



SENTARA INDIVIDUAL & FAMILY PLANS PRESCRIPTION DRUG FORMULARY

(January - March 2025)

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

This formulary was updated on 01/01/2025

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	10
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	19
CARDIOVASCULAR, HYPERTENSION & LIPIDS	36
DERMATOLOGICALS/TOPICAL THERAPY	43
DIAGNOSTICS & MISCELLANEOUS AGENTS	49
EAR, NOSE & THROAT MEDICATIONS	51
ENDOCRINE/DIABETES	52
GASTROENTEROLOGY	58
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	64
IMMUNOLOGY	69
MUSCULOSKELETAL & RHEUMATOLOGY	69
OBSTETRICS & GYNECOLOGY	71
OPHTHALMOLOGY	78
RESPIRATORY, ALLERGY, COUGH & COLD	81
UROLOGICALS	86
VITAMINS, HEMATINICS & ELECTROLYTES	87
Index	91

List of Abbreviations

1: Preferred Generic

2: Non-Preferred Generic, Preferred Brand

3: Non-Preferred Brand

4: Specialty Drugs

9: Zero Cost Share Preventative Drugs

ACA: Affordable Care Act.

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

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

Drug Name	Drug Tier	Requirements / Limits
APRETUDE	4	ACA; QL (3 per 30 days)
APTIVUS	4	
<i>atazanavir</i>	2	
BARACLUDE ORAL SOLUTION	4	QL (20 per 1 day)
BIKTARVY	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	PA; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	PA; QL (6 per 28 days)
CIMDUO	4	
COMPLERA	4	
<i>darunavir</i>	4	
DELSTRIGO	4	
DESCOVY	4	ACA
DOVATO	4	QL (1 per 1 day)
EDURANT	4	
<i>efavirenz oral tablet</i>	2	
<i>efavirenz-emtricitabin-tenofof</i>	4	
<i>efavirenz-lamivu-tenofof disop</i>	1	
<i>emtricitabine</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	ACA
EMTRIVA ORAL SOLUTION	4	
<i>entecavir</i>	4	QL (1 per 1 day)
EPCLUSA	4	PA; QL (1 per 1 day)
<i>etravirine</i>	4	
EVOTAZ	4	
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	4	
GENVOYA	4	
HARVONI	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
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS	4	
ISENTRESS HD	4	
JULUCA	4	
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	4	QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	2	
LEDIPASVIR-SOFOSBUVIR	2	PA
LIVTENCITY	4	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	
<i>lopinavir-ritonavir oral tablet</i>	4	
<i>maraviroc</i>	4	
MAVYRET ORAL PELLETS IN PACKET	2	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	2	PA; QL (3 per 1 day)
<i>nevirapine</i>	2	
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	4	
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (60 per 365 days)
PIFELTRO	4	
PREVYMIS ORAL TABLET	4	PA; QL (1 per 1 day)
PREZCOBIX	4	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation</i>	4	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	4	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	4	
SOFOSBUVIR-VELPATASVIR	2	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
SOVALDI	4	PA
STRIBILD	4	
SUNLENCA ORAL	4	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	4	PA; QL (3 per 126 days)
SYMTUZA	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
<i>tenofovir disoproxil fumarate</i>	2	QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD	4	QL (6 per 1 day)
TRIUMEQ	4	
TRIUMEQ PD	4	
TYBOST	4	
<i>valacyclovir</i>	1	
<i>valganciclovir oral recon soln</i>	4	PA for Age greater than or equal to 9 year(s)
<i>valganciclovir oral tablet</i>	4	
VEMLIDY	4	PA; QL (1 per 1 day)
VIRACEPT ORAL TABLET	4	
VIREAD ORAL POWDER	4	QL (8 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 per 1 day)
VOSEVI	4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
ZEPATIER	4	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 mL per fill
DIFICID ORAL TABLET	3	PA; 20 tabs per fill
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for Age greater than or equal to 9 year(s)
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tabs per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
CAYSTON	4	LA
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	
<i>cycloserine</i>	2	
<i>dapsone oral</i>	1	
EMVERM	3	PA; 2 tabs per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine oral tablet 200 mg, 300 mg, 400 mg</i>	1	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
<i>linezolid</i>	1	
<i>mefloquine</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	2	
<i>praziquantel</i>	2	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	4	PA; QL (3 per 1 day)
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIVEXTRO ORAL	4	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule</i>	1	
<i>mondoxylene nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		
<i>fosfomicin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	QL (4 per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
MESNEX ORAL	4	
VISTOGARD	4	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (4 per 1 day)
AKEEGA	4	PA; QL (2 per 1 day)
ALECENSA	4	PA; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (6 per 1 day)
AYVAKIT	4	PA; LA; QL (1 per 1 day)
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	4	PA; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; LA; QL (1 per 1 day)
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	4	PA; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (1 per 1 day)
BRAFTOVI	4	PA; LA; QL (6 per 1 day)
BRUKINSA	4	PA; LA; QL (4 per 1 day)
CABOMETYX	4	PA; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	4	PA; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	4	PA; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (1 per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 per 28 days)
COPIKTRA	4	PA; LA; QL (2 per 1 day)
COTELLIC	4	PA; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	4	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	4	PA; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
DAURISMO ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (2 per 1 day)
DROXIA	2	
ELIGARD	4	PA; QL (1 per 28 days)
ELIGARD (3 MONTH)	4	PA; QL (1 per 63 days)
ELIGARD (4 MONTH)	4	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	4	PA; QL (1 per 126 days)
ENSPRYNG	4	PA; QL (1 per 28 days)
ERIVEDGE	4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (3 per 1 day)
<i>etoposide oral</i>	4	PA
EULEXIN	4	PA
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA
<i>exemestane</i>	1	ACA
FENSOLVI	4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; QL (1 per 30 days)
FOTIVDA	4	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days)
GAVRETO	4	PA; LA; QL (4 per 1 day)
<i>gefitinib</i>	4	PA; QL (1 per 1 day)
<i>gengraf</i>	1	
GILOTRIF	4	PA; QL (1 per 1 day)
GLEOSTINE	4	PA
HYCAMTIN ORAL	4	PA
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ICLUSIG	4	PA; QL (1 per 1 day)
IDHIFA	4	PA; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG	4	PA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; QL (4 per 1 day)
INQOVI	4	PA; QL (5 per 28 days)
INREBIC	4	PA; LA; QL (4 per 1 day)
ITOVEBI ORAL TABLET 3 MG	4	PA; QL (2 per 1 day)
ITOVEBI ORAL TABLET 9 MG	4	PA; QL (1 per 1 day)
IWILFIN	4	PA; LA; QL (8 per 1 day)
JAKAFI	4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (1 per 1 day)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; QL (4 per 1 day)
KRAZATI	4	PA; QL (6 per 1 day)
<i>lapatinib</i>	4	PA; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	4	PA; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	4	PA; LA; QL (2 per 1 day)
<i>lenalidomide</i>	4	PA; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	4	PA
LEUPROLIDE (3 MONTH)	4	PA; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	4	PA; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 240 MG	4	PA; QL (2 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (3 per 1 day)
LUPKYNIS	4	PA; QL (6 per 1 day)
LUPRON DEPOT	4	PA; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PA; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	4	PA; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	4	PA; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	4	PA; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; QL (1 per 126 days)
LYNPARZA	4	PA; QL (4 per 1 day)
LYSODREN	4	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; LA; QL (4 per 28 days)
MATULANE	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	4	PA; 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
MEKINIST ORAL TABLET 2 MG	4	PA; QL (1 per 1 day)
MEKTOVI	4	PA; LA; QL (6 per 1 day)
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	4	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	1	
MYHIBBIN	4	PA for Age greater than 8 year(s); QL (350 per 30 days)
MYLERAN	4	PA
NEMLUVIO	4	PA; QL (1 per 28 days)
NERLYNX	4	PA; LA; QL (6 per 1 day)
<i>nilutamide</i>	4	PA; QL (1 per 1 day)
NINLARO	4	PA; QL (3 per 30 days)
NUBEQA	4	PA; LA; QL (4 per 1 day)
<i>octreotide,microspheres</i>	4	PA
ODOMZO	4	PA; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (6 per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; QL (24 per 28 days)
OJJAARA	4	PA; QL (1 per 1 day)
ONUREG	4	PA; QL (14 per 28 days)
ORGOVYX	4	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>pazopanib</i>	4	PA; QL (4 per 1 day)
PEMAZYRE	4	PA; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	4	PA; QL (56 per 28 days)
POMALYST	4	PA; LA; QL (1 per 1 day)
QINLOCK	4	PA; LA; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	4	PA; LA; QL (3 per 1 day)
REVLIMID	4	PA; LA; QL (1 per 1 day)
REZLIDHIA	4	PA; QL (2 per 1 day)
REZUROCK	4	PA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; LA; QL (12 per 1 day)
RUBRACA	4	PA; LA; QL (4 per 1 day)
RYDAPT	4	PA; QL (8 per 1 day)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA
SCEMBLIX ORAL TABLET 100 MG	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)
SIGNIFOR	4	PA
<i>sirolimus</i>	2	
SOLTAMOX	3	
<i>sorafenib</i>	4	PA; QL (4 per 1 day)
STIVARGA	4	PA; QL (84 per 30 days)
<i>sunitinib malate</i>	4	PA; QL (1 per 1 day)
SUPPRELIN LA	4	PA; QL (1 per 365 days)
TABLOID	4	PA
TABRECTA	4	PA; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	4	PA; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (30 per 1 day)
TAGRISSE	4	PA; LA; QL (1 per 1 day)
TALZENNA	4	PA; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (2 per 1 day)
TAZVERIK	4	PA; LA; QL (8 per 1 day)
<i>temozolomide</i>	4	PA
TEPMETKO	4	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	QL (1 per 1 day)
TIBSOVO	4	PA; QL (2 per 1 day)
<i>toremifene</i>	4	PA; QL (1 per 1 day)
<i>torpenz</i>	4	PA; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	4	PA
TRIPTODUR	4	PA; QL (1 per 126 days)
TRUQAP	4	PA; QL (64 per 28 days)
TUKYSA	4	PA; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (4 per 1 day)
VANFLYTA	4	PA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	4	PA; QL (42 per 365 days)
VERZENIO	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	4	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; LA; QL (10 per 1 day)
VIZIMPRO	4	PA; QL (1 per 1 day)
VONJO	4	PA; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	4	PA; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	4	PA; QL (1 per 1 day)
WELIREG	4	PA; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	4	PA; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; QL (4 per 1 day)
XERMELO	4	PA; LA
XOSPATA	4	PA; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	4	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)	4	PA; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA; QL (2 per 1 day)
YONSA	4	PA; QL (4 per 1 day)
ZEJULA ORAL TABLET	4	PA; LA; QL (1 per 1 day)
ZELBORAF	4	PA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; QL (1 per 28 days)
ZOLINZA	4	PA; QL (4 per 1 day)
ZYDELIG	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ZYKADIA	4	PA; QL (3 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION	3	PA; QL (20 per 1 day)
BRIVIACT ORAL TABLET	3	PA; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; QL (6 per 1 day)
<i>diazepam rectal</i>	2	
DILANTIN	3	PA; QL (3 per 1 day)
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
EQUETRO	3	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	PA
FINTEPLA	4	PA; LA; QL (12 per 1 day)
FYCOMPA ORAL SUSPENSION	3	PA; QL (24 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL TABLET	3	PA; QL (1 per 1 day)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	2	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LIBERVANT	3	PA; QL (10 per 30 days)
<i>methsuximide</i>	2	
NAYZILAM	3	PA; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	PA; QL (2 per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	2	PA; QL (4 per 1 day)
<i>phenobarbital</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>rufinamide</i>	2	PA
<i>subvenite</i>	1	
<i>tiagabine oral tablet 12 mg, 16 mg, 4 mg</i>	2	PA
<i>tiagabine oral tablet 2 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone oral powder in packet</i>	4	PA
VIGAFYDE	4	PA
<i>vigpoder</i>	4	PA
XCOPRI MAINTENANCE PACK	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 50 MG (14)- 100 MG (14)	3	PA; 1 unit per day; 28 units per 365 days
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14)	3	PA; 1 tab per day; 28 tabs in 365 days
<i>zonisamide</i>	1	
ZTALMY	3	PA; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL (3 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (10 per 1 day)
NEUPRO	3	ST
NOURIANZ	3	PA; LA; QL (1 per 1 day)
ONGENTYS	3	PA; QL (1 per 1 day)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	3	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
EMGALITY PEN	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ERGOMAR	3	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan</i>	2	QL (12 per 30 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
QULIPTA	2	PA; QL (1 per 1 day)
REYVOW	3	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements / Limits
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO	2	PA; LA; QL (4 per 1 day)
AUSTEDO XR	2	PA; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; QL (28 per 365 days)
<i>dalfampridine</i>	2	QL (2 per 1 day)
<i>dichlorphenamide</i>	4	PA; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI	4	PA; LA; QL (6.7 per 1 day)
FIRDAPSE	4	PA; LA; QL (10 per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral tablet</i>	2	
INGREZZA	2	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PK(TARDIV)	2	PA; QL (28 per 365 days)
INGREZZA SPRINKLE	2	PA; LA; QL (1 per 1 day)
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	1	
NUEDEXTA	4	PA; QL (2 per 1 day)
NULIBRY	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (4 per 1 day)
WAINUA	4	PA; QL (1 per 28 days)
ZEPOSIA	4	PA; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (28 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
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	4	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	2	QL (3 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg</i>	2	QL (4 per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	2	QL (3 per 1 day)
<i>meprobamate</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
ZILBRYSQ	4	PA; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet</i>	1	PA
<i>ascomp with codeine</i>	1	PA
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; QL (1.92 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	4	PA; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	4	PA; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>codeine sulfate</i>	1	PA
<i>codeine-butalbital-asa-caff</i>	1	PA
<i>endocet</i>	1	PA
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA
<i>hydrocodone bitartrate</i>	2	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA
<i>hydromorphone oral liquid</i>	1	PA
<i>hydromorphone oral tablet</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA
<i>hydromorphone rectal</i>	1	PA
<i>meperidine oral solution</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadose oral concentrate</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA
<i>morphine rectal</i>	2	PA
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
<i>oxycodone oral tablet 15 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA
<i>oxymorphone oral tablet</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
XTAMPZA ER	3	PA
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)

