25	LEUKERAN	18
KESIMPTA PEN	109	LAMICTAL ODT STARTER (ORANGE)	25	LEUKINE	107
<i>ketoconazole</i>	3, 77	LAMICTAL STARTER (BLUE) KIT	25	<i>leuprolide</i>	18
<i>ketodan</i>	77	LAMICTAL STARTER (GREEN) KIT	25	LEUPROLIDE (3 MONTH)	18
<i>ketodan kit</i>	78			<i>levalbuterol hcl</i>	135
<i>ketoprofen</i>	40				
<i>ketorolac</i>	41, 129				
KETOROLAC	41				
<i>ketotifen fumarate</i>	128				
KEVEYIS	31				
KEVZARA	116				
KINERET	116				

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

LEVALBUTEROL	
TARTRATE	135
LEVAMLODIPINE	61
LEVIBID	98
LEVEMIR FLEXPEN	91
LEVEMIR U-100 INSULIN	91
levetiracetam	25
levobunolol	127
levocarnitine	84
levocarnitine (with sugar)	84
levocetirizine	132
levofloxacin	12, 126
levonest (28)	123
levonorgest-eth.estradiol-iron	123
levonorgestrel	123
levonorgestrel-ethinyl estrad	123
levonorg-eth estrad triphasic	123
levora-28	123
levorphanol tartrate	36
levo-t.....	97
levothyroxine	97
LEVOTHYROXINE.....	97
levoxyl.....	97
LEVSIN.....	98
LEVSIN/SL.....	98
LEXAPRO	50
LEXETTE	81
LEXIVA	6
LIALDA	102
LIBRAX (WITH CLIDINIUM)	98
LICART	41
lidocaine	76
lidocaine hcl	76
lidocaine hcl-hydrocortison ac	76, 102
lidocaine viscous	76
lidocaine-prilocaine	76
LIDOCAINE-TETRACAIN	E
.....	76
lidocort	76
LIDODERM	76
lidopin	76
LIDO-PRIMO CAINE PACK	76
LIDOSOL.....	76
LIFEMS NALOXONE	41
linezolid	10
LINZESS	102
liothyronine	97
LIPITOR.....	67
LIPOFEN.....	68
LIQREV	135
lisdexamphetamine	50
lisinopril	62
lisinopril-hydrochlorothiazide	62
LITFULO	84
lithium carbonate	50
lithium citrate	50
LITHOBID	50
LITHOSTAT	84
LIVALO	68
LIVMARLI	102
LIVTENCITY	6
LO LOESTRIN FE.....	123
LOCOID	81
LOCOID LIPOCREAM.....	81
LODINE	41
LODOCO	69
LODOSYN	28
LOESTRIN 1.5/30 (21).....	123
LOESTRIN 1/20 (21).....	123
LOESTRIN FE 1.5/30 (28-DAY)	123
LOESTRIN FE 1/20 (28-DAY)	123
lofena	41
lojaimiess	123
LOKELMA	99
LOMOTIL	98
LONSURF	18
LOPID	68
lopinavir-ritonavir	6
LOPRESSOR	62
LOPROX (AS OLAMINE) ..	78
LOPROX KIT	78
lorazepam	50
lorazepam intensol	50
LORBRENA	18, 19
LOREEV XR.....	50
loryna (28)	123
LORZONE	32
losartan	62
losartan-hydrochlorothiazide	62
LOTEMAX	130
LOTEMAX SM.....	130
LOTENSIN.....	62
LOTENSIN HCT.....	62
loteprednol etabonate.	130, 131
LOTREL	62
LOTRONEX	102
lovastatin	68
LOVAZA	68
LOVENOX	65
low-ogestrel (28)	123
loxapine succinate	50
lo-zumandimine (28).....	123
lubiprostone	102
LUCEMYRA	41
ludent fluoride	141
LULICONAZOLE	78
LUMAKRAS	19
LUMIGAN	129
LUMRYZ	50
LUNESTA	50
LUPKYNIS	19
LUPRON DEPOT	19
LUPRON DEPOT (3 MONTH)	19
LUPRON DEPOT (4 MONTH)	19
LUPRON DEPOT (6 MONTH)	19
LUPRON DEPOT-PED	19
LUPRON DEPOT-PED (3 MONTH)	19
lurasidone	50
lutera (28)	123
LUXIQ	81
LUZU	78
LYBALVI	50
lyleg	118
lyllana	118
LYMEPAK	13
LYNPARZA	19
LYRICA	26
LYRICA CR	26
LYSODREN	19
LYTGOBI	19
LYUMJEV KWIKPEN U-100 INSULIN	91
LYUMJEV KWIKPEN U-200 INSULIN	91
LYUMJEV TEMPO PEN(U-100)INSULN	91

