



SENTARA HEALTH SMALL GROUP PLANS STANDARD FORMULARY PRESCRIPTION DRUG FORMULARY

(April - June 2024)

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

This formulary was updated on 04/01/2024

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.....	18
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	36
DERMATOLOGICALS/TOPICAL THERAPY	43
DIAGNOSTICS & MISCELLANEOUS AGENTS.....	49
EAR, NOSE & THROAT MEDICATIONS.....	52
ENDOCRINE/DIABETES	53
GASTROENTEROLOGY	59
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	65
IMMUNOLOGY	70
MUSCULOSKELETAL & RHEUMATOLOGY.....	70
OBSTETRICS & GYNECOLOGY.....	72
OPHTHALMOLOGY	80
RESPIRATORY, ALLERGY, COUGH & COLD.....	83
UROLOGICALS.....	87
VITAMINS, HEMATINICS & ELECTROLYTES	89
Index	92

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	
<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
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	4	
DOVATO	4	QL (1 per 1 day)
EDURANT	4	
<i>efavirenz oral tablet</i>	2	
<i>efavirenz-emtricitabin-tenofov</i>	4	
<i>efavirenz-lamivu-tenofov 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	

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

Drug Name	Drug Tier	Requirements / Limits
GENVOYA	4	
HARVONI	4	PA
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS	4	
ISENTRESS HD	4	
JULUCA	4	
LAGEVRIO (EUA)	3	8 caps per day; 80 caps in 365 days
<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	4	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	4	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	4	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 35 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	6 tabs per day; 60 tabs in 365 days
PIFELTRO	4	
PREVYMIS ORAL	4	PA; QL (1 per 1 day)
PREZCOBIX	4	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
RELENZA DISKHALER	3	QL (20 per 180 days)
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation</i>	4	
<i>rimantadine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ritonavir</i>	1	
RUKOBIA	4	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	4	
SOFOSBUVIR-VELPATASVIR	4	PA; QL (1 per 1 day)
SOVALDI	4	PA
<i>stavudine oral capsule 40 mg</i>	2	
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 8 and younger
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 mL per fill
DIFICID ORAL TABLET	3	PA; 20 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 8 and younger
<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)

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Drug Name	Drug Tier	Requirements / Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	3	PA
CAYSTON	4	LA
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	
CYCLOSERINE	2	
<i>dapsone oral</i>	1	
EMVERM	3	PA; 2 tabs per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
IMPAVIDO	3	
<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	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	
<i>metronidazole oral tablet</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	

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Drug Name	Drug Tier	Requirements / Limits
<i>primaquine</i>	1	
<i>pyrazinamide</i>	1	
<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	
<i>tinidazole</i>	1	
TOBI PODHALER	4	ST
<i>tobramycin in 0.225 % nacl</i>	4	
<i>tobramycin inhalation</i>	4	
TOBRAMYCIN WITH NEBULIZER	4	
TRECTOR	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin 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		

You can find information 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>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 (50 per 365 days)
<i>anastrozole</i>	1	ACA
AUGTYRO	4	PA; QL (8 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	4	PA
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	4	PA; QL (50 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	4	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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 84 days)
ELIGARD (4 MONTH)	4	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	4	PA; QL (1 per 126 days)
EMCYT	2	
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	
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA
<i>everolimus (immunosuppressive)</i>	4	
<i>exemestane</i>	1	ACA
EXKIVITY	4	PA; QL (4 per 1 day)
FENSOLVI	4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; QL (50 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; QL (50 per 30 days)
FOTIVDA	4	PA; QL (50 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (4 per 1 day)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (1 per 1 day)
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	
HYCAMTIN ORAL	4	
<i>hydroxyurea</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
IBRANCE	4	PA; QL (1 per 1 day)
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	
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 (50 per 28 days)
INREBIC	4	PA; LA; QL (4 per 1 day)
IWILFIN	4	PA; 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	4	PA; QL (50 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 per 30 days)
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)
<i>lenalidomide</i>	4	PA; QL (1 per 1 day)
LENVIMA	4	PA; QL (50 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	4	
LEUPROLIDE (3 MONTH)	4	PA; QL (1 per 84 days)
<i>leuprolide subcutaneous kit</i>	4	QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
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 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 84 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 84 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	
LYTGOBI	4	PA; LA; QL (4 per 28 days)
MATULANE	4	
<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)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (1 per 1 day)
MEKTOVI	4	PA; LA; QL (6 per 1 day)
<i>melphalan</i>	1	
<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	

You can find information 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>mycophenolate sodium</i>	1	
MYLERAN	4	
NERLYNX	4	PA; LA; QL (6 per 1 day)
<i>nilutamide</i>	1	QL (1 per 1 day)
NINLARO	4	PA; QL (50 per 30 days)
NUBEQA	4	PA; LA; QL (4 per 1 day)
ODOMZO	4	PA; LA; QL (1 per 1 day)
OGSIVEO	4	PA; QL (6 per 1 day)
OJJAARA	4	PA; QL (1 per 1 day)
ONIVYDE	4	
ONUREG	4	PA; QL (50 per 28 days)
ORGOVYX	4	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (3 per 1 day)
<i>pazopanib</i>	4	PA; QL (4 per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG	4	PA; LA; QL (50 per 16 days)
PEMAZYRE ORAL TABLET 9 MG	4	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 300 MG/DAY (150 MG X 2)	4	PA; QL (50 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (50 per 30 days)
POMALYST	4	PA; LA; QL (1 per 1 day)
QINLOCK	4	PA; LA; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	4	PA; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	4	PA; LA; QL (4 per 1 day)
REVLIMID	4	PA; 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)
SANDIMMUNE ORAL SOLUTION	2	