You can find information 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>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
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<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-misoprostol</i>	2	PA; QL (4 per 1 day)
<i>diflunisal</i>	2	QL (3 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	2	PA; QL (4 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill

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Drug Name	Drug Tier	Requirements / Limits
<i>mefenamic acid</i>	2	PA; 29 caps per fill
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NUCYNTA	3	PA
NUCYNTA ER	3	PA
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA
<i>piroxicam</i>	1	QL (1 per 1 day)
REXTOVY	3	2 sprays per fill
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tolmetin oral capsule</i>	2	
<i>tramadol oral tablet 50 mg</i>	1	PA
<i>tramadol oral tablet extended release 24 hr</i>	2	PA
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA
<i>tramadol-acetaminophen</i>	1	PA
VIVITROL	4	
ZIMHI	3	2 syringes per fill

PSYCHOTHERAPEUTIC 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
ABILIFY MAINTENA	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet, disintegrating</i>	2	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
<i>aripiprazole oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
ARISTADA INITIO	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for Age less than or equal to 17 year(s); QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for Age less than or equal to 17 year(s); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)

You can find information 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>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>desipramine</i>	2	
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA for Age greater than or equal to 19 year(s); 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 greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	

You can find information 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>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for Age less than or equal to 17 year(s); QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate injection</i>	1	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate intramuscular</i>	1	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate oral</i>	1	PA for Age less than or equal to 17 year(s); 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 less than or equal to 17 year(s); QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for Age less than or equal to 17 year(s); 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
HETLIOZ LQ	4	PA
<i>imipramine hcl</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for Age less than or equal to 17 year(s); QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for Age less than or equal to 17 year(s); QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for Age less than or equal to 17 year(s); QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for Age less than or equal to 17 year(s); QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for Age less than or equal to 17 year(s); QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for Age less than or equal to 17 year(s); QL (2.63 per 63 days)
<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	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 1 day)
LUMRYZ	4	PA; QL (1 per 1 day)
LUMRYZ STARTER PACK	4	PA; QL (28 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
<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)
MARPLAN	3	PA
<i>methamphetamine</i>	2	PA for Age greater than or equal to 19 year(s); QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (1 per 1 day)
<i>mirtazapine oral tablet, disintegrating</i>	2	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID	4	PA; QL (1 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	2	PA for Age less than or equal to 17 year(s)
<i>oxazepam</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>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for Age less than or equal to 17 year(s)
PERSERIS	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	2	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	2	QL (5 per 1 day)
<i>protriptyline</i>	2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET	3	PA; QL (1 per 1 day)
<i>risperidone microspheres</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for Age less than or equal to 17 year(s); 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
RYKINDO	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>sertraline oral concentrate</i>	2	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SODIUM OXYBATE	4	PA; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; QL (4 per 28 days)
SUNOSI	3	PA; QL (1 per 1 day)
<i>tasimelteon</i>	4	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (6 per 1 day)
<i>tranlycypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>trimipramine</i>	2	
TRINTELLIX	3	PA; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	2	PA for Age less than or equal to 17 year(s); QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	2	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	2	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	2	PA for Age less than or equal to 17 year(s); QL (0.56 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	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	2	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	2	PA for Age less than or equal to 17 year(s); QL (0.21 per 28 days)
<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>vilazodone</i>	2	PA; QL (1 per 1 day)
WAKIX	4	PA; LA; QL (2 per 1 day)
XYWAV	4	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>ziprasidone hcl</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL (14 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>flecainide</i>	1	
<i>mexiletine</i>	2	
MULTAQ	2	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral</i>	2	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	
<i>aliskiren</i>	2	QL (1 per 1 day)
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan</i>	2	ST
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</i>	1	

You can find information 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>diltiazem hcl oral capsule,ext.rel 24h degradable</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 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	2	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	3	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	2	
KERENDIA	3	PA; QL (1 per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	2	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	
<i>prazosin</i>	1	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>telmisartan</i>	1	
<i>terazosin</i>	1	
<i>tiadytl er</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate oral</i>	2	
<i>torseamide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL TABLET	4	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL (200 per 365 days)
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	
<i>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	4	PA; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	4	PA; QL (2 per 1 day)
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
<i>aspirin-dipyridamole</i>	2	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL (2 per 1 day)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	

You can find information 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>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven</i>	1	
MULPLETA	4	PA; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel hcl</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (2 per 1 day)
TAVALISSE	4	PA; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	4	PA; LA
<i>lovastatin</i>	1	ACA
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	2	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA SYRINGE	2	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	3	PA; QL (15 per 1 day)
ENTRESTO	2	
<i>ivabradine</i>	2	QL (2 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</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
TRYVIO	4	PA; QL (1 per 1 day)
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; QL (1 per 1 day)
VYNDAQEL	4	PA; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; QL (2 per 42 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; QL (2 per 42 days)
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
<i>calcipotriene topical ointment</i>	2	
<i>calcitriol topical</i>	2	
COSENTYX (2 SYRINGES)	4	PA; QL (2 per 28 days)
COSENTYX PEN	4	PA; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; QL (2 per 28 days)
ILUMYA	4	PA; QL (1 per 63 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SILIQ	4	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; QL (1 per 63 days)

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

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 63 days)
SOTYKTU	4	PA; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	4	PA; QL (2 per 28 days)
STELARA INTRAVENOUS	4	PA; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 42 days)
TALTZ AUTOINJECTOR	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; QL (1 per 28 days)
TREMFYA PEN	4	PA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; QL (2 per 28 days)
ZORYVE TOPICAL CREAM 0.15 %	3	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	3	PA; QL (1 per 30 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	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	4	PA; QL (4 per 28 days)
EUCRISA	3	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	4	PA; QL (3 per 30 days)
<i>methoxsalen</i>	4	
OPZELURA	4	PA; QL (60 per 30 days)
PANRETIN	4	PA
<i>pimecrolimus</i>	2	ST
<i>podofilox topical solution</i>	1	
REGRANEX	3	QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
VALCHLOR	4	PA; QL (60 per 30 days)
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	2	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
<i>amnestem</i>	2	
<i>azelaic acid</i>	2	
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	2	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>dapsone topical gel</i>	2	ST
<i>ery pads</i>	2	
<i>erygel</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>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	ST
<i>ivermectin topical cream</i>	2	PA
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>neuac</i>	1	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream 0.1 %</i>	2	
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	1	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>tretinoin topical cream 0.1 %</i>	2	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>zenatane</i>	2	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	PA for Age less than or equal to 2 year(s)
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocan iii</i>	2	QL (3 per 1 day)
<i>lidocan iv</i>	2	QL (3 per 1 day)
<i>lidocan v</i>	2	QL (3 per 1 day)
TOPICAL ANTIBACTERIALS		
ALTABAX	3	PA; 30 grams per fill

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

Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	3	
XEPI	3	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical gel</i>	2	
<i>ciclopirox topical shampoo</i>	2	
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	2	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole nitrate</i>	2	
<i>ketconazole topical cream</i>	1	
<i>ketconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
LULICONAZOLE	3	
<i>naftifine topical cream</i>	2	PA
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	2	PA
SULCONAZOLE TOPICAL SOLUTION	3	PA
<i>tavaborole</i>	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	
<i>penciclovir</i>	2	PA; 5 grams per fill
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical lotion</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>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	2	
<i>clobetasol-emollient topical cream</i>	2	
<i>clodan</i>	2	
<i>desonide topical cream</i>	2	
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>desoximetasone topical spray,non-aerosol</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	2	
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	

You can find information 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 topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	2	
<i>mometasone topical</i>	1	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream</i>	1	
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	4	PA; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
<i>carglumic acid</i>	4	PA
<i>cevimeline</i>	2	
CHEMET	3	PA for Age greater than or equal to 18 year(s)
CUVRIOR	4	PA; QL (10 per 1 day)
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	2	
<i>droxidopa</i>	4	PA
DUVYZAT	4	PA; QL (3 per 26 days)
ENDARI	4	PA; QL (6 per 1 day)
FABHALTA	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL SOLUTION	4	PA
<i>glutamine (sickle cell)</i>	4	PA; QL (6 per 1 day)
INCRELEX	4	PA; LA
JOENJA	4	PA; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	4	PA; QL (1 per 1 day)
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
OLPRUVA	4	PA
ORFADIN ORAL SUSPENSION	4	PA; LA
PHEBURANE	4	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tabs per day; 7 tabs in 365 days; LA
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 365 days)
RAVICTI	4	PA; QL (17.5 per 1 day)
REVCOVI	4	PA; LA
REZDIFFRA	4	PA; QL (1 per 1 day)
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	4	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
TAVNEOS	4	PA; QL (6 per 1 day)
<i>tiopronin</i>	4	PA
<i>trientine oral capsule 250 mg</i>	4	PA; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; QL (4 per 1 day)
VOYDEYA	4	PA; LA; QL (180 per 30 days)
XURIDEN	4	

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Drug Name	Drug Tier	Requirements / Limits
ZOKINVY	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<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 NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline tartrate</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	3	15 packets per fill
<i>ipratropium bromide nasal</i>	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	2	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA
ACTHAR SELFJECT	4	PA
AGAMREE	3	PA; QL (200 per 26 days)
CORTROPHIN GEL	4	PA
<i>deflazacort</i>	4	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>prednisolone oral solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisone</i>	1	
TARPEYO	4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	1	100 units per 30 days; OTC
ONETOUCH VERIO TEST STRIPS	1	100 units per 30 days; OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	

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Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	OTC
DEXCOM G6 RECEIVER	3	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	3	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	3	PA; CGM; QL (1 per 68 days)
DEXCOM G7 RECEIVER	3	PA; 1 rx per 720 days; CGM
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	2	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	2	QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 274 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 274 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 274 days)

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Drug Name	Drug Tier	Requirements / Limits
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
V-GO 20	2	QL (30 per 30 days)
V-GO 30	2	QL (30 per 30 days)
V-GO 40	2	QL (30 per 30 days)
INSULIN THERAPY		
APIDRA U-100 INSULIN	3	PA; 100 units per 30 days
HUMALOG JUNIOR KWIKPEN U-100	1	100 units per 30 days
HUMALOG KWIKPEN INSULIN	1	100 units per 30 days
HUMALOG MIX 50-50 KWIKPEN	1	100 units per 30 days
HUMALOG MIX 75-25 KWIKPEN	1	100 units per 30 days
HUMALOG MIX 75-25(U-100)INSULN	1	100 units per 30 days
HUMALOG U-100 INSULIN	1	100 units per 30 days
HUMULIN 70/30 U-100 INSULIN	2	100 units per 30 days
HUMULIN 70/30 U-100 KWIKPEN	2	100 units per 30 days
HUMULIN N NPH INSULIN KWIKPEN	2	100 units per 30 days
HUMULIN N NPH U-100 INSULIN	2	100 units per 30 days
HUMULIN R REGULAR U-100 INSULN	2	100 units per 30 days
HUMULIN R U-500 (CONC) INSULIN	2	100 units per 30 days
HUMULIN R U-500 (CONC) KWIKPEN	2	100 units per 30 days
LANTUS SOLOSTAR U-100 INSULIN	2	100 units per 30 days
LANTUS U-100 INSULIN	2	100 units per 30 days
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	100 units per 30 days
TOUJEO SOLOSTAR U-300 INSULIN	2	100 units per 30 days
TRESIBA FLEXTOUCH U-100	2	100 units per 30 days
TRESIBA FLEXTOUCH U-200	2	100 units per 30 days
TRESIBA U-100 INSULIN	2	100 units per 30 days
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>danazol</i>	2	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
GALAFOLD	4	PA; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET 15 MG	4	PA; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	4	PA; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL (56 per 28 days)
KYZATREX	3	PA; QL (2 per 1 day)
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; QL (4 per 1 day)
<i>miglustat</i>	4	PA; LA; QL (3 per 1 day)
MYALEPT	4	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA
OPFOLDA	4	PA; QL (8 per 28 days)
ORILISSA	3	PA
OVIDREL	4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	4	PA
RECORLEV	4	PA; QL (8 per 1 day)
<i>sapropterin</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
SOMAVERT	4	PA
STRENSIQ	4	PA; LA
SYNAREL	4	PA; QL (8 per 28 days)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	2	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL (60 per 365 days)
VOXZOGO	4	PA; QL (1 per 1 day)
YORVIPATH	4	PA; QL (2 per 28 days)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
CYCLOSET	3	
FARXIGA	2	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	2	
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	

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

THYROID HORMONES

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

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

You can find information 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>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral elixir</i>	1	
<i>methscopolamine</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
MISCELLANEOUS AGENTS		
<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	2	
VELPHORO	3	ST; QL (6 per 1 day)
VELTASSA	3	PA; QL (1 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
<i>anucort-hc</i>	1	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 cap per fill

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

Drug Name	Drug Tier	Requirements / Limits
<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)
<i>balsalazide</i>	1	
<i>betaine</i>	4	
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	4	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	4	PA; LA; QL (4 per 1 day)
CHENODAL	4	LA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	4	PA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (4 per 1 day)
CIMZIA POWDER FOR RECONST	4	PA; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
ENTYVIO PEN	4	PA; QL (1.36 per 28 days)
<i>enulose</i>	1	
EOHILIA	4	PA; QL (600 per 30 days)
GATTEX 30-VIAL	4	PA
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</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>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
IBSRELA	3	PA; QL (2 per 1 day)
IQIRVO	4	PA; QL (1 per 1 day)
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	2	QL (1 per 1 day)
LIVDELZI	4	PA; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; QL (3 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>purelax oral powder</i>	9	ACA; OTC
RELISTOR ORAL	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	4	PA; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	4	PA; QL (8 per 1 day)
<i>sulfasalazine</i>	1	
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA	4	PA; QL (2 per 28 days)