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

LYUMJEV U-100 INSULIN		
.....	91	
LYVISPAH	33	
lyza	119	
M		
MACROBID	14	
MACRODANTIN	14	
<i>mafénide acetate</i>	77	
<i>magnesium citrate</i>	102	
MALARONE	10	
MALARONE PEDIATRIC	10	
<i>malathion</i>	82	
<i>maraviroc</i>	6	
MARINOL	102	
<i>marlissa (28)</i>	123	
MARPLAN	50	
MATULANE	19	
<i>matzim la</i>	62	
MAVENCLAD (10 TABLET PACK)	109	
MAVENCLAD (4 TABLET PACK)	109	
MAVENCLAD (5 TABLET PACK)	109	
MAVENCLAD (6 TABLET PACK)	109	
MAVENCLAD (7 TABLET PACK)	109	
MAVENCLAD (8 TABLET PACK)	109	
MAVENCLAD (9 TABLET PACK)	110	
MAVYRET	6	
MAXALT	30	
MAXALT-MLT	30	
MAXIDEX	131	
MAXITROL	130	
<i>maxi-tuss ac</i>	133	
MAXZIDE	62	
MAXZIDE-25MG	62	
MAYZENT	110	
MAYZENT STARTER(FOR 1MG MAINT)	110	
MAYZENT STARTER(FOR 2MG MAINT)	110	
<i>meclizine</i>	102	
MECLIZINE	102	
<i>meclofenamate</i>	41	
MEDROL	87	
MEDROL (PAK)	87	
<i>medroxyprogesterone</i>	119	
<i>mefenamic acid</i>	41	
<i>mefloquine</i>	10	
<i>megestrol</i>	19	
MEKINIST	19	
MEKTOVI	19	
<i>meloxicam</i>	41	
MELOXICAM	41	
<i>meloxicam submicronized</i>	41	
<i>melphalan</i>	19	
<i>memantine</i>	31	
MEMANTINE	31	
MENACTRA (PF)	111	
MENEST	119	
MENOSTAR	119	
MENQUADFI (PF)	111	
MENVEO A-C-Y-W-135-DIP (PF)	111	
<i>meperidine</i>	36	
<i>meprobamate</i>	33	
MEPRON	10	
<i>mercaptopurine</i>	19	
<i>merzee</i>	123	
<i>mesalamine</i>	102	
<i>mesalamine with cleansing wipe</i>	102	
MESNEX	14	
MESTINON	33	
MESTINON TIMESPAN	33	
<i>metaxalone</i>	33	
<i>metformin</i>	95, 96	
METFORMIN	96	
<i>methadone</i>	36	
<i>methadose</i>	36	
<i>methamphetamine</i>	50	
<i>methazolamide</i>	129	
<i>methenamine hippurate</i>	14	
<i>methenamine mandelate</i>	14	
<i>methimazole</i>	88	
METHITEST	93	
<i>methocarbamol</i>	33	
METHOCARBAMOL	33	
<i>methotrexate sodium</i>	19	
<i>methotrexate sodium (pf)</i>	19	
<i>methoxsalen</i>	72	
<i>methscopolamine</i>	98	
<i>methsuximide</i>	26	
<i>methyldopa</i>	62	
<i>methyldopa-</i>		
<i>hydrochlorothiazide</i>	62	
<i>methylergonovine</i>	126	
METHYLIN	50	
<i>methylphenidate</i>	50	
<i>methylphenidate hcl</i>	51	
METHYLPHENIDATE HCL	51	
<i>methylprednisolone</i>	87	
<i>methyltestosterone</i>	93	
<i>metoclopramide hcl</i>	102	
<i>metolazone</i>	62	
<i>metoprolol succinate</i>	62	
<i>metoprolol ta-hydrochlorothiaz</i>	62	
<i>metoprolol tartrate</i>	62	
METROCREAM	74	
METROGEL	74	
<i>metronidazole</i>	10, 74, 75, 120	
<i>metyrosine</i>	62	
<i>mexiletine</i>	58	
<i>mibelas 24 fe</i>	123	
MICARDIS	62	
MICARDIS HCT	62	
MICONAZOLE NITRATE- ZINC OX-PET	78	
<i>miconazole-3</i>	120	
MICROCHAMBER	89	
<i>microgestin 1.5/30 (21)</i>	123	
<i>microgestin 1/20 (21)</i>	123	
<i>microgestin 24 fe</i>	123	
<i>microgestin fe 1.5/30 (28)</i>	123	
<i>microgestin fe 1/20 (28)</i>	123	
<i>midazolam</i>	51	
MIDAZOLAM	51	
<i>midodrine</i>	84	
MIFEPREX	120	
<i>mifepristone</i>	120	
<i>migergot</i>	30	
<i>miglitol</i>	96	
<i>miglustat</i>	93	
MIGRALAN	30	
<i>mili</i>	123	
<i>milk of magnesia</i>	102	
<i>milk of magnesia concentrated</i>	102	
<i>millipred</i>	87	
<i>millipred dp</i>	87	
<i>mimvey</i>	119	
MINASTRIN 24 FE	124	
MINIPRESS	62	
MINIVELLE	119	

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

<i>minocycline</i>	13	MYFEMBREE	120	<i>neomycin-polymyxin b-</i>
MINOCYCLINE	13	MYFORTIC	20	<i>dexameth</i>.....130
<i>minoxidil</i>	62	MYLERAN	20	<i>neomycin-polymyxin-</i>
MIRAPEX ER	28	<i>mynatal</i>	141	<i>gramicidin</i>.....126
MIRCERA	107	<i>mynatal plus</i>	141	<i>neomycin-polymyxin-hc</i> 87, 130
<i>mirtazapine</i>	51	<i>mynatal-z</i>	141	<i>neo-polycin</i>.....126
MIRVASO	75	MYRBETRIQ	138	<i>neo-polycin hc</i> .....130
<i>misoprostol</i>	105	mysoline	26	NEORAL.....20
MITIGARE	113	MYTESI	98	NEO-SYNALAR.....77
M-M-R II (PF)	111	N		NEO-SYNALAR KIT.....77
<i>m-natal plus</i>	141	<i>nabumetone</i>	41	<i>nephronex-sl</i> .....141
<i>modafinil</i>	51	<i>nadolol</i>	62	NERLYNX.....20
MODERNA COVID 23-		<i>naftifine</i>	78	NESINA.....96
24(6M-11Y)PF	111	NAFTIN	78	<i>neuac</i>.....75
<i>moexipril</i>	62	NALFON	41	NEUAC KIT.....75
<i>molindone</i>	51	NALOCET	36	NEULASTA.....107
<i>mometasone</i>	81, 135	<i>naloxone</i>	41	NEULASTA ONPRO .....107
<i>monodoxine nl</i>	13	<i>naltrexone</i>	41	NEUPOGEN.....107
MONODOX	13	NAMENDA	31	NEUPRO .....28
<i>mono-linyah</i>	124	NAMENDA TITRATION		NEURONTIN.....26
<i>montelukast</i>	135	PAK	31	NEVANAC.....129
<i>morgidox</i>	13	NAMENDA XR	31	<i>nevirapine</i> .....6
MORGIDOX 1X 50	13	NAMZARIC	32	<i>new day</i> .....124
MORGIDOX 1X100	13	NAPRELAN CR	41	<i>newgen</i> .....141
<i>morphine</i>	36	NAPROSYN	41	NEXAVAR.....20
<i>morphine concentrate</i>	36	<i>naproxen</i>	41	NEXICLON XR .....62
MOTEGRITY	102	<i>naproxen sodium</i>	41	NEXIUM.....105
MOTOFEN	98	<i>naproxen-esomeprazole</i>	41	NEXIUM PACKET.....105
MOUNJARO	96	<i>naratriptan</i>	30	NEXLETOL .....68
MOVANTIK	103	NARCAN	42	NEXLIZET .....68
MOVIPREP	103	NARDIL	51	NEXTSTELLIS.....124
MOXATAG	12	NASAL ALLERGY	135	NGENLA.....108
<i>moxifloxacin</i>	12, 126	NATACYN	126	<i>niacin</i> .....68
MS CONTIN	36	NATAZIA	124	NIACOR.....68
MULPLETA	66	<i>nateglinide</i>	96	<i>nicardipine</i> .....62
MULTAQ	58	NATESTO	93	NICODERM CQ
<i>multi-vitamin with fluoride</i>	141	NATROBA	82	85
<i>mupirocin</i>	77	<i>natura-lax</i>	103	<i>nicorette</i> .....85
<i>mupirocin calcium</i>	77	NAYZILAM	26	NICORETTE .....85
<i>mvc-fluoride</i>	141	<i>nebivolol</i>	62	<i>nicotine</i> .....85
<i>my choice</i>	124	NEBUPENT	10	<i>nicotine (polacrilex)</i> .....85
<i>my way</i>	124	<i>nebusal</i>	135	NICOTROL .....85
MYALEPT	93	NEBUSAL	135	NICOTROL NS.....85
MYAMBUTOL	10	<i>necon 0.5/35 (28)</i>	124	<i>nifedipine</i> .....62
MYCAPSSA	19	<i>nefazodone</i>	51	<i>nikki (28)</i> .....124
MYCOBUTIN	10	<i>neomycin</i>	10	NILANDRON .....20
<i>mycophenolate mofetil</i>	19	<i>neomycin-bacitracin-poly-hc</i>		<i>nilutamide</i> .....20
<i>mycophenolate sodium</i>	19	.....130		<i>nimodipine</i> .....62
MYDAYIS	51	<i>neomycin-bacitracin-</i>		NINLARO .....20
MYDRIACYL	127	<i>polymyxin</i>	126	<i>nisoldipine</i> .....62
				<i>nitazoxanide</i>.....10