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

Drug Name	Drug Tier	Requirements / Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)
SIGNIFOR	4	PA
<i>sirolimus</i>	2	
SOLTAMOX	3	
<i>sorafenib</i>	4	PA; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; QL (3 per 1 day)
STIVARGA	4	PA; QL (50 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	
TABRECTA	4	PA; QL (4 per 1 day)
<i>tacrolimus oral</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)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	QL (2 per 1 day)
TIBSOVO	4	PA; QL (2 per 1 day)
<i>toremifene</i>	2	QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1 per 126 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
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	4	
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 (50 per 365 days)
VERZENIO	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; 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)
VOTRIENT	4	PA; QL (4 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)
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)

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

Drug Name	Drug Tier	Requirements / Limits
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)
YONDELIS	4	
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 84 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)
ZYKADIA	4	PA; QL (3 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	PA
BRIVIACT ORAL	3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
<i>clobazam 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>	1	
DILANTIN	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>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
EQUETRO	3	PA
<i>ethosuximide</i>	1	
<i>felbamate</i>	2	
FINTEPLA	4	PA; LA; QL (12 per 1 day)
FYCOMPA	3	PA
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	2	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral</i>	1	
<i>methsuximide</i>	2	
NAYZILAM	3	PA; QL (10 per 30 days)
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	
<i>phenobarbital</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	2	PA
<i>subvenite</i>	1	
<i>tiagabine</i>	2	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	

You can find information 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>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
<i>vigpoder</i>	4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	QL (2 per 1 day)
XCOPRI TITRATION PACK	3	1 tab per day; 28 tabs in 365 days
<i>zonisamide</i>	1	
ZTALMY	3	LA
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	QL (1 per 1 day)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
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	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)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	4	QL (2 per 1 day)
DAYBUE	4	PA; QL (120 per 1 day)
<i>dichlorphenamide</i>	4	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 (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral tablet</i>	2	
INGREZZA	4	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PACK	4	PA; QL (28 per 365 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
NUEDEXTA	4	PA; QL (2 per 1 day)
NULIBRY	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
RELYVRIO	4	PA; QL (2 per 1 day)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (4 per 1 day)
ZEPOSIA	4	PA; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (28 per 34 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	4	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	

You can find information 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>cyclobenzaprine oral tablet</i>	1	
<i>dantrolene oral</i>	1	
<i>meprobamate</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	4	
<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	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	1	PA; QL (6 per 1 day)
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; QL (0.18 per 28 days)
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)

You can find information 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 hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital compound w/codeine</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	PA; QL (6 per 1 day)
<i>codeine-butalbital-asa-caff</i>	1	PA; QL (6 per 1 day)
<i>diskets</i>	1	PA
<i>endocet oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (4 per 1 day)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (50 per 30 days)
FENTORA	3	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	PA; QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	1	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	PA; QL (11 per 1 day)

You can find information 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>hydromorphone oral tablet 4 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	1	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone rectal</i>	1	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	1	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>methadone oral tablet, soluble</i>	1	PA
<i>methadose oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadose oral tablet, soluble</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA; QL (4 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	1	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	2	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral capsule</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
XTAMPZA ER	3	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA; QL (50 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)
<i>diclofenac-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
<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>naloxone nasal</i>	2	2 sprays per fill
<i>naltrexone</i>	1	
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NUCYNTA	3	PA; QL (4 per 1 day)
NUCYNTA ER	3	PA; QL (2 per 1 day)
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA; QL (4 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	1	PA; QL (8 per 1 day)
VIVITROL	4	
ZIMHI	3	1 mL per fill

PSYCHOTHERAPEUTIC DRUGS

ABILIFY MAINTENA	2	PA for age 17 and younger; QL (1 per 28 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	2	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	2	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	2	PA for age 19 and older; QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	2	PA for age 17 and younger; QL (2.4 per 35 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for age 17 and younger; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
BELSOMRA	3	ST; QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	

You can find information 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>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>desipramine</i>	2	
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for age 17 and younger; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for age 17 and younger; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for age 17 and younger; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for age 17 and younger; QL (2.63 per 84 days)
<i>lisdexamfetamine</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	4	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
MARPLAN	3	PA
<i>methamphetamine</i>	2	PA for age 19 and older; QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for age 19 and older; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA for age 19 and older; QL (2 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID	4	PA; QL (1 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	2	PA for age 17 and younger
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine-amitriptyline</i>	2	PA for age 17 and younger
PERSERIS	2	PA for age 17 and younger; QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
<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)
QUAZEPAM	2	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET	3	PA; QL (1 per 1 day)
RISPERDAL CONSTA	2	PA for age 17 and younger; QL (2 per 28 days)
<i>risperidone microspheres</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for age 17 and younger; QL (2 per 1 day)
RYKINDO	2	PA for age 17 and younger; QL (2 per 28 days)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SODIUM OXYBATE	4	PA; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (12 per 28 days)
SUNOSI	3	PA; QL (1 per 1 day)
<i>tasimelteon</i>	4	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>trimipramine</i>	2	
TRINTELLIX	3	ST; QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>vilazodone</i>	2	ST; QL (1 per 1 day)
VYVANSE	2	PA for age 19 and older; QL (1 per 1 day)
WAKIX	4	PA; LA; QL (2 per 1 day)
XYREM	4	PA; LA; QL (18 per 1 day)
XYWAV	4	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>ziprasidone hcl</i>	1	PA for age 17 and younger; QL (2 per 1 day)