ULCER THERAPY

You can find information 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>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	2	PA for Age greater than or equal to 9 year(s); QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	2	PA for Age greater than or equal to 9 year(s); QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA for Age greater than or equal to 9 year(s); QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 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	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA
ARCALYST	4	PA; QL (4 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
FULPHILA	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
FYLNETRA	4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	4	PA
MIRCERA	4	PA
NEULASTA	4	PA
NEULASTA ONPRO	4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
NYVEPRIA	4	PA
PROCRIT	4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
RETACRIT	4	PA
ROLVEDON	4	PA
STIMUFEND	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
UDENYCA	4	PA
UDENYCA AUTOINJECTOR	4	PA
UDENYCA ONBODY	4	PA
XOLREMDI	4	PA; QL (4 per 1 day)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
ZIEXTENZO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
HUMATROPE INJECTION CARTRIDGE	4	PA
NGENLA	4	PA
NORDITROPIN FLEXPOR	4	PA
NUTROPIN AQ NUSPIN	4	PA
OMNITROPE	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
SKYTROFA	4	PA
SOGROYA	4	PA; QL (3 per 28 days)
ZOMACTON	4	PA
INTERFERONS		
ACTIMMUNE	4	PA
ALFERON N	4	
BESREMI	4	PA; QL (2 per 28 days)
PEGASYS	4	
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	
AVONEX INTRAMUSCULAR SYRINGE KIT	4	
BAFIERTAM	4	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	2	QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	2	QL (2 per 1 day)
<i>fingolimod</i>	4	
<i>glatiramer</i>	4	
<i>glatopa</i>	4	
KESIMPTA PEN	4	PA; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (4 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (5 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (6 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (7 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (8 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (9 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PONVORY	4	PA; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	4	PA; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	4	QL (6 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	QL (4.2 per 365 days)
REBIF TITRATION PACK	4	QL (4.2 per 365 days)
<i>teriflunomide</i>	4	
VUMERITY	4	PA; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for Age less than or equal to 59 year(s); ACA; QL (1 per 720 days)
AFLURIA TRIV 2024-2025	9	ACA
AFLURIA TRIV 2024-2025 (PF)	9	ACA
AREXVY (PF)	9	PA for Age less than or equal to 59 year(s); ACA; QL (1 per 720 days)
AUDENZ (NATIONAL STOCKPILE)	9	
AUDENZ(PF)(NATIONAL STOCKPILE)	9	
CAPVAXIVE	9	ACA
COMIRNATY 2024-25 (12Y UP)(PF)	9	ACA
CUVITRU	4	PA
FLUAD TRIV 2024-25(65Y UP)(PF)	9	ACA
FLUARIX TRIV 2024-2025 (PF)	9	ACA
FLUBLOK TRIV 2024-2025 (PF)	9	ACA
FLUCELVAX TRIV 2024-2025	9	ACA
FLUCELVAX TRIV 2024-2025 (PF)	9	ACA
FLULAVAL TRIV 2024-2025 (PF)	9	ACA
FLUMIST TRIVALENT 2024-2025	9	ACA
FLUZONE HIGH-DOSE TRIV 24-25	9	ACA
FLUZONE TRIV 2024-2025	9	ACA
FLUZONE TRIV 2024-2025 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
MODERNA COVID 24-25(6M-11Y)PF	9	ACA
MRESVIA (PF)	9	PA for Age less than or equal to 59 year(s); ACA; QL (1 per 720 days)
NOVAVAX COVID 2024-25(PF)(EUA)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	4	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; QL (30 per 30 days)
PFIZER COVID 2024-25(5Y-11Y)PF	9	ACA
PFIZER COVID 2024-25(6MO-4Y)PF	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
SHINGRIX (PF)	9	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA

IMMUNOLOGY

INTERLEUKINS

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

GOUT THERAPY

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

OSTEOPOROSIS THERAPY

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

Drug Name	Drug Tier	Requirements / Limits
FOSAMAX PLUS D	2	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (1 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
ADALIMUMAB-ADBM	4	PA; QL (2 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	4	PA; QL (6 per 365 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	4	PA; QL (4 per 365 days)
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 28 days)
ENBREL MINI	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (4 per 28 days)
ENBREL SURECLICK	4	PA; QL (4 per 28 days)
KEVZARA	4	PA; QL (2.28 per 28 days)
KINERET	4	PA; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	4	PA; QL (1 per 1 day)
ORENCIA CLICKJECT	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 per 28 days)
OTEZLA	4	PA; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 per 365 days)
OTREXUP (PF)	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>penicillamine</i>	4	PA; QL (16 per 1 day)
RASUVO (PF)	3	ST
RIDAURA	3	
RINVOQ LQ	4	PA; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; QL (56 per 365 days)
SAVELLA ORAL TABLET	3	ST
SIMLANDI(CF)	4	PA; QL (2 per 28 days)
SIMLANDI(CF) AUTOINJECTOR	4	PA; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	4	PA; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; QL (10 per 1 day)
XELJANZ ORAL TABLET	4	PA; QL (2 per 1 day)
XELJANZ XR	4	PA; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
<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	3	PA
<i>deblitane</i>	1	ACA
<i>dotti</i>	2	
DUAVEE	3	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	2	
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	2	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	2	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
<i>mimvey</i>	2	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
PREMARIN ORAL	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
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
<i>mifepristone oral tablet 200 mg</i>	2	PA
MYFEMBREE	3	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
OSPHENA	3	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
<i>vandazole</i>	1	
XACIATO	3	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		

You can find information 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>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal 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

You can find information 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>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	3	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>finzala</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA

You can find information 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>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1/50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estradiol</i>	1	ACA
<i>levonorg-eth estradiol triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	2	
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC

You can find information 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>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<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>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
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA

OXYTOCICS

methylergonovine oral

2

OPHTHALMOLOGY

ANTIBIOTICS

bacitracin ophthalmic (eye)

2

bacitracin-polymyxin b

1

BETADINE OPHTHALMIC PREP

3

CILOXAN OPHTHALMIC (EYE) OINTMENT

3

ciprofloxacin hcl ophthalmic (eye)

1

You can find information 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>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	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine ophthalmic (eye)</i>	2	
<i>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	1	OTC
ALOMIDE	3	
<i>azelastine ophthalmic (eye)</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>bepotastine besilate</i>	2	ST
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	4	PA; QL (20 per 28 days)
CYSTARAN	4	PA; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	4	PA; QL (56 per 720 days)
<i>proparacaine</i>	1	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
XDEMVIY	4	PA; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye)</i>	2	
<i>dropperette</i>		
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	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>tafluprost (pf)</i>	2	ST
<i>travoprost</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
<i>carbinoxamine maleate oral liquid</i>	1	QL (40 per 1 day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; LA; QL (3 per 1 day)
ADVAIR HFA	2	
<i>albuterol sulfate inhalation solution for nebulization</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>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>alyq</i>	4	PA; QL (2 per 1 day)
<i>ambrisentan</i>	4	PA; LA; QL (1 per 1 day)
ANORO ELLIPTA	2	
ARNUIITY ELLIPTA	2	
ASMANEX HFA	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	
ATROVENT HFA	3	
<i>bosentan</i>	4	PA; QL (2 per 1 day)
BREO ELLIPTA	2	
<i>breynd</i>	2	
BRONCHITOL	4	PA; QL (20 per 1 day)
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</i>	1	
DULERA	2	
FASENRA	4	PA; QL (1 per 42 days)
FASENRA PEN	4	PA; QL (1 per 42 days)
<i>flunisolide</i>	2	ST
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
HAEGARDA	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	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>icatibant</i>	4	PA; QL (9 per 28 days)
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO	4	PA; QL (2 per 1 day)
<i>levalbuterol hcl</i>	2	
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
NUCALA	4	PA; LA; QL (1 per 28 days)
OFEV	4	PA; QL (2 per 1 day)
OHTUVAYRE	4	PA; QL (5 per 1 day)
OPSUMIT	4	PA; LA; QL (1 per 1 day)
OPSYNVI	4	PA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; QL (2 per 1 day)
ORKAMBI ORAL TABLET	4	PA; QL (4 per 1 day)
ORLADEYO	4	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	4	PA; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (3 per 1 day)
PULMOZYME	4	PA; QL (5 per 1 day)
QVAR REDIHALER	2	
<i>roflumilast</i>	2	QL (1 per 1 day)
RUCONEST	4	PA; QL (2 per 28 days)
<i>sajazir</i>	4	PA; QL (9 per 28 days)
SEREVENT DISKUS	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	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
SYMDEKO	4	PA; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (2 per 1 day)
TADLIQ	4	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	4	PA; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	2	
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	2	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; QL (3 per 1 day)
TYVASO	4	PA; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; QL (1 per 365 days)
TYVASO REFILL KIT	4	PA; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; QL (1 per 365 days)
VENTAVIS	4	PA; QL (9 per 1 day)
VENTOLIN HFA	1	
WINREVAIR	4	PA; QL (1 per 15 days)
<i>wixela inhub</i>	1	
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; LA; QL (2 per 28 days)

You can find information 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 AUTO-INJECTOR 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	2	
<i>zileuton</i>	2	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
<i>fesoterodine</i>	2	ST
<i>flavoxate</i>	1	
<i>mirabegron</i>	2	ST
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
<i>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL (1 per 1 day)
<i>tamsulosin</i>	1	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	LA
OXLUMO	4	PA
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	4	PA
RENACIDIN	4	
RIVFLOZA	4	PA; QL (1 per 28 days)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
CALCIUM GLUC IN NA CL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	4	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	

You can find information 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>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	9	ACA; OTC
<i>full spectrum b-vitamin c</i>	9	ACA; OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>newgen</i>	1	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	

You can find information 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>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	9	ACA; OTC
<i>prenatal multivitamins</i>	9	ACA; OTC
<i>prenatal one daily</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	9	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<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>soluvita</i>	9	ACA; OTC
<i>soluvita a,c,d with fluoride</i>	9	ACA; OTC
<i>stress formula with iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b maxi complex</i>	9	ACA; OTC
<i>super b-50 complex</i>	9	ACA; OTC
<i>super quintis</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	

You can find information 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>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	82	
A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
ABILIFY MAINTENA.....	29	
<i>abiraterone</i>	10	
ABRYSVO (PF).....	68	
<i>acamprosate</i>	49	
<i>acarbose</i>	57	
<i>acebutolol</i>	37	
<i>acetaminophen-codeine</i>	24	
<i>acetazolamide</i>	80	
<i>acetic acid</i>	52	
<i>acetylcysteine</i>	82	
<i>acitretin</i>	43	
ACTEMRA	70	
ACTEMRA ACTPEN.....	70	
ACTHAR	52	
ACTHAR SELFJECT	52	
ACTIMMUNE	66	
<i>acyclovir</i>	3, 47	
ADALIMUMAB-ADBM	70	
ADALIMUMAB-ADBM(CF) PEN CROHNS	70	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	70	
<i>adapalene</i>	45	
<i>adapalene-benzoyl peroxide</i>	45	
ADBRY.....	44	
ADDYI.....	29	
<i>adefovir</i>	3	
ADEMPAS.....	82	
<i>adult aspirin regimen</i>	26	
ADVAIR HFA	82	
AEROCHAMBER MECHANICAL VENT....	53	
AEROCHAMBER MINI.....	53	
AEROCHAMBER PLUS FLOW-VU	53	
AEROCHAMBER PLUS Z STAT.....	53	
AEROVENT PLUS.....	53	
<i>afirmelle</i>	74	
AFLURIA TRIV 2024-2025	68	
AFLURIA TRIV 2024-2025 (PF).....	68	
<i>after pill</i>	74	
AGAMREE	52	
AIMOVIG AUTOINJECTOR	22	
AJOVY AUTOINJECTOR..	22	
AJOVY SYRINGE.....	22	
AKEEGA.....	10	
AKYNZEO (NETUPITANT)	59	
<i>albendazole</i>	7	
<i>albuterol sulfate</i>	82, 83	
<i>alclometasone</i>	47	
ALECENSA	10	
<i>alendronate</i>	69	
ALFERON N.....	66	
<i>alfuzosin</i>	86	
ALINIA	7	
<i>aliskiren</i>	37	
<i>allergy eye (ketotifen)</i>	79	
<i>allopurinol</i>	69	
<i>almotriptan malate</i>	22	
ALOMIDE.....	79	
<i>alosetron</i>	59	
<i>alprazolam</i>	29	
ALTABAX.....	46	
<i>altavera (28)</i>	74	
ALUNBRIG	10	
ALVAIZ	40	
<i>alvimopan</i>	59	
<i>alyacen 1/35 (28)</i>	74	
<i>alyacen 7/7/7 (28)</i>	74	
<i>alyq</i>	83	
<i>amantadine hcl</i>	3	
<i>ambrisentan</i>	83	
<i>amethia</i>	74	
<i>amethyst (28)</i>	74	
<i>amikacin</i>	7	
<i>amiloride</i>	37	
<i>amiloride-hydrochlorothiazide</i>	37	
<i>aminocaproic acid</i>	40	
<i>amiodarone</i>	36	
<i>amitriptyline</i>	29	
<i>amitriptyline-chlordiazepoxide</i>	29	
<i>amlodipine</i>	37	
<i>amlodipine-atorvastatin</i>	41	
<i>amlodipine-benazepril</i>	37	
<i>amlodipine-olmesartan</i>	37	
<i>amlodipine-valsartan</i>	37	
<i>ammonium lactate</i>	44	
<i>amnestem</i>	45	
<i>amoxapine</i>	29	
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	64	
<i>amoxicillin</i>	9	
<i>amoxicillin-pot clavulanate</i>	9	
<i>ampicillin</i>	9	
<i>anagrelide</i>	49	
<i>anaspaz</i>	59	
<i>anastrozole</i>	10	
ANORO ELLIPTA.....	83	
<i>anucort-hc</i>	59	
APIDRA U-100 INSULIN ..	55	
<i>apomorphine</i>	21	
<i>apraclonidine</i>	81	
<i>aprepitant</i>	59, 60	
APRETUDE	4	
<i>apri</i>	74	
APTIOM.....	19	
APTIVUS	4	
<i>aranelle (28)</i>	74	
ARANESP (IN POLYSORBATE).....	64	
ARCALYST	64	
AREXVY (PF)	68	
ARIKAYCE	7	
<i>aripiprazole</i>	29	
ARISTADA.....	29	
ARISTADA INITIO.....	29	
<i>armodafinil</i>	29	
ARNUITY ELLIPTA	83	
<i>ascomp with codeine</i>	24	
<i>asenapine maleate</i>	29	
<i>ashlyna</i>	74	
ASMANEX HFA	83	
ASMANEX TWISTHALER	83	
<i>aspirin</i>	26	
<i>aspirin childrens</i>	26	
<i>aspirin-dipyridamole</i>	40	
<i>atazanavir</i>	4	
<i>atenolol</i>	37	
<i>atenolol-chlorthalidone</i>	37	
<i>atomoxetine</i>	29	