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

<i>nitisinone</i>	84
<i>nitro-bid</i>	69
NITRO-DUR	69
<i>nitrofurantoin</i>	14
NITROFURANTOIN	14
<i>nitrofurantoin macrocrystal</i>	14
<i>nitrofurantoin monohyd/m-cryst</i>	14
<i>nitroglycerin</i>	69
NITROLINGUAL	69
NITROMIST	69
NITROSTAT	69
NITYR	84
NIVESTYM	107, 108
<i>nizatidine</i>	105
NOCDURNA (MEN)	93
NOCDURNA (WOMEN)	93
NOCTIVA	93
<i>nora-be</i>	119
NORDITROPIN FLEXPRO	108
<i>noreth-ethinyl estradiol-iron</i>	124
<i>norethindrone (contraceptive)</i>	119
<i>norethindrone acetate</i>	119
<i>norethindrone ac-eth estradiol</i>	119, 124
<i>norethindrone-e.estradiol-iron</i>	124
NORGESIC	33
NORGESIC FORTE	33
<i>norgestimate-ethinyl estradiol</i>	124
NORITATE	75
NORLIQVA	62
NORPACE	58
NORPACE CR	58
NORPRAMIN	51
NORTHERA	84
<i>nortrel 0.5/35 (28)</i>	124
<i>nortrel 1/35 (21)</i>	124
<i>nortrel 1/35 (28)</i>	124
<i>nortrel 7/7/7 (28)</i>	124
<i>nortriptyline</i>	51, 52
NORVASC	62
NORVIR	6
NOURIANZ	28
NOVAREL	93
NOVAVAX COVID 2023-24(PF)(EUA)	112
NOVOLIN 70-30 FLEXPEN U-100	91
NOVOLIN N FLEXPEN	91
NOVOLIN R FLEXPEN	92
NOVOLOG FLEXPEN U-100 INSULIN	92
NOVOLOG MIX 70-30 U-100 INSULIN	92
NOVOLOG MIX 70-30FLEXPEN U-100	92
NOVOLOG PENFILL U-100 INSULIN	92
NOVOLOG U-100 INSULIN ASPART	92
NOXAFILE	3
NOXIPAK	81
<i>np thyroid</i>	97
NUBEQA	20
NUCALA	135
NUCARACLINPAK	75
NUCORT	81
NUCYNTA	42
NUCYNTA ER	42
NUDICLO SOLUPAK	42
NUEDEXTA	32
NULEV	99
NULIBRY	32
NUPLAZID	52
NURTEC ODT	30
NUTROPIN AQ NUSPIN	108
NUVARING	120
NUVESSA	120
NUVIGIL	52
NUZYRA	13
<i>nyamyc</i>	78
<i>nylia 1/35 (28)</i>	124
<i>nylia 7/7/7 (28)</i>	124
NYMALIZE	62
<i>nymyo</i>	124
<i>nystatin</i>	3, 78
<i>nystatin-triamcinolone</i>	78
<i>nystop</i>	78
NYVEPRIA	108
O	
OCALIVA	103
<i>ocella</i>	124
OCUFLOX	126
ODACTRA	112
ODEFSEY	6
ODOMZO	20
OFEV	135
<i>ofloxacin</i>	12, 87, 126
<i>olanzapine</i>	52
<i>olanzapine-fluoxetine</i>	52
<i>olmesartan</i>	63
<i>olmesartan-amlodipine-hctiazid</i>	63
<i>olmesartan-hydrochlorothiazide</i>	63
<i>olopatadine</i>	86, 128
OLPRUVA	84
OLUMIANT	116
OLUX	81
OLUX-E	81
OMECLAMOX-PAK	106
<i>omega-3 acid ethyl esters</i>	68
<i>omeprazole</i>	106
<i>omeprazole-sodium bicarbonate</i>	106
OMNARIS	135
OMNIPOD 5 G6 INTRO KIT (GEN 5)	90
OMNIPOD 5 G6 PODS (GEN 5)	90
OMNIPOD CLASSIC PODS (GEN 3)	90
OMNIPOD DASH INTRO KIT (GEN 4)	90
OMNIPOD DASH PODS (GEN 4)	90
OMNIPOD GO PODS 10 UNITS/DAY	90
OMNITROPE	108
<i>ondansetron</i>	103
<i>ondansetron hcl</i>	103
<i>one daily prenatal</i>	141
<i>onelax magnesium citrate</i>	103
ONETOUCH ULTRA CONTROL	90
ONETOUCH ULTRA TEST	88
ONETOUCH ULTRA2 METER	90
ONETOUCH VERIO FLEX METER	90
ONETOUCH VERIO MID CONTROL	90