You can find information 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>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 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA for age 17 and younger; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	
<i>aliskiren</i>	2	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	

You can find information 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>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	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIURIL	2	
<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	

You can find information 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>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>	1	
KERENDIA	3	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	2	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	2	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; QL (168 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
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>taztia xt</i>	1	
<i>telmisartan</i>	1	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	2	
<i>torse mide 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, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
<i>aspirin-dipyridamole</i>	2	
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	
<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	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	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</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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)

You can find information 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>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	1	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
PRALUENT PEN	3	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (2 per 28 days)
REPATHA SYRINGE	2	PA; QL (2 per 28 days)
<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)
CORLANOR ORAL TABLET	3	QL (2 per 1 day)
ENTRESTO	2	
FILSPARI	4	PA; QL (1 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</i>	2	
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; QL (1 per 1 day)
VYNDAQEL	4	PA; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
BIMZELX	4	PA; QL (2 per 42 days)
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone topical ointment</i>	2	ST
<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)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	
ILUMYA	4	PA; QL (1 per 84 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ	4	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 84 days)
SOTYKTU	4	PA; QL (1 per 1 day)
STELARA INTRAVENOUS	4	PA; QL (52 per 38 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 56 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)

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

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE	4	PA; QL (1 per 28 days)
TREMFYA	4	PA; QL (1 per 56 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
SALVAX DUO PLUS	3	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
CIBINQO	4	PA; QL (1 per 1 day)
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; 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)
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	
<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	
<i>urea topical cream 40 %</i>	1	
VALCHLOR	4	PA; QL (50 per 30 days)
THERAPY FOR ACNE		

You can find information 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>acutane</i>	1	
<i>adapalene topical cream</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel with pump</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
ALTRENO	3	PA
<i>amnesteem</i>	1	
<i>azelaic acid</i>	2	
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical gel, once daily</i>	2	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>dapsone topical gel</i>	2	ST
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>ivermectin topical cream</i>	2	PA
<i>metronidazole topical cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical gel 0.75 %</i>	2	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>neuac</i>	2	
RHOFADE	3	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream</i>	2	ST
<i>tretinoin microspheres topical gel</i>	2	PA for age 29 and older
<i>tretinoin topical cream</i>	1	PA for age 29 and older; QL (1 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA for age 29 and older; QL (1 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	2	PA for age 29 and older
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	PA for age 2 and under
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidopin topical cream 3 %</i>	1	
TOPICAL ANTIBACTERIALS		
ALTABAX	3	PA; 30 grams per fill
<i>gentamicin topical</i>	1	
<i>mupirocin</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>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	3	
XEPI	3	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole</i>	1	
ERTACZO	3	PA
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
LULICONAZOLE	3	PA
<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	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	
DENAVIR	3	PA; 5 grams per fill
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</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>betamethasone, augmented topical ointment</i>	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical spray,non-aerosol</i>	2	ST
<i>clobetasol-emollient topical cream</i>	2	
<i>clobetasol-emollient topical foam</i>	2	ST
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	2	ST
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>desoximetasone topical spray,non-aerosol</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	ST
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	2	

You can find information 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 butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	2	
<i>mometasone topical</i>	1	
<i>prednicarbate topical ointment</i>	2	
<i>tovet emollient</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment</i>	1	
<i>triderm topical cream</i>	1	
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	QL (60 per 30 days)
<i>malathion</i>	1	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>benzphetamine</i>	1	PA
CONTRACE	3	PA
<i>diethylpropion</i>	1	PA
IMCIVREE	4	PA; QL (9 per 30 days)
LOMAIRA	3	PA
ORLISTAT	3	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phentermine</i>	1	PA
QSYMIA	3	PA
SAXENDA	3	PA; QL (15 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
XENICAL	3	PA
ZEPBOUND	3	PA; QL (2 per 28 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
<i>carglumic acid</i>	4	
<i>cevimeline</i>	2	
CHEMET	3	PA for age 18 and older
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
ENDARI	4	PA; QL (2 per 1 day)
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
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)
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
OLPRUVA	4	PA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA	4	PA; LA; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
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
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium chlor 0.9% bacteriostat</i>	2	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate oral powder</i>	4	PA
<i>sodium phenylbutyrate oral tablet</i>	4	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; QL (1 per 1 day)
TAVNEOS	4	PA; QL (6 per 1 day)
THIOLA EC	4	PA
<i>tiopronin oral tablet</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)
XURIDEN	4	
ZOKINVY	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex)</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

You can find information 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>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	2	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA
CORTROPHIN GEL	4	PA
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
EMFLAZA	4	PA; LA
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisone</i>	1	
TARPEYO	4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	1	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	1	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		

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

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	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	
<i>diazoxide</i>	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	
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 90 days)
DEXCOM G7 RECEIVER	3	PA; 1 rx per 720 days; CGM
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	3	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 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)
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
FIASP 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 INSULN U-100	1	100 units per 30 days
HUMALOG MIX 50-50 KWIKPEN	1	100 units per 30 days

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

Drug Name	Drug Tier	Requirements / Limits
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)
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>clomiphene citrate</i>	2	QL (10 per 30 days)
<i>danazol</i>	2	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	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	4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL (56 per 28 days)
KORLYM	4	PA; QL (4 per 1 day)
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 (4 per 1 day)
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
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)