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

<i>atorvastatin</i>	41	BD INTEGRA NEEDLE	54	<i>brinzolamide</i>	80
<i>atovaquone</i>	7	BD MICROTAINER		BRIVIACT	19
<i>atovaquone-proguanil</i>	7	LANCET	54	BRIXADI	24, 25
<i>atracurium</i>	24	BD SPECIALTY USE		<i>bromfenac</i>	80
<i>atropine</i>	79	NEEDLES	54	<i>bromocriptine</i>	21
ATROVENT HFA	83	BD ULTRA-FINE NANO		BRONCHITOL	83
<i>aubra</i>	74	PEN NEEDLE	54	BRUKINSA.....	11
<i>aubra eq</i>	74	BELBUCA	24	<i>budesonide</i>	60, 83
AUDENZ (NATIONAL		<i>benazepril</i>	37	<i>budesonide-formoterol</i>	83
STOCKPILE).....	68	<i>benazepril-hydrochlorothiazide</i>		<i>bumetanide</i>	37
AUDENZ(PF)(NATIONAL		.....	37	<i>buprenorphine</i>	25
STOCKPILE).....	68	BENLYSTA.....	70	<i>buprenorphine hcl</i>	25
AUGTYRO	10, 11	BENZNIDAZOLE	7	<i>buprenorphine-naloxone</i> 26, 27	
<i>aurovela 1.5/30 (21)</i>	74	<i>benzonatate</i>	82	<i>bupropion hcl</i>	29
<i>aurovela 1/20 (21)</i>	74	<i>benztropine</i>	21	<i>bupropion hcl (smoking deter)</i>	
<i>aurovela 24 fe</i>	74	<i>bepotastine besilate</i>	80	.....	51
<i>aurovela fe 1.5/30 (28)</i>	74	BESREMI.....	66	<i>buspirone</i>	30
<i>aurovela fe 1-20 (28)</i>	74	BETADINE OPHTHALMIC		<i>butalbital-acetaminop-caf-cod</i>	
AUSTEDO	23	PREP	78	.....	25
AUSTEDO XR.....	23	<i>betaine</i>	60	<i>butalbital-acetaminophen</i>	25
AUSTEDO XR TITRATION		<i>betamethasone dipropionate</i> 47		<i>butalbital-acetaminophen-caff</i>	
KT(WK1-4).....	23	<i>betamethasone valerate</i> ..47, 48		.....	25
AUVI-Q.....	81	<i>betamethasone, augmented</i> ..48		<i>butalbital-aspirin-caffeine</i> ...25	
<i>aviane</i>	74	BETASERON	66	<i>butorphanol</i>	27
<i>avidoxy</i>	9	<i>betaxolol</i>	37, 79	BYLVAY	60
AVONEX.....	66	<i>bethanechol chloride</i>	86	C	
<i>ayuna</i>	74	<i>bexarotene</i>	11	CABENUVA.....	4
AYVAKIT.....	11	<i>bicalutamide</i>	11	<i>cabergoline</i>	55
<i>azathioprine</i>	11	BIJUVA.....	71	CABLIVI.....	40
<i>azelaic acid</i>	45	BIKTARVY	4	CABOMETYX.....	11
<i>azelastine</i>	51, 79	<i>bimatoprost</i>	80	<i>caffeine citrate</i>	49
<i>azithromycin</i>	7	BIMZELX	43	<i>calcipotriene</i>	43
<i>azurette (28)</i>	74	BIMZELX AUTOINJECTOR		<i>calcitonin (salmon)</i>	55
B		.....	43	<i>calcitriol</i>	43, 55
<i>b complex 1 (with folic acid)</i> 87		<i>bisoprolol fumarate</i>	37	<i>calcium acetate(phosphat bind)</i>	
<i>b complex-vitamin c-folic acid</i>		<i>bisoprolol-hydrochlorothiazide</i>		.....	87
.....	87	.....	37	CALCIUM GLUC IN NACL,	
<i>bacitracin</i>	78	<i>blisovi 24 fe</i>	74	ISO-OSM.....	87
<i>bacitracin-polymyxin b</i>	78	<i>blisovi fe 1.5/30 (28)</i>	74	CALQUENCE	
<i>baclofen</i>	24	<i>blisovi fe 1/20 (28)</i>	74	(ACALABRUTINIB MAL)	
BAFIERTAM.....	66	<i>bosentan</i>	83	.....	11
<i>balanced b-100</i>	87	BOSULIF	11	<i>camila</i>	71
<i>bal-care dha</i>	87	BRAFTOVI.....	11	<i>camrese</i>	74
<i>balsalazide</i>	60	BREO ELLIPTA	83	<i>camrese lo</i>	74
BALVERSA.....	11	BREXAFEMME	3	CAMZYOS.....	42
<i>balziva (28)</i>	74	<i>breyna</i>	83	<i>candesartan</i>	37
BAQSIMI.....	53	<i>briellyn</i>	74	<i>candesartan-</i>	
BARACLUDGE	4	BRILINTA	40	<i>hydrochlorothiazid</i>	37
<i>bayer low dose aspirin</i>	26	<i>brimonidine</i>	45, 81	<i>capecitabine</i>	11
<i>b-complex with vitamin c</i>	88	<i>brimonidine-timolol</i>	80	CAPRELSA.....	11

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

<i>captopril</i>	37	CILOXAN.....	78	<i>colestipol</i>	42
CAPVAXIVE.....	68	CIMDUO.....	4	COMBIVENT RESPIMAT..	83
<i>carbamazepine</i>	19	<i>cimetidine</i>	64	COMETRIQ.....	11
<i>carbidopa</i>	21	<i>cimetidine hcl</i>	64	COMIRNATY 2024-25 (12Y	
<i>carbidopa-levodopa</i>	21	CIMZIA.....	60	UP)(PF).....	68
<i>carbidopa-levodopa-</i>		CIMZIA POWDER FOR		COMPACT SPACE	
<i>entacapone</i>	21	RECONST.....	60	CHAMBER.....	53
<i>carbinoxamine maleate</i>	81	<i>cinacalcet</i>	56	COMPLERA.....	4
<i>carglumic acid</i>	49	CINRYZE.....	83	<i>complete natal dha</i>	88
<i>carisoprodol</i>	24	CIPRO HC.....	52	<i>compro</i>	60
<i>carisoprodol-aspirin-codeine</i>		<i>ciprofloxacin hcl</i>	9, 52, 78	<i>constulose</i>	60
.....	24	<i>ciprofloxacin-dexamethasone</i>		COPIKTRA.....	11
<i>carteolol</i>	79	.....	52	CORLANOR.....	42
<i>cartia xt</i>	37	<i>citalopram</i>	30	CORTISPORIN-TC.....	52
<i>carvedilol</i>	37	<i>citrate of magnesium</i>	60	CORTROPHIN GEL.....	52
CAYA CONTOURED.....	71	<i>citroma</i>	60	COSENTYX.....	43
CAYSTON.....	8	<i>claravis</i>	45	COSENTYX (2 SYRINGES)	
<i>caziant (28)</i>	74	<i>clarithromycin</i>	7	.....	43
<i>cefaclor</i>	6	<i>classic prenatal</i>	88	COSENTYX PEN.....	43
<i>cefadroxil</i>	6, 7	<i>clearlax</i>	60	COSENTYX PEN (2 PENS)	43
<i>cefdinir</i>	7	<i>clemastine</i>	82	COSENTYX UNOREADY	
<i>cefixime</i>	7	CLEOCIN.....	73	PEN.....	43
<i>cefpodoxime</i>	7	<i>clindacin etz</i>	45	COTELLIC.....	11
<i>cefprozil</i>	7	<i>clindacin p</i>	45	<i>covaryx</i>	71
<i>cefuroxime axetil</i>	7	<i>clindamycin hcl</i>	8	<i>covaryx h.s</i>	72
<i>celecoxib</i>	27	<i>clindamycin pediatric</i>	8	CREON.....	60
<i>cephalexin</i>	7	<i>clindamycin phosphate</i> ..	45, 73	CRINONE.....	72
CERDELGA.....	55	<i>clindamycin-benzoyl peroxide</i>		<i>cromolyn</i>	60, 80, 83
<i>cetirizine</i>	81	.....	45	<i>cryselle (28)</i>	74
<i>cevimeline</i>	49	CLINDESSE.....	73	<i>curae</i>	74
<i>charlotte 24 fe</i>	74	<i>clobazam</i>	19	CUVITRU.....	68
<i>chateal eq (28)</i>	74	<i>clobetasol</i>	48	CUVRIOR.....	49
CHEMET.....	49	<i>clobetasol-emollient</i>	48	<i>cyanocobalamin (vitamin b-12)</i>	
CHENODAL.....	60	<i>clodan</i>	48	.....	88
<i>chlordiazepoxide hcl</i>	30	<i>clomipramine</i>	30	<i>cyclobenzaprine</i>	24
<i>chlordiazepoxide-clidinium</i> ..	59	<i>clonazepam</i>	19	<i>cyclopentolate</i>	79
<i>chlorhexidine gluconate</i>	51	<i>clonidine</i>	37	<i>cyclophosphamide</i>	11
<i>chloroquine phosphate</i>	8	<i>clonidine hcl</i>	30, 37	CYCLOPHOSPHAMIDE...	11
<i>chlorpromazine</i>	30	<i>clopidogrel</i>	40	<i>cycloserine</i>	8
<i>chlorthalidone</i>	37	<i>clorazepate dipotassium</i>	30	CYCLOSET.....	57
<i>chlorzoxazone</i>	24	<i>clotrimazole</i>	3	<i>cyclosporine</i>	11, 80
CHOLBAM.....	60	<i>clotrimazole-betamethasone</i> ..	47	<i>cyclosporine modified</i>	11
<i>cholestyramine (with sugar)</i> ..	41	<i>clozapine</i>	30	<i>cyproheptadine</i>	82
<i>cholestyramine light</i>	41	<i>c-nate dha</i>	88	<i>cyred</i>	74
CHORIONIC		COARTEM.....	8	<i>cyred eq</i>	74
GONADOTROPIN,		<i>codeine sulfate</i>	25	CYSTADROPS.....	80
HUMAN.....	56	<i>codeine-butalbital-asa-caff</i> ..	25	CYSTAGON.....	87
<i>ciclodan</i>	47	<i>codeine-guaifenesin</i>	82	CYSTARAN.....	80
<i>ciclopirox</i>	47	<i>colchicine</i>	69	D	
<i>cilostazol</i>	40	<i>colesevelam</i>	41	<i>dabigatran etexilate</i>	40

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

<i>dalfampridine</i>	23	<i>diclofenac-misoprostol</i>	27	DUPIXENT SYRINGE ..	44, 45
<i>danazol</i>	56	<i>dicloxacillin</i>	9	DUREX AVANTI BARE	
<i>dantrolene</i>	24	<i>dicyclomine</i>	59	REAL FEEL	71
<i>dapsone</i>	8, 45	DIFICID	7	<i>dutasteride</i>	86
<i>darifenacin</i>	86	<i>diflunisal</i>	27	<i>dutasteride-tamsulosin</i>	86
<i>darunavir</i>	4	<i>digoxin</i>	40	DUVYZAT	49
<i>dasatinib</i>	11	<i>dihydroergotamine</i>	22	E	
<i>dasetta 1/35 (28)</i>	75	DILANTIN	19	<i>e.e.s. 400</i>	7
<i>dasetta 7/7/7 (28)</i>	75	<i>diltiazem</i>	38	EASIVENT HOLDING	
DAURISMO.....	12	<i>dilt-xr</i>	38	CHAMBER	53
<i>daysee</i>	75	<i>dimethyl fumarate</i>	67	<i>econazole nitrate</i>	47
<i>deblitane</i>	72	DIPENTUM	60	<i>econtra ez</i>	75
<i>deferasirox</i>	49	<i>diphenhydramine hcl</i>	82	<i>econtra one-step</i>	75
<i>deferiprone</i>	49	<i>diphenoxylate-atropine</i>	59	<i>ecotrin low strength</i>	27
<i>deflazacort</i>	52	<i>dipyridamole</i>	40	<i>ed-spaz</i>	59
DELSTRIGO.....	4	<i>disopyramide phosphate</i>	36	EDURANT	4
<i>demeclocycline</i>	9	<i>disulfiram</i>	49	<i>eemt</i>	72
<i>denta 5000 plus</i>	51	DIURIL	38	<i>eemt hs</i>	72
<i>denta 5000 plus sensitive</i>	51	<i>divalproex</i>	19	<i>efavirenz</i>	4
<i>dentagel</i>	51	<i>dodex</i>	88	<i>efavirenz-emtricitabin-tenofov</i> 4	
<i>dermacinrx lidocan</i>	46	<i>dofetilide</i>	36	<i>efavirenz-lamivu-tenofov disop</i>	
DESCOVY	4	DOJOLVI	87	.....	4
<i>desipramine</i>	30	<i>dolishale</i>	75	<i>effe-k</i>	87
<i>desloratadine</i>	82	<i>donepezil</i>	23	EGRIFTA SV	66
<i>desmopressin</i>	56	DOPTLET (15 TAB PACK)		<i>eletriptan</i>	22
DESMOPRESSIN.....	56	.....	40	ELIGARD.....	12
<i>desog-e.estradiol/e.estradiol</i> 75		<i>dorzolamide</i>	80	ELIGARD (3 MONTH)	12
<i>desonide</i>	48	<i>dorzolamide-timolol</i>	80	ELIGARD (4 MONTH)	12
<i>desoximetasone</i>	48	<i>dorzolamide-timolol (pf)</i>	80	ELIGARD (6 MONTH)	12
<i>desvenlafaxine succinate</i>	30	<i>dotti</i>	72	<i>elinest</i>	75
<i>dexamethasone</i>	52	DOVATO	4	ELIQUIS.....	40
<i>dexamethasone sodium</i>		<i>doxazosin</i>	38	ELIQUIS DVT-PE TREAT	
<i>phosphate</i>	81	<i>doxepin</i>	30, 31	30D START.....	40
DEXCOM G6 RECEIVER ..	54	<i>doxercalciferol</i>	56	<i>elite-ob</i>	88
DEXCOM G6 SENSOR	54	<i>doxycycline hyclate</i>	9	ELLA.....	75
DEXCOM G6		<i>doxycycline monohydrate</i> .9, 10		<i>eluryng</i>	73
TRANSMITTER.....	54	<i>doxylamine-pyridoxine (vit b6)</i>		EMGALITY PEN.....	22
DEXCOM G7 RECEIVER ..	54	.....	60	EMGALITY SYRINGE	22
DEXCOM G7 SENSOR	54	<i>dronabinol</i>	60	<i>emtricitabine</i>	4
<i>dexmethylphenidate</i>	30	<i>drospirenone-ethinyl estradiol</i>		<i>emtricitabine-tenofov (tdf)</i> ...	4
<i>dextroamphetamine sulfate</i> ..	30	.....	75	EMTRIVA.....	4
<i>dextroamphetamine-</i>		DROXIA	12	EMVERM.....	8
<i>amphetamine</i>	30	<i>droxidopa</i>	49	<i>emzahn</i>	72
DIACOMIT	19	DRYSOL DAB-O-MATIC ..	44	<i>enalapril maleate</i>	38
<i>dialyvite 800</i>	88	DUAVEE.....	72	<i>enalapril-hydrochlorothiazide</i>	
<i>diazepam</i>	19, 30	<i>dulcolax (magnesium</i>		.....	38
<i>diazepam intensol</i>	30	<i>hydroxide)</i>	60	ENBREL.....	70
<i>dichlorphenamide</i>	23	DULERA.....	83	ENBREL MINI	70
<i>diclofenac potassium</i>	27	<i>duloxetine</i>	31	ENBREL SURECLICK	70
<i>diclofenac sodium</i>	27, 44, 80	DUPIXENT PEN	44	ENDARI	49