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

ONETOUCH VERIO	
REFLECT METER	90
ONETOUCH VERIO TEST	
STRIPS.....	88
ONEXTON.....	75
ONFI	26
ONGENTYS	28
ONGLYZA.....	96
ONUREG	20
ONZETRA XSAIL	30
opcicon one-step.....	124
OPSUMIT	135
OPTICHAMBER DIAMOND	
VHC	89
option-2	124
OPZELURA	72
ORACEA	13
oral saline laxative	103
ORALAIR	112
oralone	86
ORAPRED ODT	88
ORAVIG	3
ORENCIA	116
ORENCIA CLICKJECT	116
ORENITRAM	63
ORENITRAM MONTH 1	
TITRATION KT	63
ORENITRAM MONTH 2	
TITRATION KT	63
ORENITRAM MONTH 3	
TITRATION KT	63
ORFADIN	84
ORGOVYX.....	20
ORIAHNN	120
ORILISSA	93
ORKAMBI	135
ORLADEYO	136
orphenadrine citrate	33
orphenadrine-asa-caffeine	33
orphengesic forte	33
ORSERDU	20
ORTIKOS	103
oscimin	99
oscimin sl.....	99
oseltamivir.....	6
OSENI.....	96
OSMOLEX ER	28
OSPHENA	120
OTEZLA	116
OTEZLA STARTER	116
OTOVEL	87
OTREXUP (PF)	116
OVIDE.....	83
OVIDREL	93
oxaprozin	42
OXAYDO.....	36, 37
oxazepam	52
OXBRYTA.....	84
oxcarbazepine	26
OXERVATE	128
oxiconazole	78
OXISTAT	78
OXLUMO	139
OXTELLAR XR	26
oxybutynin chloride	138
OXYBUTYNIN CHLORIDE	
.....	138
oxycodone	37
OXYCODONE.....	37
oxycodone-acetaminophen	37
OXYCONTIN	37
oxymorphone	37
OXYTROL	138
OZEMPIC	96
OZOBAX	33
OZOBAX DS	33
P	
pacerone	58
PALFORZIA (LEVEL 1)	112
PALFORZIA (LEVEL 2)	112
PALFORZIA (LEVEL 3)	112
PALFORZIA (LEVEL 4)	112
PALFORZIA (LEVEL 5)	112
PALFORZIA (LEVEL 6)	112
PALFORZIA (LEVEL 7)	112
PALFORZIA (LEVEL 8)	112
PALFORZIA (LEVEL 9)	112
PALFORZIA (LEVEL 10)	112
PALFORZIA INITIAL DOSE	
.....	112
PALFORZIA LEVEL 11	
MAINTENANCE.....	112
paliperidone	52
PALYNZIQ	93
PAMELOR	52
PANCREAZE	103
PANDEL	81
PANRETIN	72
pantoprazole	106
paricalcitol	93
PARLODEL	28
PARNATE.....	52
paroex oral rinse	86
paromomycin	10
paroxetine hcl	52
paroxetine	
mesylate(menop.sym)	52
PASER.....	11
PATANASE	86
PAXIL	52
PAXIL CR	52
PAXLOVID	6
pazopanib	20
PEDIARIX (PF)	112
PEDVAX HIB (PF)	112
peg 3350-electrolytes	103
peg3350-sod sul-nacl-kcl-asb-c	
.....	103
PEGASYS	109
peg-electrolyte soln	103
PEMAZYRE	20
PEN NEEDLE, DIABETIC	90
penciclovir	78
penicillamine	116
penicillin v potassium	12
PENNSAID	42
PENTACEL (PF)	112
pentamidine	11
PENTASA	103
pentazocine-naloxone	42
pentoxifylline	66
PEPCID	106
PERCOCET	37
PERFOROMIST	136
PERIDEX	86
perindopril erbumine	63
periogard	86
permethrin	83
perphenazine	52, 53
perphenazine-amitriptyline	53
PERSERIS	53
PERTZYE	103
PFIZER COVID 2023-24(5Y-11Y)PF	112
PFIZER COVID 2023-24(6MO-4Y)PF	112
PHEBURANE	84
phenazopyridine	139
phenelzine	53
phenobarbital	26

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

<i>phenoxybenzamine</i>	63	<i>pr natal 400 ec</i>	141	PREVIDENT 5000 ENAMEL	
<i>phenylephrine hcl</i>	131	<i>pr natal 430</i>	141	PROTECT	86
PHENYTEK	26	<i>pr natal 430 ec</i>	141	PREVIDENT 5000 ORTHO	
<i>phenytoin</i>	26	PRADAXA	66	DEFENSE	86
<i>phenytoin sodium extended</i>	26	PRALUENT PEN	68	PREVIDENT 5000 PLUS	86
PHEXXI	120	<i>pramipexole</i>	28	PREVIDENT 5000	
<i>philith</i>	124	PRAMOSONE	70	SENSITIVE	86
<i>phosphate laxative</i>	103	<i>prasugrel</i>	66	PREVNAR 13 (PF)	112
PHOSPHOLINE IODIDE	127	<i>pravastatin</i>	68	PREVNAR 20 (PF)	112
<i>phytonadione (vitamin k1)</i>	66	<i>praziquantel</i>	11	PREVYMIS	6
PIFELTRO	6	<i>prazosin</i>	63	PREZCOBIX	6
<i>pilocarpine hcl</i>	84, 86, 127	PRECOSE	96	PREZISTA	6
<i>pimecrolimus</i>	72	PRED FORTE	131	PRIFTIN	11
<i>pimozide</i>	53	PRED MILD	131	PRILOSEC	106
<i>pimtrea (28)</i>	124	<i>prednicarbate</i>	81	<i>primaquine</i>	11
<i>pindolol</i>	63	<i>prednisolone</i>	88	<i>primidone</i>	26
<i>pioglitazone</i>	96	<i>prednisolone acetate</i>	131	PRIMIDONE	26
<i>pioglitazone-glimepiride</i>	96	<i>prednisolone sodium</i>		PRIMLEV	37
<i>pioglitazone-metformin</i>	96	<i>phosphate</i>	88, 131	PRIMSOL	14
PIQRAY	20	<i>prednisone</i>	88	PRIORIX (PF)	112
<i>pirfenidone</i>	136	<i>prednisone intensol</i>	88	PRISTIQ	53
PIRFENIDONE	136	<i>pregabalin</i>	26	PROAIR DIGIHALER	136
<i>piroxicam</i>	42	PREGNYL	93	PROAIR RESPICLICK	136
<i>pitavastatin calcium</i>	68	PREHEVBARIO (PF)	112	<i>probenecid</i>	113
PLAN B ONE-STEP	124	PREMARIN	119	<i>probenecid-colchicine</i>	113
PLAQUENIL	11	PREMPHASE	119	PROCARDIA XL	63
PLAVIX	66	PREMPRO	119	<i>procenutra</i>	53
PLEGRIDY	110	<i>prenatabs fa</i>	141	<i>prochlorperazine</i>	103
PLENVU	103	<i>prenatabs rx</i>	141	<i>prochlorperazine maleate</i>	103
PLIAGLIS	76	<i>prenatal</i>	141	PROCIT	108
PNEUMOVAX-23	112	<i>prenatal complete</i>	141	PROCTOFOAM HC	103
<i>pnv-dha</i>	141	<i>prenatal multi-dha (algal oil)</i>		<i>procto-med hc</i>	103
<i>pnv-omega</i>	141	.....	141	<i>proctosol hc</i>	103
<i>pnv-select</i>	141	<i>prenatal multivitamins</i>	141	<i>protozone-hc</i>	103
POCKET CHAMBER	89	<i>prenatal one daily</i>	141	PROCYSB1	139
<i>podofilox</i>	72	<i>prenatal plus</i>	141	PROFINAC	42
<i>polycin</i>	126	<i>prenatal plus (calcium carb)</i>		<i>progesterone</i>	119
<i>polyethylene glycol 3350</i>	103	.....	142	<i>progesterone micronized</i>	119
<i>polymyxin b sulf-trimethoprim</i>		<i>prenatal vit no.179-iron-folic</i>		PROGLYCEM	89
.....	126	.....	142	PROGRAF	20
POMALYST	20	<i>prenatal vitamin</i>	142	<i>prolate</i>	38
PONVORY	110	<i>prenatal vitamin with minerals</i>		PROLATE	38
PONVORY 14-DAY		.....	142	PROLENSA	129
STARTER PACK	110	<i>prenatal-u</i>	142	PROMACTA	66
<i>portia 28</i>	124	PRESTALIA	63	<i>promethazine</i>	132
<i>posaconazole</i>	3	PRETOMANID	11	<i>promethazine vc</i>	133
<i>potassium chloride</i>	140	PREVACID	106	<i>promethazine vc-codeine</i>	133
<i>potassium citrate</i>	139	PREVACID SOLUTAB	106	<i>promethazine-codeine</i>	133
<i>powderlax</i>	103	<i>prevalite</i>	68	<i>promethazine-dm</i>	133
<i>pr natal 400</i>	141	PREVIDENT	86	<i>promethegan</i>	132