You can find information 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>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL (60 per 365 days)
VOXZOGO	4	PA; QL (1 per 1 day)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BYDUREON BCISE	2	
BYETTA	2	
CYCLOSET	3	
FARXIGA	2	QL (1 per 1 day)
<i>glimepiride</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
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	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	QL (9 per 84 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</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
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	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	QL (2 per 28 days)
VICTOZA 2-PAK	2	QL (9 per 28 days)
VICTOZA 3-PAK	2	QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
THYROID HORMONES		
<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		
<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine 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>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</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>	1	
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	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 cap per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule, dose pack</i>	2	QL (15 per 28 days)
<i>balsalazide</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>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
CHOLBAM ORAL CAPSULE 250 MG	4	QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	QL (4 per 1 day)
CIMZIA	4	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
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	
GATTEX 30-VIAL	4	PA
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	
IBSRELA	3	PA; QL (2 per 1 day)
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	2	QL (1 per 1 day)
LIVMARLI	4	PA; 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)
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
<i>natura-lax</i>	9	ACA; OTC
OICALIVA	4	PA; LA; QL (1 per 1 day)
OMVOH PEN	4	PA; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron</i>	1	
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</i>	9	ACA; OTC
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PERTZYE	3	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	3	
RELISTOR ORAL	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 per 56 days)

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 per 56 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
ZELNORM	3	PA; QL (2 per 1 day)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for age 8 and older; QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	2	PA for age 8 and older; QL (1 per 1 day)

You can find information 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>misoprostol</i>	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA for age 8 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK	3	
<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
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

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

Drug Name	Drug Tier	Requirements / Limits
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	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
UDENYCA	4	PA
UDENYCA AUTOINJECTOR	4	PA
UDENYCA ONBODY	4	PA
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

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

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK	4	PA
HUMATROPE INJECTION CARTRIDGE	4	PA
NGENLA	4	PA
NORDITROPIN FLEXPPO	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	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	QL (2 per 1 day)
EXTAVIA	4	PA
<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

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

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (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)
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	9	PA for age 59 and younger; ACA
AFLURIA QD 2023-24(3YR UP)(PF)	9	ACA
AFLURIA QUAD 2023-2024(6MO UP)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
AREXVY (PF)	9	PA for age 59 and younger; ACA
COMIRNATY 2023-24 (12Y UP)(PF)	9	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	9	ACA
FLUARIX QUAD 2023-2024 (PF)	9	ACA
FLUBLOK QUAD 2023-2024 (PF)	9	ACA
FLUCELVAX QUAD 2023-2024	9	ACA
FLUCELVAX QUAD 2023-2024 (PF)	9	ACA
FLULAVAL QUAD 2023-2024 (PF)	9	ACA
FLUMIST QUAD 2023-2024	9	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	9	ACA
FLUZONE QUAD 2023-2024	9	ACA
FLUZONE QUAD 2023-2024 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
MODERNA COVID 23-24(6M-11Y)PF	9	ACA
NOVAVAX COVID 2023-24(PF)(EUA)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	4	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; QL (30 per 30 days)
PFIZER COVID 2023-24(5Y-11Y)PF	9	ACA
PFIZER COVID 2023-24(6MO-4Y)PF	9	ACA
PNEUMOVAX-23	9	ACA
PREVNAR 13 (PF)	9	

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

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 20 (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
SHINGRIX (PF)	9	ACA
SPIKEVAX 2023-2024(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)
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	
FORTEO	4	PA; QL (1 per 28 days)
FOSAMAX PLUS D	2	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; 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)
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 28 days)
CYLTEZO(CF)	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; QL (6 per 31 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
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; QL (4 per 31 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)
HUMIRA PEN	4	PA; QL (2 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (2 per 28 days)
HUMIRA(CF)	4	PA; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ	4	PA; QL (1.6 per 28 days)
HYRIMOZ PEN	4	PA; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ(CF)	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; QL (1.6 per 28 days)
KEVZARA	4	PA; QL (2.28 per 28 days)
KINERET	4	PA; QL (18.76 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
<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 (4)-30 MG (47)	4	PA; QL (55 per 365 days)
OTREXUP (PF)	3	ST
<i>penicillamine</i>	4	PA; QL (16 per 1 day)
RASUVO (PF)	3	ST
RIDAURA	2	
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	3	ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; 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

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Drug Name	Drug Tier	Requirements / Limits
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX LUBRICATED CONDOMS	9	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
WIDE-SEAL DIAPHRAGM	9	ACA
ESTROGENS & PROGESTINS		
<i>amabelz</i>	1	
BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	3	PA
<i>deblitane</i>	1	ACA
<i>dotti</i>	1	
DUAVEE	3	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>errin</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	
<i>mimvey</i>	1	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>fem ph</i>	2	
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	3	
<i>metronidazole vaginal</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)

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Drug Name	Drug Tier	Requirements / Limits
OSPHENA	3	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	9	OTC
VCF CONTRACEPTIVE GEL	9	ACA; OTC
XACIATO	3	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<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

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

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Drug Name	Drug Tier	Requirements / Limits
<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>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1-50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</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>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	2	
<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

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Drug Name	Drug Tier	Requirements / Limits
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin 24 fe</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<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>tri-estarylla</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
TYBLUME	1	
<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		
<i>methylergonovine oral</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
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>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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
ALOCRIL	3	ST
ALOMIDE	2	ST
<i>azelastine ophthalmic (eye)</i>	1	
<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	
RESTASIS MULTIDOSE	2	QL (5.5 per 28 days)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
XDEMVI	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	
NEVANAC	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>travoprost</i>	2	ST
VYZULTA	3	ST; QL (5 per 30 days)
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	
ZYLET	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
UPNEEQ (PF)	3	PA
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet</i>	1	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>diphenhydramine hcl injection syringe</i>	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
SYMJEPI	2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<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)