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

<i>endocet</i>	25	<i>etonogestrel-ethinyl estradiol</i>	73	FLUARIX TRIV 2024-2025 (PF)	68
<i>enilloring</i>	73	<i>etoposide</i>	12	FLUBLOK TRIV 2024-2025 (PF)	68
<i>enoxaparin</i>	40	<i>etravirine</i>	4	FLUCELVAX TRIV 2024- 2025	68
<i>enpresse</i>	75	EUCRISA	45	FLUCELVAX TRIV 2024- 2025 (PF)	68
<i>enskyce</i>	75	EULEXIN	12	<i>fluconazole</i>	3
ENSPRYNG	12	<i>euthyrox</i>	58	<i>flucytosine</i>	3
<i>entacapone</i>	21	<i>everolimus (antineoplastic)</i> ..	12	<i>fludrocortisone</i>	52
<i>entecavir</i>	4	EVOTAZ	4	FLULAVAL TRIV 2024-2025 (PF)	68
ENTRESTO	42	EVRYSDI	23	FLUMIST TRIVALENT 2024-2025	68
ENTYVIO PEN	60	<i>exemestane</i>	12	<i>flunisolide</i>	83
<i>enulose</i>	60	<i>eye itch relief</i>	80	<i>fluocinolone</i>	48
EOHILIA	60	<i>ezetimibe</i>	42	<i>fluocinolone acetonide oil</i> ...	52
EPCLUSA	4	<i>ezetimibe-simvastatin</i>	42	<i>fluocinolone and shower cap</i>	48
EPIDIOLEX	19	F		<i>fluocinonide</i>	48
<i>epinastine</i>	80	FABHALTA	49	<i>fluoride (sodium)</i>	51, 88
<i>epinephrine</i>	82	<i>falmina (28)</i>	75	<i>fluorometholone</i>	81
<i>epitol</i>	19	<i>famciclovir</i>	4	<i>fluorouracil</i>	45
<i>eplerenone</i>	38	<i>famotidine</i>	64	<i>fluoxetine</i>	31
EPOGEN	64	FARXIGA	57	<i>fluphenazine decanoate</i>	31
EQUETRO	19	FASENRA	83	<i>fluphenazine hcl</i>	31
<i>ergocalciferol (vitamin d2)</i> ...	88	FASENRA PEN	83	<i>flurazepam</i>	31
<i>ergoloid</i>	31	FC2 FEMALE CONDOM ..	71	<i>flurbiprofen</i>	27
ERGOMAR	22	<i>febuxostat</i>	69	<i>flurbiprofen sodium</i>	80
<i>ergotamine-caffeine</i>	22	<i>felbamate</i>	19	<i>fluticasone propionate</i> ...	48, 83
ERIVEDGE	12	<i>felodipine</i>	38	<i>fluticasone propion-salmeterol</i>	83
ERLEADA	12	FEMCAP	71	FLUTICASONE PROPION- SALMETEROL	83
<i>erlotinib</i>	12	<i>fenofibrate</i>	42	<i>fluvoxamine</i>	31
<i>errin</i>	72	<i>fenofibrate micronized</i>	42	FLUZONE HIGH-DOSE TRIV 24-25	68
<i>ery pads</i>	45	<i>fenofibrate nanocrystallized</i> ..	42	FLUZONE TRIV 2024-2025	68
<i>erygel</i>	45	<i>fenofibric acid (choline)</i>	42	FLUZONE TRIV 2024-2025 (PF)	68
<i>ery-tab</i>	7	FENSOLVI	12	<i>folic acid</i>	88
<i>erythrocin (as stearate)</i>	7	<i>fentanyl</i>	25	<i>folitab</i>	88
<i>erythromycin</i>	7, 79	<i>fentanyl citrate</i>	25	<i>folivane-ob</i>	88
<i>erythromycin ethylsuccinate</i> ...	7	FERRIPROX	50	<i>foltabs 800</i>	88
<i>erythromycin with ethanol</i> ...	46	<i>fesoterodine</i>	86	<i>fondaparinux</i>	41
<i>erythromycin-benzoyl peroxide</i>	46	<i>finasteride</i>	86	FOSAMAX PLUS D	70
<i>escitalopram oxalate</i>	31	<i> fingolimod</i>	67	<i>fosamprenavir</i>	4
<i>esomeprazole magnesium</i>	64	FINTEPLA	19	<i>fosfomycin tromethamine</i>	10
<i>estarylla</i>	75	<i>finzala</i>	75	<i>fosinopril</i>	38
<i>estazolam</i>	31	FIRDAPSE	23		
<i>estradiol</i>	72	FIRMAGON KIT W DILUENT SYRINGE	12		
<i>estradiol-norethindrone acet</i>	72	<i>flac otic oil</i>	52		
<i>estrogens-methyltestosterone</i>	72	FLAREX	81		
<i>eszopiclone</i>	31	<i>flavoxate</i>	86		
<i>ethacrynic acid</i>	38	<i>flecainide</i>	37		
<i>ethambutol</i>	8	FLEXICHAMBER	53		
<i>ethosuximide</i>	19	FLUAD TRIV 2024-25(65Y UP)(PF)	68		
<i>ethynodiol diac-eth estradiol</i>	75				
<i>etodolac</i>	27				

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

<i>fosinopril-hydrochlorothiazide</i>	<i>gentamicin</i>	<i>heparin (porcine)</i>
38	47, 79	41
FOTIVDA	GENTEEL VACUUM	<i>heparin, porcine (pf)</i>
12	LANCING DEVICE	41
FRAGMIN	54	<i>her style</i>
41	<i>gentle laxative (bisacodyl)</i>	75
FREESTYLE LIBRE 14 DAY	61	HETLIOZ LQ.....
READER.....	<i>gentlelax</i>	32
54	61	<i>homatropaire</i>
FREESTYLE LIBRE 14 DAY	GENVOYA	79
SENSOR.....	4	HUMALOG JUNIOR
54	GILOTRIF.....	KWIKPEN U-100
FREESTYLE LIBRE 2 PLUS	<i>glatiramer</i>	55
SENSOR.....	67	HUMALOG KWIKPEN
54	<i>glatopa</i>	INSULIN
FREESTYLE LIBRE 2	67	55
READER.....	GLEOSTINE	HUMALOG MIX 50-50
54	12	KWIKPEN.....
FREESTYLE LIBRE 2	<i>glimepiride</i>	55
SENSOR.....	57	HUMALOG MIX 75-25
54	<i>glipizide</i>	KWIKPEN.....
FREESTYLE LIBRE 3 PLUS	57	55
SENSOR.....	<i>glipizide-metformin</i>	HUMALOG MIX 75-25(U-
54	57	100)INSULN
FREESTYLE LIBRE 3	GLUCAGON (HCL)	55
READER.....	EMERGENCY KIT	HUMALOG U-100 INSULIN
54	53	.....
FREESTYLE LIBRE 3	<i>glucagon emergency kit</i>	55
SENSOR.....	(<i>human</i>)	HUMATROPE
54	53	66
FREESTYLE LIBRE 3	<i>glutamine (sickle cell)</i>	HUMULIN 70/30 U-100
SENSOR.....	50	INSULIN
54	<i>glyburide</i>	55
<i>frovatriptan</i>	57	HUMULIN 70/30 U-100
22	<i>glyburide micronized</i>	INSULIN
FRUZAQLA.....	57	55
12	<i>glyburide-metformin</i>	KWIKPEN.....
<i>full spectrum b-vitamin c</i>	57	55
88	<i>glycopyrrolate</i>	HUMULIN N NPH INSULIN
FULPHILA.....	59	KWIKPEN.....
64	GLYXAMBI	55
<i>furosemide</i>	57	HUMULIN N NPH U-100
38	<i>granisetron hcl</i>	INSULIN
FUZEON	61	55
4	GRANIX	HUMULIN R REGULAR U-
<i>fyavolv</i>	65	100 INSULN
72	GRASTEK.....	55
FYCOMPA	<i>griseofulvin microsize</i>	HUMULIN R U-500 (CONC)
19, 20	3	INSULIN
FYLNETRA	<i>griseofulvin ultramicrosize</i>	55
65	3	HUMULIN R U-500 (CONC)
G	<i>guanfacine</i>	INSULIN
<i>g tussin ac</i>	31, 38	55
82	GVOKE	HUMULIN R U-500 (CONC)
<i>gabapentin</i>	53	KWIKPEN.....
20	GVOKE HYPOPEN 2-PACK	55
GALAFOLD .....	.....	HYCAMTIN.....
56	GVOKE PFS 2-PACK	12
<i>galantamine</i>	SYRINGE.....	<i>hydralazine</i>
23	54	38
<i>gallifrey</i>	GYNAZOLE-1	<i>hydrochlorothiazide</i>
72	73	38
<i>gatifloxacin</i>	H	<i>hydrocodone bitartrate</i>
79	HAEGARDA.....	25
GATTEX 30-VIAL	83	<i>hydrocodone-acetaminophen</i> 25
60	<i>hailey</i>	<i>hydrocodone-</i>
<i>gavilax</i>	75	<i>chlorpheniramine</i>
60	<i>hailey 24 fe</i>	82
<i>gavilyte-c</i>	75	<i>hydrocodone-homatropine</i> ...
60	<i>hailey fe 1.5/30 (28)</i>	82
<i>gavilyte-g</i>	75	<i>hydrocodone-ibuprofen</i>
61	<i>hailey fe 1/20 (28)</i>	25
<i>gavilyte-n</i>	75	<i>hydrocortisone</i>
61	<i>halobetasol propionate</i>	48, 49, 52, 61
GAVRETO.....	48	<i>hydrocortisone acetate</i>
12	73	61
<i>gefitinib</i>	<i>haloette</i>	61
12	31	<i>hydrocortisone butyrate</i>
GELCLAIR.....	31	48
51	<i>haloperidol</i>	<i>hydrocortisone valerate</i>
<i>gemfibrozil</i>	31	49
42	<i>haloperidol decanoate</i>	<i>hydrocortisone-acetic acid</i> ...
<i>generlac</i>	31	52
61	<i>haloperidol lactate</i>	61
<i>gengraf</i>	31	<i>hydrocortisone-pramoxine</i> ...
12	HARVONI.....	61
GENOTROPIN	4	<i>hydromet</i>
66	72	82
GENOTROPIN MINIQUICK	HEMANGEOL.....	25
.....	38	<i>hydromorphone</i>
66	<i>hemmorex-hc</i>	25
	61	<i>hydroxychloroquine</i>
		8