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

PROMETRIUM	119		RELTONE	104
<i>propafenone</i>	58		RELYVRIA	32
<i>proparacaine</i>	128		REMERON	54
<i>propranolol</i>	63		REMERON SOLTAB	54
<i>propranolol-</i> <i>hydrochlorothiazid</i>	63		<i>rena-vite</i>	142
<i>propylthiouracil</i>	88		RENELA	99
PROQUAD (PF)	112		<i>repaglinide</i>	96
PROSCAR.....	139		REPATHA PUSHTRONEX	68
PROTONIX.....	106		REPATHA SURECLICK	68
<i>protriptyline</i>	53		REPATHA SYRINGE	68
PROVENTIL HFA.....	136		RESTASIS.....	128
PROVERA	119		RESTASIS MULTIDOSE..	128
PROVIGIL	53		RESTORIL	54
PROZAC	53		RETACRIT	108
<i>prudoxin</i>	72		RETEVMO	20
PULMICORT	136		RETIN-A	75
PULMICORT FLEXHALER	136		RETIN-A MICRO	75
<i>pulmosal</i>	136		RETIN-A MICRO PUMP	75
PULMOZYME	136		RETROVIR	6
<i>purelax</i>	103		REVATIO	136
PURIXAN	20		REVCovi	84
PYLERA	106		REVLIMID	20
<i>pyrazinamide</i>	11		REXULTI	54
PYRIDIUM	139		REYATAZ	6
<i>pyridostigmine bromide</i>	33		REYVOW	30
PYRIDOSTIGMINE BROMIDE	33		REZLIDHIA	20
<i>pyrimethamine</i>	11		REZUROCK	20
PYRUKYND.....	84		REZVOGLAR KWIKPEN ..	92
Q			RHOFADE	75
QBRELIS	63		RHOPRESSA	129
QBREXA.....	72		<i>ribavirin</i>	6, 106
QDOLO	42		RIDAURA	116
QUELBREE.....	53		<i>rifabutin</i>	11
QINLOCK.....	20		<i>rifampin</i>	11
QNDSL	136		RILUTEK	84
QTERN	96		<i>riluzole</i>	84
QUADRACEL (PF)	112		<i>rimantadine</i>	7
QUALAQUIN.....	11		RINVOQ	116
QUARTETTE	124		RIOMET	96
QUAZEPAM.....	53		RIOMET ER	96
QUDEXXY XR	26		<i>risedronate</i>	84, 114
QUESTRAN.....	68		RISPERDAL	54
QUESTRAN LIGHT.....	68		RISPERDAL CONSTA	54
<i>quetiapine</i>	53		<i>risperidone</i>	54
QUETIAPINE	53		RITALIN	54
QUILLICHEW ER.....	53		RITALIN LA	54
QUILLIVANT XR.....	53		RITEFLO AEROCHAMBER	89
			<i>ritonavir</i>	7
			<i>rivastigmine</i>	32