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY	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	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
ALVESCO	3	PA
<i>alyq</i>	4	PA; QL (2 per 1 day)
<i>ambrisentan</i>	4	PA; LA; QL (1 per 1 day)
ANORO ELLIPTA	2	
<i>arformoterol</i>	2	ST
ARNUITY ELLIPTA	2	
ASMANEX HFA	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	
ATROVENT HFA	3	
<i>bosentan</i>	4	PA; QL (2 per 1 day)
BREO ELLIPTA	2	
<i>breynd</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
BRONCHITOL	4	PA; QL (20 per 1 day)
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</i>	1	
DULERA	2	
ESBRIET ORAL CAPSULE	4	QL (6 per 1 day)
FASENRA	4	PA; QL (1 per 56 days)
FASENRA PEN	4	PA; QL (1 per 56 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	
<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	
NASAL ALLERGY	1	OTC
NUCALA	4	PA; LA; QL (1 per 28 days)
OFEV	4	PA; QL (2 per 1 day)
OPSUMIT	4	PA; LA; 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)

You can find information 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>pirfenidone oral capsule</i>	4	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
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (3 per 1 day)
PROAIR DIGIHALER	3	PA
PROAIR RESPICLICK	1	
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	
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)
THEO-24	3	
<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)

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

Drug Name	Drug Tier	Requirements / Limits
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 (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	4	PA; QL (1 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 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	
<i>wixela inhub</i>	1	
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; 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; 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>	1	
ZYFLO	3	PA; QL (4 per 1 day)
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	2	
<i>fesoterodine</i>	2	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>flavoxate</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	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 2.5 mg, 5 mg</i>	1	PA; QL (1 per 1 day)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	LA
ELMIRON	3	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	4	PA
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium citrate-citric acid</i>	1	OTC
PROCYSBI	4	PA
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	OTC
URELLE	3	
URIBEL	3	
<i>urimar-t oral tablet</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>uro-458</i>	2	
<i>uro-mp</i>	2	
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)
<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 m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
<i>DOJOLVI</i>	4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	1	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>decara oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC
<i>dialyvite 800 oral tablet</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>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ferocon</i>	1	ACA; OTC
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	9	ACA; OTC
<i>folbee</i>	1	OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</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>hematinic/folic acid</i>	1	OTC
HEMOCYTE-F	1	OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>newgen</i>	1	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal 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>reno caps</i>	1	OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b maxi complex</i>	9	ACA; OTC
<i>super quint</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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

Index

2		
24 HOUR NASAL ALLERGY		
.....	84	
A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
ABILIFY MAINTENA.....	28	
<i>abiraterone</i>	11	
ABRYSVO.....	68	
<i>acamprosate</i>	50	
<i>acarbose</i>	58	
<i>accutane</i>	45	
<i>acebutolol</i>	36	
<i>acetaminophen-codeine</i>	23	
<i>acetazolamide</i>	81	
<i>acetic acid</i>	52	
<i>acetylcysteine</i>	84	
<i>acitretin</i>	43	
ACTEMRA.....	70	
ACTEMRA ACTPEN.....	70	
ACTHAR.....	53	
ACTIMMUNE.....	67	
<i>acyclovir</i>	3, 47	
<i>adapalene</i>	45	
<i>adapalene-benzoyl peroxide</i>	45	
ADBRY.....	44	
ADDERALL.....	28	
ADDERALL XR.....	28	
ADDYI.....	28	
<i>adefovir</i>	3	
ADEMPAS.....	84	
<i>adult aspirin regimen</i>	26	
ADVAIR HFA.....	84	
AEROCHAMBER MINI.....	54	
AEROCHAMBER PLUS		
FLOW-VU.....	54	
AEROCHAMBER PLUS Z		
STAT.....	54	
AEROVENT PLUS.....	54	
<i>afirmelle</i>	75	
AFLURIA QD 2023-24(3YR		
UP)(PF).....	68	
AFLURIA QUAD 2023-		
2024(6MO UP).....	68	
<i>after pill</i>	75	
AIMOVIG AUTOINJECTOR		
.....	21	
AJOVY AUTOINJECTOR..	21	
AJOVY SYRINGE.....	21	
AKEEGA.....	11	
AKYNZEO (NETUPITANT)		
.....	60	
<i>albendazole</i>	7	
<i>albuterol sulfate</i>	84	
<i>alclometasone</i>	47	
ALECENSA.....	11	
<i>alendronate</i>	70	
ALFERON N.....	67	
<i>alfuzosin</i>	88	
ALINIA.....	7	
<i>aliskiren</i>	36	
<i>allergy eye (ketotifen)</i>	81	
<i>allopurinol</i>	70	
<i>almotriptan malate</i>	21	
ALOCRIAL.....	81	
ALOMIDE.....	81	
<i>alosetron</i>	60	
<i>alprazolam</i>	28	
ALTABAX.....	46	
<i>altavera (28)</i>	75	
ALTRENO.....	45	
ALUNBRIG.....	11	
ALVESCO.....	84	
<i>alvimopan</i>	60	
<i>alyacen 1/35 (28)</i>	75	
<i>alyacen 7/7/7 (28)</i>	75	
<i>alyq</i>	84	
<i>amabelz</i>	73	
<i>amantadine hcl</i>	3	
<i>ambrisentan</i>	84	
<i>amethia</i>	75	
<i>amethyst (28)</i>	75	
<i>amikacin</i>	8	
<i>amiloride</i>	36	
<i>amiloride-hydrochlorothiazide</i>		
.....	36	
<i>aminocaproic acid</i>	40	
<i>amiodarone</i>	36	
<i>amitriptyline</i>	28	
<i>amitriptyline-chlordiazepoxide</i>		
.....	28	
<i>amlodipine</i>	36	
<i>amlodipine-atorvastatin</i>	41	
<i>amlodipine-benazepril</i>	36	
<i>amlodipine-olmesartan</i>	36	
<i>amlodipine-valsartan</i>	36	
<i>ammonium lactate</i>	44	
<i>amnestem</i>	45	
<i>amoxapine</i>	28	
<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>	50	
<i>anaspaz</i>	59	
<i>anastrozole</i>	11	
ANORO ELLIPTA.....	84	
<i>anucort-hc</i>	60	
ANZEMET.....	60	
APIDRA U-100 INSULIN...55		
<i>apomorphine</i>	20	
<i>apraclonidine</i>	83	
<i>aprepitant</i>	60	
APRETUDE.....	4	
<i>apri</i>	75	
APTIOM.....	18	
APTIVUS.....	4	
<i>aranelle (28)</i>	75	
ARANESP (IN		
POLYSORBATE).....	65	
ARCALYST.....	65	
AREXVY (PF).....	69	
<i>arformoterol</i>	84	
ARIKAYCE.....	8	
<i>aripiprazole</i>	29	
ARISTADA.....	29	
ARISTADA INITIO.....	29	
<i>armodafinil</i>	29	
ARNUITY ELLIPTA.....	84	
<i>ascomp with codeine</i>	23	
<i>asenapine maleate</i>	29	
<i>ashlyna</i>	75	
ASMANEX HFA.....	84	
ASMANEX TWISTHALER.....	84	
<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	