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

<i>hydroxyurea</i>	12	ISENTRESS	5	<i>ketotifen fumarate</i>	80
<i>hydroxyzine hcl</i>	82	ISENTRESS HD	5	KEVZARA	70
<i>hydroxyzine pamoate</i>	82	<i>isibloom</i>	75	KINERET	70
HYFTOR.....	45	<i>isoniazid</i>	8	KISQALI.....	13
<i>hyoscyamine sulfate</i>	59	<i>isosorbide dinitrate</i>	43	<i>klayesta</i>	47
<i>hyosyne</i>	59	<i>isosorbide mononitrate</i>	43	<i>klor-con 10</i>	87
HYPER-SAL.....	83	<i>isradipine</i>	38	<i>klor-con 8</i>	87
I		ISTURISA	56	<i>klor-con m10</i>	87
<i>ibandronate</i>	70	ITOVEBI.....	13	<i>klor-con m15</i>	87
IBRANCE	12	<i>itraconazole</i>	3	<i>klor-con m20</i>	87
IBSRELA	61	<i>ivabradine</i>	42	<i>klor-con/ef</i>	87
<i>ibu</i>	27	<i>ivermectin</i>	8, 46	KLOXXADO	27
<i>ibuprofen</i>	27	IWILFIN.....	13	<i>kobee</i>	88
<i>icatibant</i>	84	J		KOSELUGO.....	13
<i>iclevia</i>	75	<i>jaimiess</i>	75	<i>kourzeq</i>	51
ICLUSIG	13	JAKAFI	13	KRAZATI.....	13
<i>icosapent ethyl</i>	42	<i>jantoven</i>	41	KRINTAFEL	8
IDHIFA	13	JANUMET	57	<i>kurvelo (28)</i>	76
ILUMYA.....	43	JANUMET XR.....	57	KYZATREX.....	56
<i>imatinib</i>	13	JANUVIA.....	57	L	
IMBRUVICA	13	JARDIANCE.....	57	<i>l norgest/e.estradiol-e.estrad</i> 76	
IMCIVREE.....	49	<i>jasmiel (28)</i>	75	<i>labetalol</i>	38
<i>imipramine hcl</i>	32	JAYPIRCA.....	13	<i>lacosamide</i>	20
<i>imiquimod</i>	69	<i>jencycla</i>	72	<i>lactulose</i>	61
INBRIJA.....	21	JENTADUETO	57	<i>lamivudine</i>	5
<i>incassia</i>	72	JENTADUETO XR.....	57	<i>lamivudine-zidovudine</i>	5
INCRELEX	50	<i>jinteli</i>	72	<i>lamotrigine</i>	20
INCRUSE ELLIPTA.....	84	JOENJA.....	50	LAMPIT	8
<i>indapamide</i>	38	<i>jolessa</i>	75	LANCETS	54
<i>indomethacin</i>	27	<i>juleber</i>	75	LANCING DEVICE	54
INGREZZA.....	23	JULUCA.....	5	<i>lansoprazole</i>	64
INGREZZA INITIATION		<i>junel 1.5/30 (21)</i>	75	<i>lanthanum</i>	59
PK(TARDIV).....	23	<i>junel 1/20 (21)</i>	75	LANTUS SOLOSTAR U-100	
INGREZZA SPRINKLE.....	23	<i>junel fe 1.5/30 (28)</i>	75	INSULIN	55
INLYTA	13	<i>junel fe 1/20 (28)</i>	75	LANTUS U-100 INSULIN ..	55
INQOVI.....	13	<i>junel fe 24</i>	75	<i>lapatinib</i>	13
INREBIC	13	JUXTAPID.....	42	<i>larin 1.5/30 (21)</i>	76
INSULIN SYRINGE-		JYNARQUE.....	56	<i>larin 1/20 (21)</i>	76
NEEDLE U-100	53	K		<i>larin 24 fe</i>	76
INTELENCE.....	5	<i>kaitlib fe</i>	75	<i>larin fe 1.5/30 (28)</i>	76
INTRAROSA.....	73	<i>kalliga</i>	75	<i>larin fe 1/20 (28)</i>	76
INVEGA HAFYERA.....	32	KALYDECO.....	84	<i>latanoprost</i>	80
INVEGA SUSTENNA.....	32	<i>kariva (28)</i>	76	<i>laxative (bisacodyl)</i>	61
INVEGA TRINZA.....	32	<i>kelnor 1/35 (28)</i>	76	<i>laxative peg 3350</i>	61
<i>ipratropium bromide</i>	51, 84	<i>kelnor 1/50 (28)</i>	76	<i>layolis fe</i>	76
<i>ipratropium-albuterol</i>	84	KERENDIA.....	38	LAZCLUZE	13
IQIRVO.....	61	KESIMPTA PEN	67	LEDIPASVIR-SOFOSBUVIR	
<i>irbesartan</i>	38	<i>ketconazole</i>	3, 47	.....	5
<i>irbesartan-hydrochlorothiazide</i>		<i>ketoprofen</i>	27	<i>leena 28</i>	76
.....	38	<i>ketorolac</i>	27, 80	<i>leflunomide</i>	70

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

<i>lenalidomide</i>	13	LOKELMA	59	MAVENCLAD (10 TABLET	
LENVIMA	13, 14	LONSURF	14	PACK)	67
<i>lessina</i>	76	<i>lopinavir-ritonavir</i>	5	MAVENCLAD (4 TABLET	
<i>letrozole</i>	14	<i>lorazepam</i>	32	PACK)	67
<i>leucovorin calcium</i>	10	<i>lorazepam intensol</i>	32	MAVENCLAD (5 TABLET	
LEUKERAN	14	LORBRENA	14	PACK)	67
LEUKINE	65	<i>loryna (28)</i>	76	MAVENCLAD (6 TABLET	
<i>leuprolide</i>	14	<i>losartan</i>	38	PACK)	67
LEUPROLIDE (3 MONTH) 14		<i>losartan-hydrochlorothiazide</i>		MAVENCLAD (7 TABLET	
<i>levabuterol hcl</i>	84	.....	39	PACK)	67
<i>levetiracetam</i>	20	<i>loteprednol etabonate</i>	81	MAVENCLAD (8 TABLET	
<i>levobunolol</i>	79	<i>lovastatin</i>	42	PACK)	67
<i>levocarnitine</i>	50	<i>low-ogestrel (28)</i>	76	MAVENCLAD (9 TABLET	
<i>levocarnitine (with sugar)</i>	50	<i>loxapine succinate</i>	32	PACK)	67
<i>levocetirizine</i>	82	<i>lo-zumandimine (28)</i>	76	MAVYRET	5
<i>levofloxacin</i>	9, 79	<i>lubiprostone</i>	61	<i>maxi-tuss ac</i>	82
<i>levonest (28)</i>	76	<i>ludent fluoride</i>	88	MAYZENT	67
<i>levonorgestrel</i>	76	LULICONAZOLE	47	MAYZENT STARTER(FOR	
<i>levonorgestrel-ethinyl estrad</i> 76		LUMAKRAS	14	1MG MAINT)	67
<i>levonorg-eth estrad triphasic</i> 76		LUMIGAN	80	MAYZENT STARTER(FOR	
<i>levora-28</i>	76	LUMRYZ	32	2MG MAINT)	67
<i>levo-t</i>	58	LUMRYZ STARTER PACK		<i>meclizine</i>	61
<i>levothyroxine</i>	58	.....	32	<i>medroxyprogesterone</i>	72
<i>levoxyl</i>	58	LUPKYNIS	14	<i>mefenamic acid</i>	28
LIBERVANT	20	LUPRON DEPOT	14	<i>mefloquine</i>	8
<i>lidocaine</i>	46	LUPRON DEPOT (3		<i>megestrol</i>	14
<i>lidocaine hcl</i>	46	MONTH)	14	MEKINIST	14, 15
<i>lidocaine hcl-hydrocortison ac</i>		LUPRON DEPOT (4		MEKTOVI	15
.....	61	MONTH)	14	<i>meloxicam</i>	28
<i>lidocaine viscous</i>	46	LUPRON DEPOT (6		<i>memantine</i>	23
<i>lidocaine-prilocaine</i>	46	MONTH)	14	MEMANTINE	23
<i>lidocan iii</i>	46	LUPRON DEPOT-PED	14	<i>meperidine</i>	25, 26
<i>lidocan iv</i>	46	LUPRON DEPOT-PED (3		<i>meprobamate</i>	24
<i>lidocan v</i>	46	MONTH)	14	<i>mercaptopurine</i>	15
<i>linezolid</i>	8	<i>lurasidone</i>	33	<i>meropenem</i>	8
LINZESS	61	<i>lutra (28)</i>	76	<i>merzee</i>	76
<i>liothyronine</i>	58	<i>lyleq</i>	72	<i>mesalamine</i>	61
<i>lisdexamfetamine</i>	32	<i>lyllana</i>	72	MESNEX	10
<i>lisinopril</i>	38	LYNPARZA	14	<i>metaxalone</i>	24
<i>lisinopril-hydrochlorothiazide</i>		LYSODREN	14	<i>metformin</i>	57
.....	38	LYTGOBI	14	<i>methadone</i>	26
LITFULO	50	<i>lyza</i>	72	<i>methadose</i>	26
<i>lithium carbonate</i>	32	M		<i>methamphetamine</i>	33
<i>lithium citrate</i>	32	<i>magnesium citrate</i>	61	<i>methazolamide</i>	80
LIVDELZI	61	<i>malathion</i>	49	<i>methenamine hippurate</i>	10
LIVMARLI	61	<i>maraviroc</i>	5	<i>methenamine mandelate</i>	10
LIVTENCITY	5	<i>marlissa (28)</i>	76	<i>methimazole</i>	53
LO LOESTRIN FE	76	MARPLAN	33	<i>methocarbamol</i>	24
LODOCO	42	MATULANE	14	<i>methotrexate sodium</i>	15
<i>lojaimiess</i>	76	<i>matzim la</i>	39	<i>methotrexate sodium (pf)</i>	15

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

<i>methoxsalen</i>	45	<i>morphine concentrate</i>	26	<i>neo-polycin</i>	79
<i>methscopolamine</i>	59	MOTEGRITY	62	<i>neo-polycin hc</i>	81
<i>methsuximide</i>	20	MOUNJARO.....	57	NERLYNX	15
<i>methyl dopa</i>	39	MOVANTIK	62	<i>neuac</i>	46
<i>methylergonovine</i>	78	<i>moxifloxacin</i>	9, 79	NEULASTA	65
<i>methylphenidate hcl</i>	33	MRESVIA (PF).....	68	NEULASTA ONPRO	65
<i>methylprednisolone</i>	52	MULPLETA.....	41	NEUPOGEN.....	65
<i>methyltestosterone</i>	56	MULTAQ.....	37	NEUPRO	21
<i>metoclopramide hcl</i>	62	<i>multi-vitamin with fluoride</i> ...88		<i>nevirapine</i>	5
<i>metolazone</i>	39	<i>mupirocin</i>	47	<i>new day</i>	77
<i>metoprolol succinate</i>	39	<i>mvc-fluoride</i>	88	<i>newgen</i>	88
<i>metoprolol ta-hydrochlorothiaz</i>	39	<i>my choice</i>	76	NEXIUM PACKET.....	64
<i>metoprolol tartrate</i>	39	<i>my way</i>	77	NEXLETOL	42
<i>metronidazole</i>	8, 46, 73	MYALEPT	56	NEXLIZET	42
<i>metryrosine</i>	39	MYCAPSSA	15	NGENLA.....	66
<i>mexiletine</i>	37	<i>mycophenolate mofetil</i>	15	<i>niacin</i>	42
<i>mibelas 24 fe</i>	76	<i>mycophenolate sodium</i>	15	NIACOR.....	42
<i>miconazole-3</i>	73	MYFEMBREE	73	<i>nicorette</i>	51
MICROCHAMBER.....	53	MYHIBBIN.....	15	<i>nicotine</i>	51
<i>microgestin 1.5/30 (21)</i>	76	MYLERAN	15	<i>nicotine (polacrilex)</i>	51
<i>microgestin 1/20 (21)</i>	76	<i>mynatal</i>	88	NICOTROL NS.....	51
<i>microgestin fe 1.5/30 (28)</i>	76	<i>mynatal plus</i>	88	<i>nifedipine</i>	39
<i>microgestin fe 1/20 (28)</i>	76	<i>mynatal-z</i>	88	<i>nikki (28)</i>	77
<i>midazolam</i>	33	N		<i>nilutamide</i>	15
<i>midodrine</i>	50	<i>nabumetone</i>	28	<i>nimodipine</i>	39
<i>mifepristone</i>	56, 73	<i>nadolol</i>	39	NINLARO	15
<i>miglitol</i>	57	<i>naftifine</i>	47	<i>nitazoxanide</i>	8
<i>miglustat</i>	56	<i>naloxone</i>	28	<i>nitisinone</i>	50
<i>mili</i>	76	<i>naltrexone</i>	28	<i>nitro-bid</i>	43
<i>milk of magnesia</i>	62	<i>naproxen</i>	28	<i>nitrofurantoin</i>	10
<i>milk of magnesia concentrated</i>	62	<i>naproxen sodium</i>	28	<i>nitrofurantoin macrocrystal</i> .10	
<i>mimvey</i>	72	<i>naratriptan</i>	22	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	10
<i>minocycline</i>	10	<i>nasal allergy</i>	84	<i>nitroglycerin</i>	43, 62
<i>minoxidil</i>	39	NATACYN	79	NITYR.....	50
<i>mirabegron</i>	86	<i>nateglinide</i>	57	NIVESTYM	65
MIRCERA.....	65	<i>natura-lax</i>	62	<i>nizatidine</i>	64
<i>mirtazapine</i>	33	NAYZILAM.....	20	<i>nora-be</i>	72
<i>misoprostol</i>	64	<i>nebivolol</i>	39	NORDITROPIN FLEXPRO 66	
<i>m-natal plus</i>	88	<i>necon 0.5/35 (28)</i>	77	<i>norelgestromin-ethin.estradiol</i>	73
<i>modafinil</i>	33	<i>nefazodone</i>	33	<i>noreth-ethinyl estradiol-iron</i> 77	
MODERNA COVID 24- 25(6M-11Y)PF	68	NEMLUVIO.....	15	<i>norethindrone (contraceptive)</i>	72
<i>moexipril</i>	39	<i>neomycin</i>	8	<i>norethindrone acetate</i>	72
<i>mometasone</i>	49, 84	<i>neomycin-bacitracin-poly-hc</i> 81		<i>norethindrone ac-eth estradiol</i>	72, 77
<i>mondoxyne nl</i>	10	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	79	<i>norethindrone-e.estradiol-iron</i>	77
<i>mono-lynyah</i>	76	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	81		
<i>montelukast</i>	84	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	79		
<i>morphine</i>	26	<i>neomycin-polymyxin-hc</i> ..	52, 81		