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

<i>rivastigmine tartrate</i>	32	SAVAYSA	66	<i>simvastatin</i>	68
<i>rivelsa</i>	124	SAVELLA	117	SINEMET	29
<i>rizatriptan</i>	30	<i>saxagliptin</i>	96	SINGULAIR	136
ROBINUL	99	<i>saxagliptin-metformin</i>	96	<i>sirolimus</i>	21
ROBINUL FORTE	99	<i>scalacort</i>	81	SIRTURO	11
ROCALTROL	94	SCALACORT DK	81	SIVEXTRO	11
ROCKLATAN	129	SCEMBLIX	21	SKYCLARYS	32
<i>roflumilast</i>	136	<i>scopolamine base</i>	104	SKYRIZI	70, 104
ROLVEDON	108	SECUADO	54	SKYTROFA	108
<i>ropinirole</i>	28	SEGLENTIS	38	SLYND	125
<i>rosadan</i>	75	SEGLUROMET	96	<i>smoothlax</i>	104
ROSADAN	75	<i>selegiline hcl</i>	29	SOAANZ	63
ROSULA	75	<i>selenium sulfide</i>	70	<i>sodium chloride</i>	84, 136
<i>rosuvastatin</i>	68	SELZENTRY	7	<i>sodium fluoride 5000 plus</i>	86
ROSZET	68	SEMGLEE(INSULIN GLARGINE-YFGN)	92	<i>sodium fluoride-pot nitrate</i>	86
ROTARIX	112	SEMGLEE(INSULIN GLARG-YFGN)PEN	92	SODIUM OXYBATE	55
ROTATEQ VACCINE	112	<i>se-natal 19 chewable</i>	142	<i>sodium phenylbutyrate</i>	84
ROWASA	104	<i>se-natal-19</i>	142	<i>sodium polystyrene sulfonate</i>	99
<i>roweepra</i>	26	SENSIPAR	94	<i>sodium,potassium,mag sulfates</i>	104
ROXICODONE	38	SEREVENT DISKUS	136	SOFOSBUVIR-	
ROXYBOND	38	SERNIVO	81	VELPATASVIR	7
ROZEREM	54	SEROQUEL	54	SOGROYA	108
ROZLYTREK	20, 21	SEROQUEL XR	54	<i>solifenacain</i>	138
RUBRACA	21	SEROSTIM	108	SOLIQUA 100/33	92
RUCONEST	136	<i>sertraline</i>	54, 55	SOLODYN	14
<i>rufinamide</i>	26	SERTRALINE	54	SOLOSEC	11
RUKOBIA	7	<i>setlakin</i>	125	SOLTAMOX	21
RYALTRIS	136	<i>sevelamer carbonate</i>	99	SOMA	33
RYBELSUS	96	<i>sevelamer hcl</i>	99	SOMAVERT	94
RYCLORA	132	SEYSARA	13	SOOLANTRA	75
RYDAPT	21	<i>sf 86</i>		<i>sorafenib</i>	21
RYKINDO	54	<i>sf 5000 plus</i>	86	SORILUX	70
RYTARY	29	SFROWASA	104	<i>sotalol</i>	58
RYTHMOL SR	58	<i>sharobel</i>	119	<i>sotalol af</i>	58
RYVENT	132	SHINGRIX (PF)	112	SOTYKTU	70
S		SIGNIFOR	21	SOTYLIZE	58
SABRIL	26	SIKLOS	21	SOVALDI	7
SAFYRAL	124	<i>sildenafil (pulm.hypertension)</i>		SPACE CHAMBER	89
<i>sajazir</i>	136	.....	136	SPIKEVAX 2023-2024(12Y	
SALAGEN (PILOCARPINE)		SILENOR	55	UP)(PF)	112
.....	84, 86	SILIQ	70	<i>spinosad</i>	83
<i>salsalate</i>	42	<i>silodosin</i>	139	SPIRIVA RESPIMAT	136
SAMSCA	94	SILVADENE	71	SPIRIVA WITH	
SANCUSO	104	<i>silver sulfadiazine</i>	71	HANDIHALER	136
SANDIMMUNE	21	SIMBRINZA	129	<i>spironolactone</i>	63
SANDOSTATIN LAR		<i>simliya (28)</i>	125	<i>spironolacton-</i>	
DEPOT	21	<i>simpesesse</i>	125	hydrochlorothiaz	63
SANTYL	82	SIMPONI	117	SPORANOX	4
SAPHRIS	54			SPRAVATO	55
<i>sapropterin</i>	94				

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

sprintec (28)	125	SULFAMYLYON	77	tadalafil (pulm. hypertension)	136
SPRITAM	26	sulfasalazine	104	TADLIQ	137
SPRIX	42	sulfatrim	12	TAFINLAR	21
SPRYCEL	21	sulindac	42	tafluprost (pf)	129
sps (with sorbitol)	99	sumatriptan	30	TAGRISSO	21
sronyx	125	sumatriptan succinate	30	TAKE ACTION	125
ssd	71	sumatriptan-naproxen	30	TAKHZYRO	137
st.joseph aspirin	42	sunitinib malate	21	TALICIA	106
st.joseph aspirin	42	SUNLENCA	7	TALTZ AUTOINJECTOR ..	71
STALEVO 100	29	SUNOSI	55	TALTZ AUTOINJECTOR (2 PACK)	71
STALEVO 125	29	super b maxi complex	142	TALTZ AUTOINJECTOR (3 PACK)	71
STALEVO 150	29	super quints	142	TALTZ SYRINGE	71
STALEVO 200	29	SUPPRELIN LA	21	TALZENNA	21
STALEVO 50	29	SUPREP BOWEL PREP KIT	104	TAMIFLU	7
STALEVO 75	29	SURE RESULT TAC PAK ..	81	tamoxifen	21
stavudine	7	SUTAB	104	tamsulosin	139
STEGLATRO	96	SUTENT	21	TAPERDEX	88
STEGLUJAN	97	syeda	125	TARCEVA	21
STELARA	70	symax fastabs	99	TARGADOX	14
STIMUFEND	108	symax-sl	99	TARGETIN	21
STIOLTO RESPIMAT	136	symax-sr	99	tarina 24 fe	125
STIVARGA	21	SYMBICORT	136	tarina fe 1/20 (28)	125
stop smoking aid	85	SYMBYAX	55	taron-c dha	142
STRATTERA	55	SYMDEKO	136	TARPEYO	88
STRENSIQ	94	SYMFI	7	TASCENSO ODT	110
stress formula with iron	142	SYMFI LO	7	TASIGNA	21
stress formula with iron(sulf)		SYMJEPI	132	tasimelteon	55
.....142		SYMLINPEN 120	97	TASMAR	29
STRIBILD	7	SYMLINPEN 60	97	tavaborole	78
STRIVERDI RESPIMAT ..	136	SYMPAZAN	27	TAVALISSE	66
STROMECTOL	11	SYMPROIC	104	TAVNEOS	84
SUBLOCADE	38	SYMTUZA	7	taysofy	125
SUBOXONE	42	SYNAGIS	7	TAYTULLA	125
subvenite	26	SYNALAR	82	tazarotene	75
subvenite starter (blue) kit ..	26	SYNALAR CREAM KIT ..	82	TAZAROTENE	75
subvenite starter (green) kit ..	26	SYNALAR OINTMENT KIT ..	82	TAZORAC	75
subvenite starter (orange) kit	27	SYNALAR TS	82	taztia xt	63
SUCRAID	104	SYNAREL	94	TAZVERIK	22
sucralfate	106	SYNDROS	104	TDVAX	113
SUFLAVE	104	SYNJARDY	97	TECFIDERA	110
SULAR	63	SYNJARDY XR	97	TEGRETOL	27
SULCONAZOLE	78	SYNTHROID	97	TEGRETOL XR	27
sulfacetamide sodium	131	SYPRINE	84	TEKTURNA	63
sulfacetamide sodium (acne) ..	77	T		TEKTURNA HCT	63
sulfacetamide sodium-sulfur ..	75	TABLOID	21	telmisartan	63
sulfacetamide-prednisolone ..	131	TABRECTA	21	telmisartan-amlodipine	63
sulfacleanse 8-4	75	TACLONEX	71		
sulfadiazine	12	tacrolimus	21, 72		
sulfamethoxazole-trimethoprim ..					
.....12					