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

<i>atomoxetine</i>	29	BD ULTRA-FINE NANO		<i>bromfenac</i>	81
<i>atorvastatin</i>	41	PEN NEEDLE	54	<i>bromocriptine</i>	20
<i>atovaquone</i>	8	BELBUCA	23	BRONCHITOL	85
<i>atovaquone-proguanil</i>	8	BELSOMRA	29	BRUKINSA.....	11
<i>atracurium</i>	22	<i>benazepril</i>	37	<i>budesonide</i>	61, 85
<i>atropine</i>	80	<i>benazepril-hydrochlorothiazide</i>		<i>budesonide-formoterol</i>	85
ATROVENT HFA	84	.....	37	<i>bumetanide</i>	37
<i>aubra</i>	75	BENLYSTA	70	<i>buprenorphine</i>	23
<i>aubra eq</i>	75	BENZNIDAZOLE	8	<i>buprenorphine hcl</i>	24
AUGTYRO	11	<i>benzonatate</i>	83	<i>buprenorphine-naloxone</i>	26
<i>aurovela 1.5/30 (21)</i>	75	<i>benzphetamine</i>	49	<i>bupropion hcl</i>	29
<i>aurovela 1/20 (21)</i>	75	<i>benztropine</i>	20	<i>bupropion hcl (smoking deter)</i>	
<i>aurovela 24 fe</i>	75	<i>bepotastine besilate</i>	81	.....	51
<i>aurovela fe 1.5/30 (28)</i>	75	BESIVANCE.....	80	<i>buspirone</i>	29
<i>aurovela fe 1-20 (28)</i>	75	BESREMI.....	67	<i>butalbital compound w/codeine</i>	
<i>aviane</i>	75	BETADINE OPHTHALMIC		.....	24
<i>avidoxy</i>	10	PREP	80	<i>butalbital-acetaminop-caf-cod</i>	
AVONEX	67	<i>betaine</i>	61	.....	24
<i>ayuna</i>	75	<i>betamethasone dipropionate</i> 47		<i>butalbital-acetaminophen</i>	24
AYVAKIT	11	<i>betamethasone valerate</i>	47	<i>butalbital-acetaminophen-caff</i>	
AZASITE	80	<i>betamethasone, augmented</i> .47,		.....	24
<i>azathioprine</i>	11	48		<i>butalbital-aspirin-caffeine</i>	24
<i>azelaic acid</i>	45	BETASERON	67	<i>butorphanol</i>	26
<i>azelastine</i>	52, 81	<i>betaxolol</i>	37, 80	BYDUREON BCISE.....	58
<i>azithromycin</i>	7	<i>bethanechol chloride</i>	88	BYETTA	58
<i>azurette (28)</i>	75	<i>bexarotene</i>	11	BYLVAY	61
B		<i>bicalutamide</i>	11	C	
<i>b complex 1 (with folic acid)</i> 89		BIJUVA.....	73	CABENUVA.....	4
<i>b complex-vitamin c-folic acid</i>		BIKTARVY	4	<i>cabergoline</i>	56
.....	89	<i>bimatoprost</i>	82	CABLIVI.....	40
<i>bacitracin</i>	80	BIMZELX	43	CABOMETYX.....	11
<i>bacitracin-polymyxin b</i>	80	<i>bisoprolol fumarate</i>	37	<i>caffeine citrate</i>	50
<i>baclofen</i>	22	<i>bisoprolol-hydrochlorothiazide</i>		<i>calcipotriene</i>	43
BAFIERTAM.....	67	.....	37	<i>calcipotriene-betamethasone</i> 43	
<i>balanced b-100</i>	89	<i>blisovi 24 fe</i>	75	<i>calcitonin (salmon)</i>	56
<i>bal-care dha</i>	89	<i>blisovi fe 1.5/30 (28)</i>	75	<i>calcitriol</i>	43, 56
<i>balsalazide</i>	60	<i>blisovi fe 1/20 (28)</i>	75	<i>calcium acetate(phosphat bind)</i>	
BALVERSA.....	11	<i>bosentan</i>	84	.....	89
<i>balziva (28)</i>	75	BOSULIF	11	CALQUENCE	
BAQSIMI	54	BRAFTOVI.....	11	(ACALABRUTINIB MAL)	
BARACLUDE	4	BREO ELLIPTA	84	.....	11
BAXDELA.....	9	BREXAFEMME	3	<i>camila</i>	73
<i>bayer low dose aspirin</i>	26	<i>breyana</i>	84	<i>camrese</i>	76
<i>b-complex with vitamin c</i>	89	<i>briellyn</i>	76	<i>camrese lo</i>	76
BD INTEGRA NEEDLE	54	BRILINTA	40	CAMZYOS.....	42
BD MICROTAINER		<i>brimonidine</i>	45, 83	<i>candesartan</i>	37
LANCET	54	<i>brimonidine-timolol</i>	82	<i>candesartan-</i>	
BD SPECIALTY USE		<i>brinzolamide</i>	82	<i>hydrochlorothiazid</i>	37
NEEDLES	54	BRIVIACT	18	<i>capecitabine</i>	11