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

<i>norgestimate-ethinyl estradiol</i>	OLPRUVA.....	50	<i>oral saline laxative</i>	62
.....	OLUMIANT.....	70	ORALAIR.....	69
<i>nortrel 0.5/35 (28)</i>	<i>omega-3 acid ethyl esters</i>	42	<i>oralone</i>	51
<i>nortrel 1/35 (21)</i>	<i>omeprazole</i>	64	ORENCIA.....	70
<i>nortrel 1/35 (28)</i>	OMNIPOD 5 (G6/LIBRE 2		ORENCIA CLICKJECT.....	70
<i>nortrel 7/7/7 (28)</i>	PLUS).....	54	ORENITRAM.....	39
<i>nortriptyline</i>	OMNIPOD 5 G6-G7 INTRO		ORENITRAM MONTH 1	
NORVIR.....	KT(GEN5).....	54	TITRATION KT.....	39
NOURIANZ.....	OMNIPOD 5 G6-G7 PODS		ORENITRAM MONTH 2	
NOVAREL.....	(GEN 5).....	54	TITRATION KT.....	39
NOVAVAX COVID 2024-	OMNIPOD 5		ORENITRAM MONTH 3	
25(PF)(EUA).....	INTRO(G6/LIBRE2PLUS)		TITRATION KT.....	39
NOXAFIL.....	.....	54	ORFADIN.....	50
<i>np thyroid</i>	OMNIPOD DASH INTRO		ORGOVYX.....	15
NUBEQA.....	KIT (GEN 4).....	54	ORIAHNN.....	73
NUCALA.....	OMNIPOD DASH PODS		ORLISSA.....	56
NUCYNTA.....	(GEN 4).....	54	ORKAMBI.....	84
NUCYNTA ER.....	OMNITROPE.....	66	ORLADEYO.....	84
NUEDEXTA.....	OMVOH.....	62	<i>orphenadrine citrate</i>	24
NULIBRY.....	OMVOH PEN.....	62	ORSERDU.....	15
NUPLAZID.....	<i>ondansetron</i>	62	<i>oscimin</i>	59
NURTEC ODT.....	<i>ondansetron hcl</i>	62	<i>oscimin sl</i>	59
NUTROPIN AQ NUSPIN...66	<i>one daily prenatal</i>	88	<i>oseltamivir</i>	5
NUVESSA.....	<i>onelix magnesium citrate</i>	62	OSPHENA.....	73
<i>nyamyc</i>	ONETOUCH ULTRA		OTEZLA.....	70
<i>nylia 1/35 (28)</i>	CONTROL.....	54	OTEZLA STARTER.....	70
<i>nylia 7/7/7 (28)</i>	ONETOUCH ULTRA TEST		OTREXUP (PF).....	70
<i>nystatin</i>.....	.....	53	OVIDREL.....	56
<i>nystatin-triamcinolone</i>	ONETOUCH ULTRA2		<i>oxaprozin</i>	28
<i>nystop</i>	METER.....	54	<i>oxazepam</i>	33
NYVEPRIA.....	ONETOUCH VERIO FLEX		<i>oxcarbazepine</i>	20
O	METER.....	54	OXERVATE.....	80
OCALIVA.....	ONETOUCH VERIO MID		<i>oxiconazole</i>	47
<i>ocella</i>	CONTROL.....	54	OXLUMO.....	87
<i>octreotide,microspheres</i>	ONETOUCH VERIO		<i>oxybutynin chloride</i>	86
ODACTRA.....	REFLECT METER.....	54	<i>oxycodone</i>	26
ODEFSEY.....	ONETOUCH VERIO TEST		<i>oxycodone-acetaminophen</i> ...26	
ODOMZO.....	STRIPS.....	53	OXYCONTIN.....	26
OFEV.....	ONGENTYS.....	21	<i>oxymorphone</i>	26
<i>ofloxacin</i>	ONUREG.....	15	OZEMPIC.....	58
OGSIVEO.....	<i>opcicon one-step</i>	77	P	
OHTUVAYRE.....	OPFOLDA.....	56	<i>pacerone</i>	37
OJEMDA.....	OPILL.....	72	PALFORZIA (LEVEL 1)....69	
OJJAARA.....	OPSUMIT.....	84	PALFORZIA (LEVEL 2)....69	
<i>olanzapine</i>	OPSYNVI.....	84	PALFORZIA (LEVEL 3)....69	
<i>olanzapine-fluoxetine</i>	OPTICHAMBER DIAMOND		PALFORZIA (LEVEL 4)....69	
<i>olmesartan</i>	VHC.....	53	PALFORZIA (LEVEL 5)....69	
<i>olmesartan-</i>	<i>option-2</i>	77	PALFORZIA (LEVEL 6)....69	
<i>hydrochlorothiazide</i>	OPVEE.....	28	PALFORZIA (LEVEL 7)....69	
<i>olopatadine</i>	OPZELURA.....	45	PALFORZIA (LEVEL 8)....69	

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

PALFORZIA (LEVEL 9)....	69	<i>phosphate laxative</i>	62	<i>pregabalin</i>	20
PALFORZIA (LEVEL 10)...	69	<i>phytonadione (vitamin k1)</i>	41	PREGNYL.....	56
PALFORZIA INITIAL DOSE		PIFELTRO	5	PREMARIN	72, 73
.....	69	<i>pilocarpine hcl</i>	50, 52, 79	PREMPHASE.....	73
PALFORZIA LEVEL 11		<i>pimecrolimus</i>	45	PREMPRO	73
MAINTENANCE.....	69	<i>pimozide</i>	34	<i>prenatabs fa</i>	89
<i>paliperidone</i>	34	<i>pimtree (28)</i>	77	<i>prenatabs rx</i>	89
PALYNZIQ.....	56	<i>pindolol</i>	39	<i>prenatal</i>	89
PANCREAZE	62	<i>pioglitazone</i>	58	<i>prenatal complete</i>	89
PANRETIN	45	<i>pioglitazone-metformin</i>	58	<i>prenatal multi-dha (algal oil)</i>	
<i>pantoprazole</i>	64	PIQRAY	16	.....	89
<i>paricalcitol</i>	56	<i>pirfenidone</i>	84	<i>prenatal multivitamins</i>	89
<i>paroex oral rinse</i>	51	PIRFENIDONE.....	84	<i>prenatal one daily</i>	89
<i>paromomycin</i>	8	<i>piroxicam</i>	28	<i>prenatal plus</i>	89
<i>paroxetine hcl</i>	34	PLEGRIDY	67	<i>prenatal plus (calcium carb)</i>	89
PASER	8	PNEUMOVAX-23	69	<i>prenatal vit no.179-iron-folic</i>	
PAXLOVID	5	<i>pnv-dha</i>	88	.....	89
<i>pazopanib</i>	16	<i>pnv-omega</i>	88	<i>prenatal vitamin</i>	89
<i>peg 3350-electrolytes</i>	62	<i>pnv-select</i>	88	<i>prenatal vitamin with minerals</i>	
PEGASYS.....	66	POCKET CHAMBER.....	53	.....	89
<i>peg-electrolyte soln</i>	62	<i>podofilox</i>	45	<i>prenatal-u</i>	89
PEMAZYRE	16	<i>polycin</i>	79	PRETOMANID.....	8
PEN NEEDLE, DIABETIC .	55	<i>polyethylene glycol 3350</i>	62	<i>prevalite</i>	42
<i>penciclovir</i>	47	<i>polymyxin b sulf-trimethoprim</i>		PREVNAR 20 (PF)	69
<i>penicillamine</i>	71	.....	79	PREVYMIS	5
<i>penicillin v potassium</i>	9	POMALYST	16	PREZCOBIX.....	5
<i>pentamidine</i>	8	PONVORY.....	67	PREZISTA	5
PENTASA.....	62	PONVORY 14-DAY		PRIFTIN	8
<i>pentazocine-naloxone</i>	28	STARTER PACK.....	67	<i>primaquine</i>	8
<i>pentoxifylline</i>	41	<i>portia 28</i>	77	<i>primidone</i>	20
<i>perindopril erbumine</i>	39	<i>posaconazole</i>	3	<i>probenecid</i>	69
<i>periogard</i>	51	<i>potassium chloride</i>	87	<i>probenecid-colchicine</i>	69
<i>permethrin</i>	49	<i>potassium citrate</i>	87	<i>prochlorperazine</i>	62
<i>perphenazine</i>	34	<i>povidone-iodine</i>	79	<i>prochlorperazine maleate</i>	62
<i>perphenazine-amitriptyline</i> ..	34	<i>powderlax</i>	62	PROCRIT	65
PERSERIS.....	34	<i>pr natal 400</i>	88	PROCTOFOAM HC	62
PERTZYE	62	<i>pr natal 400 ec</i>	88	<i>procto-med hc</i>	62
PFIZER COVID 2024-25(5Y-		<i>pr natal 430</i>	88	<i>proctosol hc</i>	62
11Y)PF	69	<i>pr natal 430 ec</i>	89	<i>proctozone-hc</i>	62
PFIZER COVID 2024-		<i>pramipexole</i>	21	PROCYSBI.....	87
25(6MO-4Y)PF	69	<i>prasugrel hcl</i>	41	<i>progesterone</i>	73
PHEBURANE.....	50	<i>pravastatin</i>	42	<i>progesterone micronized</i>	73
<i>phenazopyridine</i>	87	<i>praziquantel</i>	8	PROMACTA.....	41
<i>phenelzine</i>	34	<i>prazosin</i>	39	<i>promethazine</i>	82
<i>phenobarbital</i>	20	<i>prednicarbate</i>	49	<i>promethazine-codeine</i>	82
<i>phenoxybenzamine</i>	39	<i>prednisolone</i>	52	<i>promethazine-dm</i>	82
<i>phenylephrine hcl</i>	81	<i>prednisolone acetate</i>	81	<i>promethazine-phenylephrine</i>	82
<i>phenytoin</i>	20	<i>prednisolone sodium</i>		<i>promethegan</i>	82
<i>phenytoin sodium extended</i> ..	20	<i>phosphate</i>	53, 81	<i>propafenone</i>	37
<i>philitih</i>	77	<i>prednisone</i>	53	<i>proparacaine</i>	80

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

<i>propranolol</i>	39	RETACRIT	65	SCSEMBLIX.....	16
<i>propylthiouracil</i>	53	RETEVMO.....	16	<i>scopolamine base</i>	63
<i>protriptyline</i>	34	REVCovi	50	<i>selegiline hcl</i>	22
PULMOZYME.....	84	REVLIMID	16	<i>selenium sulfide</i>	43
<i>purelax</i>	63	REXTOVY	28	SELZENTRY	5
<i>pyrazinamide</i>	8	REXULTI.....	34	<i>se-natal 19 chewable</i>	89
<i>pyridostigmine bromide</i>	24	REYATAZ	5	<i>se-natal-19</i>	89
PYRIDOSTIGMINE		REYVOW	22	SEREVENT DISKUS	84
BROMIDE	24	REZDIFFRA	50	SEROSTIM	66
<i>pyrimethamine</i>	8	REZLIDHIA.....	16	<i>sertraline</i>	35
PYRUKYND.....	50	REZUROCK	16	<i>setlakin</i>	77
Q		<i>ribavirin</i>	5, 64	<i>sevelamer carbonate</i>	59
QELBREE.....	34	RIDAURA.....	71	<i>sf 52</i>	
QINLOCK.....	16	<i>rifabutin</i>	8	<i>sf 5000 plus</i>	52
<i>quetiapine</i>	34	<i>rifampin</i>	8	<i>sharobel</i>	73
<i>quinapril</i>	39	<i>riluzole</i>	50	SHINGRIX (PF).....	69
<i>quinapril-hydrochlorothiazide</i>		<i>rimantadine</i>	5	SIGNIFOR.....	16
.....	39	RINVOQ	71	<i>sildenafil (pulm.hypertension)</i>	
<i>quinidine gluconate</i>	37	RINVOQ LQ.....	71	.....	84
<i>quinine sulfate</i>	8	<i>risedronate</i>	50, 70	SILIQ.....	43
<i>quit 2</i>	51	<i>risperidone</i>	34	<i>silodosin</i>	86
<i>quit 4</i>	51	<i>risperidone microspheres</i>	34	<i>silver sulfadiazine</i>	44
QULIPTA.....	22	RITEFLO AEROCHAMBER		SIMLANDI(CF).....	71
QVAR REDIHALER.....	84	.....	53	SIMLANDI(CF)	
R		<i>ritonavir</i>	5	AUTOINJECTOR	71
<i>rabeprazole</i>	64	<i>rivastigmine</i>	23	<i>simliya (28)</i>	77
RADICAVA ORS STARTER		<i>rivastigmine tartrate</i>	23	<i>simpesse</i>	77
KIT SUSP.....	23	RIVFLOZA	87	SIMPONI.....	71
RAGWITEK.....	69	<i>rizatriptan</i>	22	<i>simvastatin</i>	42
<i>raloxifene</i>	70	<i>roflumilast</i>	84	<i>sirolimus</i>	16
<i>ramelteon</i>	34	ROLVEDON	65	SIVEXTRO	8
<i>ramipril</i>	39	<i>ropinirole</i>	21, 22	SKYCLARYS	23
<i>ranolazine</i>	42	<i>rosadan</i>	46	SKYRIZI	43, 44, 63
<i>rasagiline</i>	21	<i>rosuvastatin</i>	42	SKYTROFA	66
RASUVO (PF)	71	ROZLYTREK	16	<i>smoothlax</i>	63
RAVICTI.....	50	RUBRACA.....	16	<i>sodium chloride</i>	50, 84
REBIF (WITH ALBUMIN).67		RUCONEST.....	84	<i>sodium fluoride 5000 plus</i>	52
REBIF REBIDOSE	68	<i>rufinamide</i>	20	<i>sodium fluoride-pot nitrate</i> ...52	
REBIF TITRATION PACK 68		RUKOBIA.....	5	SODIUM OXYBATE	35
<i>reclipsen (28)</i>	77	RYBELSUS.....	58	<i>sodium phenylbutyrate</i>	50
RECORLEV	56	RYDAPT	16	<i>sodium polystyrene sulfonate</i> 59	
REGRANEX	45	RYKINDO.....	35	SOFOSBUVIR-	
RELEUKO	65	S		VELPATASVIR.....	5
RELISTOR.....	63	<i>sajazir</i>	84	SOGROYA.....	66
RENACIDIN.....	87	<i>salsalate</i>	28	SOHONOS	50
<i>rena-vite</i>	89	SANDOSTATIN LAR		<i>solifenacin</i>	86
<i>repaglinide</i>	58	DEPOT	16	SOLIQUA 100/33	55
REPATHA PUSHTRONEX 42		SANTYL	49	SOLTAMOX.....	16
REPATHA SURECLICK ....42		<i>sapropterin</i>	56	<i>soluvita</i>	89
REPATHA SYRINGE	42	SAVELLA.....	71	<i>soluvita a,c,d with fluoride</i> ...89	