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

<i>telmisartan-hydrochlorothiazid</i>	11	TRAVATAN Z	129
.....63		<i>travoprost</i>	130
<i>temazepam</i>	55	<i>trazodone</i>	55
TEMBEXA	7	TRECATOR	11
TEMOVATE	82	TRELEGY ELLIPTA	137
<i>temozolomide</i>	22	TRELSTAR	22
<i>tencon</i>	38	TREMFYA	71
TENIVAC (PF)	113	TRESIBA FLEXTOUCH U-	
<i>tenofovir disoproxil fumarate</i>	7	100	92
TENORETIC 100	63	TRESIBA FLEXTOUCH U-	
TENORETIC 50	63	200	92
TENORMIN	63	TRESIBA U-100 INSULIN	92
TEPMETKO	22	<i>tretinoin</i>	76
<i>terazosin</i>	64	<i>tretinoin (antineoplastic)</i>	22
<i>terbinafine hcl</i>	4	<i>tretinoin microspheres</i>	76
<i>terbutaline</i>	137	TREXALL	22
<i>terconazole</i>	120	TREXIMET	30
<i>teriflunomide</i>	110	TREZIX	38
TERIPARATIDE	114	<i>triamcinolone acetonide</i>	82, 86,
TESTIM	94	137	
<i>testosterone</i>	94	<i>triamterene</i>	64
<i>testosterone cypionate</i>	94	<i>triamterene-hydrochlorothiazid</i>	64
<i>testosterone enanthate</i>	94	<i>triazolam</i>	55
<i>tetrabenazine</i>	32	TRIBENZOR	64
<i>tetracaine hcl</i>	128	<i>tricon</i>	142
TETRACAINE HCL (PF)	128	TRICOR	68
<i>tetracycline</i>	14	<i>triderm</i>	82
TEXACORT	82	<i>trientine</i>	84
TEZSPIRE	137	TRIENTINE	84
THALITONE	64	<i>tri-estarrylla</i>	125
THALOMID	22	<i>trifluoperazine</i>	55
THEO-24	137	<i>trifluridine</i>	127
<i>theophylline</i>	137	<i>trihexyphenidyl</i>	29
THIOLA	84	TRIJARDY XR	97
THIOLA EC	84	TRIKAFTA	137
<i>thioridazine</i>	55	<i>tri-legest fe</i>	125
<i>thiothixene</i>	55	TRILEPTAL	27
THYQUIDITY	97	<i>tri-linyah</i>	125
<i>thyroid (pork)</i>	97	TRILIPIX	68
<i>tiadylt er</i>	64	<i>tri-lo-estarrylla</i>	125
<i>tiagabine</i>	27	<i>tri-lo-marzia</i>	125
TIAZAC	64	<i>tri-lo-mili</i>	125
TIBSOVO	22	<i>tri-lo-sprintec</i>	125
TIGLUTIK	84	<i>trimethobenzamide</i>	104
TIKOSYN	58	<i>trimethoprim</i>	14
<i>tilia fe</i>	125	<i>tri-mili</i>	125
<i>timolol maleate</i>	64, 127	<i>trimipramine</i>	55
<i>timolol maleate (pf)</i>	127	<i>trinalat rx 1</i>	142
TIMOPTIC OCUDOSE (PF)		<i>trinate</i>	142
.....127			

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

TRINTELLIX	55	<i>unithroid</i>	98	<i>velvet triphasic regimen (28)</i>	125
<i>tri-nymyo</i>	125	UPTRAVI	64	VELPHORO	99
TRIPTODUR	22	<i>urea</i>	72	VELTASSA	99
<i>tri-sprintec (28)</i>	125	UROCIT-K 10	139	VELTIN	76
TRIUMEQ	7	UROCIT-K 15	139	VEMLIDY	7
TRIUMEQ PD	7	UROCIT-K 5	139	VENCLEXTA	22
<i>tri-vitamin with fluoride</i>	142	UROXATRAL	139	VENCLEXTA STARTING PACK	22
<i>trivora (28)</i>	125	URSO 250	104	<i>venlafaxine</i>	56
<i>tri-vylibra</i>	125	URSO FORTE	104	VENLAFAKINE BESYLATE	56
<i>tri-vylibra lo</i>	125	<i>ursodiol</i>	104, 105	VENTAVIS	137
TROKENDI XR	27	UZEDY	55, 56	VENTOLIN HFA	137
<i>tropicamide</i>	127	V		VEOZAH	120
<i>trospium</i>	138	VAGIFEM	119	<i>verapamil</i>	64
TRUDHESA	30	<i>valacyclovir</i>	7	VERDESO	82
TRULANCE	104	VALCHLOR	72	VEREGEN	72
TRULICITY	97	VALCYTE	7	VERELAN PM	64
TRUMENBA	113	<i>valganciclovir</i>	7	VERKAZIA	128
TRUSTEX LUBRICATED CONDOMS	117	VALIUM	56	VERQUVO	69
TRUSTEX-RIA NON-LUB CONDOMS	117	<i>valproic acid</i>	27	VERSACLOZ	56
TRUVADA	7	<i>valproic acid (as sodium salt)</i>	27	VERZENIO	22
TUDORZA PRESSAIR	137	<i>valsartan</i>	64	VESICARE	138
TUKYSA	22	VALSARTAN	64	VESICARE LS	139
<i>tulana</i>	119	<i>valsartan-hydrochlorothiazide</i>	64	<i>vestura (28)</i>	125
TURALIO	22	VALTOCO	27	VFEND	4
<i>turqoz (28)</i>	125	VALTREX	7	V-GO 20	90
TUXARIN ER	133	<i>vanadom</i>	33	V-GO 30	90
TWINRIX (PF)	113	VANCOCIN	14	V-GO 40	90
TWIRLA	120	<i>vancomycin</i>	14	VIBERZI	105
TWYNEO	76	<i>vandazole</i>	120	VIBRAMYCIN	14
TYBLUME	125	VANFLYTA	22	VICTOZA 2-PAK	97
TYBOST	7	VANOS	82	VICTOZA 3-PAK	97
<i>tydemy</i>	125	VAQTA (PF)	113	VIEKIRA PAK	7
TYKERB	22	<i>varenicline</i>	85	<i>vienna</i>	125
TYMLOS	114	VARIVAX (PF)	113	<i>vigabatrin</i>	27
TYRVAYA	128	VAROPHEN (DICLOFENAC)	42	<i>vigadron</i>	27
TYVASO	137	VARUBI	105	VIGAMOX	127
TYVASO DPI	137	VASCEPA	68	VIIBRYD	56
TYVASO REFILL KIT	137	VASERETIC	64	VIJOICE	22
TYVASO STARTER KIT	137	VASOTEC	64	<i>vilazodone</i>	56
U		VAXELIS (PF)	113	VIMOVO	43
UBRELVY	30	VAXNEUVANCE (PF)	113	VIMPAT	27
UCERIS	104	VCF CONTRACEPTIVE		VIOKACE	105
UDENYCA	108	FILM	120	<i>viorele (28)</i>	125
UDENYCA AUTOINJECTOR	108	VCF CONTRACEPTIVE GEL	120	VIRACEPT	7
ULESFIA	83	VECTICAL	71	VIRAZOLE	8
ULORIC	113			VIREAD	8
ULTRAVATE	82			VISTARIL	132