		BRIXADI	23	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	<i>cilostazol</i>	40	COMBIPATCH	73
<i>carbamazepine</i>	18	CILOXAN	80	COMBIVENT RESPIMAT	85
<i>carbidopa</i>	20	CIMDUO	4	COMETRIQ	11
<i>carbidopa-levodopa</i>	20	<i>cimetidine</i>	64	COMIRNATY 2023-24 (12Y	
<i>carbidopa-levodopa-</i>		CIMZIA	61	UP)(PF)	69
<i>entacapone</i>	20	CIMZIA POWDER FOR		COMPACT SPACE	
<i>carbinoxamine maleate</i>	83	RECONST	61	CHAMBER	54
<i>carglumic acid</i>	50	<i>cinacalcet</i>	56	COMPLERA	4
<i>carisoprodol</i>	22	CIPRO HC	53	<i>complete natal dha</i>	89
<i>carisoprodol-aspirin-codeine</i>		<i>ciprofloxacin hcl</i>	9, 52, 80	<i>compro</i>	61
.....	22	<i>ciprofloxacin-dexamethasone</i>		<i>constulose</i>	61
<i>carteolol</i>	80	.....	53	CONTRAVE	49
<i>cartia xt</i>	37	<i>citalopram</i>	29	COPIKTRA	11
<i>carvedilol</i>	37	<i>citrate of magnesia</i>	61	CORLANOR	42
CAYA CONTOURED	72	<i>citroma</i>	61	CORTISPORIN-TC	53
CAYSTON	8	<i>claravis</i>	45	CORTROPHIN GEL	53
<i>caziant (28)</i>	76	<i>clarithromycin</i>	7	COSENTYX	43
<i>cefaclor</i>	6, 7	<i>classic prenatal</i>	89	COSENTYX (2 SYRINGES)	
<i>cefadroxil</i>	7	<i>clearlax</i>	61	.....	43
<i>cefdinir</i>	7	<i>clemastine</i>	83	COSENTYX PEN	43
<i>cefixime</i>	7	CLEOCIN	74	COSENTYX PEN (2 PENS)	43
<i>cefpodoxime</i>	7	<i>clindacin etz</i>	45	COSENTYX UNOREADY	
<i>cefprozil</i>	7	<i>clindacin p</i>	45	PEN	43
<i>cefuroxime axetil</i>	7	<i>clindamycin hcl</i>	8	COTELLIC	11
<i>celecoxib</i>	26	<i>clindamycin pediatric</i>	8	<i>covaryx</i>	73
<i>cephalexin</i>	7	<i>clindamycin phosphate</i> ...	45, 74	<i>covaryx h.s.</i>	73
CERDELGA	56	<i>clindamycin-benzoyl peroxide</i>		CREON	61
<i>cetirizine</i>	83	.....	45	CRINONE	73
<i>cevimeline</i>	50	CLINDESSE	74	<i>cromolyn</i>	61, 81, 85
<i>chateal (28)</i>	76	<i>clobazam</i>	18	<i>crotan</i>	49
<i>chateal eq (28)</i>	76	<i>clobetasol</i>	48	<i>cryselle (28)</i>	76
CHEMET	50	<i>clobetasol-emollient</i>	48	<i>curae</i>	76
CHENODAL	61	<i>clomiphene citrate</i>	56	CUVRIOR	50
<i>chlordiazepoxide hcl</i>	29	<i>clomipramine</i>	29	<i>cyanocobalamin (vitamin b-12)</i>	
<i>chlordiazepoxide-clidinium</i> ..	59	<i>clonazepam</i>	18	.....	89
<i>chlorhexidine gluconate</i>	52	<i>clonidine</i>	37	<i>cyclobenzaprine</i>	23
<i>chloroquine phosphate</i>	8	<i>clonidine hcl</i>	30, 37	<i>cyclopentolate</i>	80
<i>chlorpromazine</i>	29	<i>clopidogrel</i>	40	<i>cyclophosphamide</i>	11
<i>chlorthalidone</i>	37	<i>clorazepate dipotassium</i>	30	CYCLOPHOSPHAMIDE	11
<i>chlorzoxazone</i>	22	<i>clotrimazole</i>	3	CYCLOSERINE	8
CHOLBAM	61	<i>clotrimazole-betamethasone</i> ..	47	CYCLOSET	58
<i>cholecalciferol (vitamin d3)</i> ..	89	<i>clozapine</i>	30	<i>cyclosporine</i>	11, 81
<i>cholestyramine (with sugar)</i> ..	41	<i>c-nate dha</i>	89	<i>cyclosporine modified</i>	11
<i>cholestyramine light</i>	41	COARTEM	8	CYLTEZO(CF)	70
CHORIONIC		<i>codeine sulfate</i>	24	CYLTEZO(CF) PEN	70
GONADOTROPIN,		<i>codeine-butalbital-asa-caff</i> ..	24	CYLTEZO(CF) PEN	
HUMAN	56	<i>codeine-guaifenesin</i>	83	CROHN'S-UC-HS	70
CIBINQO	44	<i>colchicine</i>	70	CYLTEZO(CF) PEN	
<i>ciclodan</i>	47	<i>colesevelam</i>	41	PSORIASIS-UV	71
<i>ciclopirox</i>	47	<i>colestipol</i>	41	<i>cyproheptadine</i>	83