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

SOMAVERT.....	57	<i>sumatriptan succinate</i>	22	<i>tazarotene</i>	46
<i>sorafenib</i>	16	<i>sunitinib malate</i>	16	TAZVERIK.....	17
<i>sotalol</i>	37	SUNLENCA.....	6	<i>telmisartan</i>	39
<i>sotalol af</i>	37	SUNOSI.....	35	<i>temazepam</i>	35
SOTYKTU	44	<i>super b maxi complex</i>	89	<i>temozolomide</i>	17
SOVALDI	6	<i>super b-50 complex</i>	89	<i>tencon</i>	26
SPACE CHAMBER.....	53	<i>super quints</i>	89	<i>tenofovir disoproxil fumarate</i> .6	
SPEVIGO	44	SUPPRELIN LA	16	TEPMETKO.....	17
SPIKEVAX 2024-2025(12Y		<i>syeda</i>	77	<i>terazosin</i>	39
UP)(PF)	69	SYMDEKO	85	<i>terbinafine hcl</i>	3
<i>spinosad</i>	49	SYMLINPEN 120	58	<i>terbutaline</i>	85
SPIRIVA RESPIMAT	84	SYMLINPEN 60	58	<i>terconazole</i>	73
<i>spironolactone</i>	39	SYMPROIC.....	63	<i>teriflunomide</i>	68
<i>spironolacton-</i>		SYMTUZA.....	6	<i>teriparatide</i>	70
<i>hydrochlorothiaz</i>	39	SYNAGIS.....	6	TERIPARATIDE	70
SPRAVATO.....	35	SYNAREL.....	57	<i>testosterone</i>	57
<i>sprintec (28)</i>	77	SYNDROS	63	<i>testosterone cypionate</i>	57
<i>sps (with sorbitol)</i>	59	SYNJARDY	58	<i>testosterone enanthate</i>	57
<i>sronyx</i>	77	SYNJARDY XR.....	58	<i>tetrabenazine</i>	23
<i>ssd</i>	44	SYNTHROID.....	58	<i>tetracaine hcl</i>	80
<i>st joseph aspirin</i>	28	T		TETRACAINE HCL (PF)....	80
<i>st. joseph aspirin</i>	28	TABLOID	16	<i>tetracycline</i>	10
STELARA.....	44	TABRECTA.....	16	TEZSPIRE.....	85
STIMUFEND	65	<i>tacrolimus</i>	17, 45	THALOMID.....	17
STIOLTO RESPIMAT	84	<i>tadalafil</i>	86	<i>theophylline</i>	85
STIVARGA.....	16	<i>tadalafil (pulm. hypertension)</i>		<i>thioridazine</i>	35
<i>stop smoking aid</i>	51	.....	85	<i>thiothixene</i>	35
STRENSIQ.....	57	TADLIQ.....	85	<i>tiadylt er</i>	39
<i>stress formula with iron</i>	89	TAFINLAR	17	<i>tiagabine</i>	20
<i>stress formula with iron(sulf)</i>	89	<i>tafluprost (pf)</i>	81	TIBSOVO.....	17
STRIBILD.....	6	TAGRISO	17	<i>tilia fe</i>	77
STRIVERDI RESPIMAT ...	84	TAKHZYRO	85	<i>timolol maleate</i>	40, 79
SUBLOCADE.....	26	TALTZ AUTOINJECTOR ..	44	<i>tinidazole</i>	9
<i>subvenite</i>	20	TALTZ AUTOINJECTOR (2		<i>tiopronin</i>	50
SUCRAID	63	PACK).....	44	<i>tiotropium bromide</i>	85
<i>sucralfate</i>	64	TALTZ AUTOINJECTOR (3		TIVICAY.....	6
SULCONAZOLE.....	47	PACK).....	44	TIVICAY PD.....	6
<i>sulfacetamide sodium</i>	81	TALTZ SYRINGE.....	44	<i>tizanidine</i>	24
<i>sulfacetamide sodium (acne)</i>	47	TALZENNA.....	17	TOBI PODHALER	9
<i>sulfacetamide-sulfur</i>	46	<i>tamoxifen</i>	17	<i>tobramycin</i>	9, 79
<i>sulfacetamide-prednisolone</i> .81		<i>tamsulosin</i>	86	<i>tobramycin in 0.225 % nacl</i> ...9	
<i>sulfacleanse 8-4</i>	46	<i>tarina 24 fe</i>	77	<i>tobramycin-dexamethasone</i> ..81	
<i>sulfadiazine</i>	9	<i>tarina fe 1/20 (28)</i>	77	<i>tolcapone</i>	22
<i>sulfamethoxazole-trimethoprim</i>		<i>taron-c dha</i>	89	<i>tolmetin</i>	28
.....	9	TARPEYO.....	53	<i>tolterodine</i>	86
SULFAMYLON.....	47	TASIGNA	17	<i>tolvaptan</i>	57
<i>sulfasalazine</i>	63	<i>tasimelteon</i>	35	<i>topiramate</i>	20
<i>sulfatrim</i>	9	<i>tavorole</i>	47	<i>toremifene</i>	17
<i>sulindac</i>	28	TAVALISSE	41	<i>torpenz</i>	17
<i>sumatriptan</i>	22	TAVNEOS	50	<i>torse mide</i>	40

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TOUJEO MAX U-300	<i>tri-mili</i>	78	<i>valganciclovir</i>	6
SOLOSTAR.....	<i>trimipramine</i>	35	<i>valproic acid</i>	21
TOUJEO SOLOSTAR U-300	<i>trinatal rx 1</i>	89	<i>valproic acid (as sodium salt)</i>	21
INSULIN.....	<i>trinate</i>	89	.....	21
TRACLEER.....	TRINTELLIX.....	35	<i>valsartan</i>	40
TRADJENTA.....	TRIPTODUR.....	17	<i>valsartan-hydrochlorothiazide</i>	40
<i>tramadol</i>	<i>tri-sprintec (28)</i>	78	.....	40
<i>tramadol-acetaminophen</i>	TRIUMEQ.....	6	VALTOCO.....	21
<i>trandolapril</i>	TRIUMEQ PD.....	6	<i>vanadom</i>	24
<i>trandolapril-verapamil</i>	<i>tri-vitamin with fluoride</i>	89	<i>vancomycin</i>	10
<i>tranexamic acid</i>	<i>trivora (28)</i>	78	<i>vandazole</i>	73
<i>tranylcypromine</i>	<i>tri-vylibra</i>	78	VANFLYTA.....	17
<i>travoprost</i>	<i>tri-vylibra lo</i>	78	<i>varenicline tartrate</i>	51
<i>trazodone</i>	<i>tropicamide</i>	79	VARUBI.....	63
TRECTOR.....	<i>trospium</i>	86	VAXNEUVANCE (PF).....	69
TRELEGY ELLIPTA.....	TRULANCE.....	63	<i>velivet triphasic regimen (28)</i>	78
TRELSTAR.....	TRULICITY.....	58	.....	78
TREMFYA.....	TRUQAP.....	17	VELPHORO.....	59
TREMFYA PEN.....	TRUSTEX-RIA NON-LUB		VELSIPITY.....	63
TRESIBA FLEXTOUCH U-	CONDOMS.....	71	VELTASSA.....	59
100.....	TRYVIO.....	43	VEMLIDY.....	6
TRESIBA FLEXTOUCH U-	TUKYSA.....	17	VENCLEXTA.....	17
200.....	<i>tulana</i>	73	VENCLEXTA STARTING	
TRESIBA U-100 INSULIN.....	TURALIO.....	17	PACK.....	17
<i>tretinoin</i>	<i>turqoz (28)</i>	78	<i>venlafaxine</i>	36
<i>tretinoin (antineoplastic)</i>	TUXARIN ER.....	82	VENTAVIS.....	85
<i>triamcinolone acetonide</i> 49, 52,	TYBOST.....	6	VENTOLIN HFA.....	85
85	<i>tydemy</i>	78	<i>verapamil</i>	40
<i>triamterene</i>	TYENNE.....	71	VERQUVO.....	43
<i>triamterene-hydrochlorothiazid</i>	TYENNE AUTOINJECTOR	71	VERZENIO.....	17
.....	.....	71	<i>vestura (28)</i>	78
<i>triazolam</i>	TYMLOS.....	70	V-GO 20.....	55
<i>tricon</i>	TYVASO.....	85	V-GO 30.....	55
<i>triderm</i>	TYVASO DPI.....	85	V-GO 40.....	55
<i>trientine</i>	TYVASO REFILL KIT.....	85	VIBERZI.....	63
TRIENTINE.....	TYVASO STARTER KIT.....	85	<i>vienna</i>	78
<i>tri-estarylla</i>	U		<i>vigabatrin</i>	21
<i>trifluoperazine</i>	UBRELVY.....	23	<i>vigadron</i>	21
<i>trifluridine</i>	UDENYCA.....	66	VIGAFYDE.....	21
<i>trihexyphenidyl</i>	UDENYCA AUTOINJECTOR	66	<i>vigpoder</i>	21
TRIJARDY XR.....	.....	66	VIJOICE.....	17, 18
TRIKAFTA.....	UDENYCA ONBODY.....	66	<i>vilazodone</i>	36
<i>tri-legest fe</i>	<i>unithroid</i>	58	VIOKACE.....	63
<i>tri-linyah</i>	UPTRAVI.....	40	<i>viorele (28)</i>	78
<i>tri-lo-estarylla</i>	<i>ursodiol</i>	63	VIRACEPT.....	6
<i>tri-lo-marzia</i>	UZEDY.....	35, 36	VIREAD.....	6
<i>tri-lo-mili</i>	V		VISTOGARD.....	10
<i>tri-lo-sprintec</i>	VABOMERE.....	9	<i>vitamin b complex-folic acid</i>	89
<i>trimethobenzamide</i>	<i>valacyclovir</i>	6	<i>vitamins a,c,d and fluoride</i>	89
<i>trimethoprim</i>	VALCHLOR.....	45	VITRAKVI.....	18

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

VIVITROL	28	XARELTO	41	<i>zatean-pn dha</i>	90
VIVJOA	3	XARELTO DVT-PE TREAT		<i>zatean-pn plus</i>	90
VIZIMPRO	18	30D START	41	ZAVZPRET	23
<i>volnea (28)</i>	78	XCOPRI	21	ZEJULA	18
VONJO	18	XCOPRI MAINTENANCE		ZELBORAF	18
VORANIGO	18	PACK	21	<i>zenatane</i>	46
<i>voriconazole</i>	3	XCOPRI TITRATION PACK		ZENPEP	63
VORTEX HOLDING		.....	21	<i>zenzedi</i>	36
CHAMBER	53	XDEMVI	80	ZEPATIER	6
VOSEVI	6	XELJANZ	71	ZEPOSIA	23
VOWST	63	XELJANZ XR	71	ZEPOSIA STARTER KIT (28-	
VOXZOGO	57	XEPI	47	DAY)	23
VOYDEYA	50	XERMELO	18	ZEPOSIA STARTER PACK	
VUMERITY	68	XHANCE	85	(7-DAY)	24
<i>vyfemla (28)</i>	78	XIFAXAN	9	<i>zidovudine</i>	6
<i>vylibra</i>	78	XIGDUO XR	58	ZIEXTENZO	66
VYNDAMAX	43	XIIDRA	80	ZILBRYSQ	24
VYNDAQEL	43	XOFLUZA	6	<i>zileuton</i>	86
W		XOLAIR	85, 86	ZIMHI	28
WAINUA	23	XOLREMDI	66	<i>ziprasidone hcl</i>	36
WAKIX	36	XOSPATA	18	ZIRGAN	79
<i>warfarin</i>	41	XPOVIO	18	ZOKINVY	51
WELIREG	18	XTAMPZA ER	26	ZOLADEX	18
<i>wera (28)</i>	78	XTANDI	18	ZOLINZA	18
<i>wescap-c dha</i>	89	<i>xulane</i>	73	<i>zolmitriptan</i>	23
<i>wesnata dha complete</i>	89	XULTOPHY 100/3.6	55	<i>zolpidem</i>	36
<i>westab plus</i>	89	XURIDEN	50	ZOMACTON	66
WIDE-SEAL DIAPHRAGM		XYWAV	36	<i>zonisamide</i>	21
.....	71	Y		ZONTIVITY	41
WINREVAIR	85	YONSA	18	ZORYVE	44
<i>wixela inhub</i>	85	YORVIPATH	57	<i>zovia 1-35 (28)</i>	78
<i>women's gentle laxative(bisac)</i>		<i>yuvafem</i>	73	ZTALMY	21
.....	63	Z		<i>zumandimine (28)</i>	78
<i>wymzya fe</i>	78	<i>zafemy</i>	73	ZURZUVAE	36
X		<i>zafirlukast</i>	86	ZYDELIG	18
XACIATO	73	<i>zaleplon</i>	36	ZYKADIA	19
XADAGO	22	<i>zarah</i>	78	ZYMFENTRA	63
XALKORI	18	ZARXIO	66	ZYPREXA RELPREVV	36

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YI LE: I bale u mpot Bassa, bot ba kobol mahop ngui nsaa wogui wo ba ye ha l nyuu hola we. Sebel: 1-855-687-6260 (TTY: 711).

Laotian:

ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-687-6260 (TTY: 711).

Mon-Khmer, Cambodian:

កំណត់សំគាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, សេវាកម្មផ្នែកជំនួយការភាសាមានសម្រាប់អ្នកដោយមិនគិតថ្លៃ។ ចូរហៅទូរស័ព្ទទៅកាន់ 1-855-687-6260 (TTY: 711) ។

Navajo:

SHOOH: Diné Bizaad bee yáníłti'go doo bąąh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'ą. Kojí' hółne' 1-855-687-6260 (TTY: 711).

Persian/Farsi:

توجه:

اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان پشتیبانی زبان در دسترس شماست. با شماره 1-855-687-6260 (TTY: 711) تماس بگیرید.

Portuguese:

ATENÇÃO: Se você fala português, há serviços de assistência em idiomas disponíveis para você gratuitamente. Ligue para 1-855-687-6260 (TTY: 711).

Russian:

ВНИМАНИЕ! Если вы говорите на русском языке, позвоните по телефону 1-855-687-6260 (TTY: 711), и наша служба языковой поддержки окажет вам бесплатную помощь.

Spanish:

ATENCIÓN: Si habla español, existen servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-687-6260 (TTY: 711).

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-855-687-6260 (TTY: 711).

Turkish:

DİKKAT: Eğer Türk konuşuyorsanız, dil asistanı servislerini ücretsiz olarak kullanabilirsiniz. 1-855-687-6260 (TTY: 711) numaralı telefonu arayın.

Urdu:

توجه دیں:

اگر آپ اردو زبان بولتے ہیں تو، زبان کی معاونتی خدمات، بغیر کسی خرچ کے، آپ کے لئے دستیاب ہیں۔ 1-855-687-6260 (TTY: 711) کال کریں۔

Vietnamese:

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Hãy gọi 1-855-687-6260 (TTY: 711).

Yoruba:

KÉÉRE: Ti o bá ń sọ èdè Yorùbá, işẹ̀ ìrànlọ́wọ́ èdè wà fún ọ lófẹ́ẹ́. Pe 1-855-687-6260 (TTY: 711)



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