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

VISTOGARD	15	WHYTEDERM TDPAK	82	XTAMPZA ER	38
<i>vitamin b complex-folic acid</i>		WHYTEDERM TRILASIL		XTANDI	23
.....	142	PAK	82	<i>xulane</i>	120
<i>vitamins a,c,d and fluoride</i>	142	WIDE-SEAL DIAPHRAGM		XULTOPHY 100/3.6	92
VITRAKVI	22	.....	117	XURIDEN	85
VIVELLE-DOT	119	WINLEVI	76	XYOSTED	94
VIVITROL	43	<i>wixela inhub</i>	137	XYREM	57
VIVJOA	4	<i>women's gentle laxative(bisac)</i>		XYWAV	57
VIVLODEX	43	.....	105	Y	
VIZIMPRO	22	<i>wymzya fe</i>	126	YASMIN (28)	126
VOGELXO	94	WYNZORA	71	YAZ (28)	126
<i>volnea (28)</i>	125	X		YONSA	23
VONJO	22	XACIATO	120	YOSPRALA	66
VOQUEZNA DUAL PAK	106	XADAGO	29	YUFLYMA(CF)	117
VOQUEZNA TRIPLE PAK		XALATAN	130	YUFLYMA(CF)	
.....	106	XALKORI	23	AUTOINJECTOR	117
<i>voriconazole</i>	4	XANAX	57	YUPELRI	138
VORTEX HOLDING		XANAX XR	57	YUSIMRY(CF) PEN	117
CHAMBER	89	XARELTO	66	<i>yuvafem</i>	119
VOSEVI	8	XARELTO DVT-PE TREAT		Z	
VOTRIENT	22	30D START	66	<i>zafemy</i>	120
VOWST	105	XATMEP	23	<i>zafirlukast</i>	138
VOXZOGO	94	XCOPRI	27	<i>zaleplon</i>	57
VRAYLAR	56	XCOPRI MAINTENANCE		ZANAFLEX	33
VTAMA	71	PACK	27	<i>zarah</i>	126
VUITY	128	XCOPRI TITRATION PACK		ZARONTIN	28
VUMERITY	110	.....	28	ZARXIO	108
VUSION	78	XDEMVY	128	<i>zatean-pn dha</i>	142
<i>vyfemla (28)</i>	126	XELJANZ	117	<i>zatean-pn plus</i>	142
VYLEESI	56	XELJANZ XR	117	ZAVESCA	94
<i>vylibra</i>	126	XELODA	23	ZAVZPRET	30
VYNDAMAX	69	XELPROS	130	ZCORT	88
VYNDAQEL	69	XELSTRYM	57	<i>zebutal</i>	38
VYTORIN 10-10	68	XENAZINE	32	ZEGALOGUE	
VYTORIN 10-20	68	XENLETA	11	AUTOINJECTOR	89
VYTORIN 10-40	68	XEPI	77	ZEGALOGUE SYRINGE	89
VYTORIN 10-80	68	XERESE	78	ZEGERID	106
VYVANSE	56	XERMELO	23	ZEJULA	23
VYZULTA	130	XHANCE	137	ZELAPAR	29
W		XIFAXAN	11	ZELBORAF	23
WAKIX	56	XIGDUO XR	97	ZELNORM	105
<i>warfarin</i>	66	XiIDRA	128	ZEMBRACE SYMTOUCH	30
WELCHOL	69	XILAPAK	82	ZEMPLAR	94
WELIREG	22	XIMINO	14	<i>zenatane</i>	76
WELLBUTRIN SR	57	XOFLUZA	8	ZENPEP	105
WELLBUTRIN XL	57	XOLAIR	137, 138	<i>zenzedi</i>	57
<i>wera (28)</i>	126	XOLEGEL	78	ZENZEDI	57
<i>wescap-c dha</i>	142	XOPENEX HFA	138	ZEPATIER	8
<i>wesnatal dha complete</i>	142	XOSPATA	23	ZEPOSIA	32
<i>westab plus</i>	142	XPOVIO	23		

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

ZEPOSIA STARTER KIT (28-DAY).....	32	ZITHROMAX	9	<i>zovia 1-35 (28)</i>	126
ZEPOSIA STARTER PACK (7-DAY).....	32	ZITHROMAX TRI-PAK	9	ZOVIRAX	78
ZERVIA TE	128	ZITHROMAX Z-PAK	9	ZTALMY	28
ZESTORETIC.....	64	ZOCOR	69	ZTLIDO	77
ZESTRIL.....	64	ZOKINVY	85	ZUBSOLV	43
ZETIA	69	ZOLADEX	23	<i>zumandimine (28)</i>	126
ZETONNA	138	ZOLINZA.....	23	ZYCLARA	113
ZIAGEN	8	<i>zolmitriptan</i>	30, 31	ZYDELIG	23
ZIANA	76	ZOLOFT	57	ZYFLO	138
ZICLOPRO	43	<i>zolpidem</i>	57	ZYKADIA	23
<i>zidovudine</i>	8	ZOLPIDEM	57	ZYLET	130
ZIEXTENZO.....	108	ZOMACTON	108	ZYLOPRIM	113
<i>zileuton</i>	138	ZOMIG	31	ZYMAXID	127
ZILXI	76	ZONALON	72	ZYPITAMAG	69
ZIMHI	43	ZONEGRAN	28	ZYPREXA	57
ZIOPTAN (PF).....	130	ZONISADE	28	ZYPREXA RELPREVV	57
<i>ziprasidone hcl</i>	57	<i>zonisamide</i>	28	ZYPREXA ZYDIS	57
ZIPSOR	43	ZONTIVITY	66	ZYTIGA	23
ZIRGAN	127	ZORTRESS	23	ZYVOX	11
		ZORVOLEX	43		
		ZORYVE	71		

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