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

<i>cyred</i>	76	<i>dialyvite 800</i>	89	<i>doxylamine-pyridoxine (vit b6)</i>	61
<i>cyred eq</i>	76	<i>diazepam</i>	18, 30	<i>dronabinol</i>	61
CYSTADROPS.....	81	<i>diazepam intensol</i>	30	<i>drospirenone-ethinyl estradiol</i>	76
CYSTAGON.....	88	<i>diazoxide</i>	54	DROXIA.....	12
CYSTARAN.....	81	<i>dichlorphenamide</i>	22	<i>droxidopa</i>	50
D		<i>diclofenac potassium</i>	26	DRYSOL DAB-O-MATIC ..	44
<i>dabigatran etexilate</i>	40	<i>diclofenac sodium</i>	26, 27, 44, 81	DUAVEE.....	73
<i>dalfampridine</i>	22	<i>diclofenac-misoprostol</i>	27	<i>dulcolax (magnesium</i> <i>hydroxide)</i>	61
<i>danazol</i>	56	<i>dicloxacillin</i>	9	DULERA.....	85
<i>dantrolene</i>	23	<i>dicyclomine</i>	59, 60	<i>duloxetine</i>	30
<i>dapsone</i>	8, 45	<i>didanosine</i>	4	DUPIXENT PEN.....	44
<i>darifenacin</i>	87	<i>diethylpropion</i>	49	DUPIXENT SYRINGE.....	44
<i>darunavir</i>	4	DIFICID.....	7	DUREX AVANTI BARE REAL FEEL.....	72
<i>dasetta 1/35 (28)</i>	76	<i>diflunisal</i>	27	<i>dutasteride</i>	88
<i>dasetta 7/7/7 (28)</i>	76	<i>difluprednate</i>	82	<i>dutasteride-tamsulosin</i>	88
DAURISMO.....	11, 12	<i>digox</i>	39	E	
DAYBUE.....	22	<i>digoxin</i>	39, 40	<i>e.e.s. 400</i>	7
<i>daysee</i>	76	<i>dihydroergotamine</i>	21	EASIVENT HOLDING CHAMBER.....	54
<i>deblitane</i>	73	DILANTIN.....	18	<i>econazole</i>	47
<i>decara</i>	89	<i>diltiazem</i>	37	<i>econtra ez</i>	76
<i>deferasirox</i>	50	<i>dilt-xr</i>	37	<i>econtra one-step</i>	76
<i>deferiprone</i>	50	<i>dimethyl fumarate</i>	67	<i>ecotrin low strength</i>	27
DELSTRIGO.....	4	DIPENTUM.....	61	EDURANT.....	4
<i>demeclocycline</i>	10	<i>diphenhydramine hcl</i>	83	<i>eemt</i>	73
DENAVIR.....	47	<i>diphenoxylate-atropine</i>	60	<i>eemt hs</i>	73
<i>denta 5000 plus</i>	52	<i>dipyridamole</i>	40	<i>efavirenz</i>	4
<i>dentagel</i>	52	<i>diskets</i>	24	<i>efavirenz-emtricitabin-tenofo</i> <i>v4</i> <i>efavirenz-lamivu-tenofo</i> <i>v</i> <i>disop</i>	4
DESCOVY.....	4	<i>disopyramide phosphate</i>	36	<i>effer-k</i>	89
<i>desipramine</i>	30	<i>disulfiram</i>	50	EGRIFTA SV.....	66
<i>desloratadine</i>	83	DIURIL.....	37	<i>eletriptan</i>	21
<i>desmopressin</i>	56, 57	<i>divalproex</i>	19	ELIGARD.....	12
DESMOPRESSIN.....	57	<i>dodex</i>	90	ELIGARD (3 MONTH).....	12
<i>desog-e.estradiol/e.estradiol</i>	76	<i>dofetilide</i>	36	ELIGARD (4 MONTH).....	12
<i>desonide</i>	48	DOJOLVI.....	89	ELIGARD (6 MONTH).....	12
<i>desoximetasone</i>	48	<i>dolishale</i>	76	<i>elinest</i>	76
<i>desvenlafaxine succinate</i>	30	<i>donepezil</i>	22	ELIQUIS.....	40
<i>dexamethasone</i>	53	DOPTelet (15 TAB PACK)	40	ELIQUIS DVT-PE TREAT 30D START.....	40
<i>dexamethasone sodium</i> <i>phosphate</i>	82	<i>dorzolamide</i>	82	<i>elite-ob</i>	90
DEXCOM G6 RECEIVER..	54	<i>dorzolamide-timolol</i>	82	ELLA.....	76
DEXCOM G6 SENSOR.....	54	<i>dorzolamide-timolol (pf)</i>	82	ELMIRON.....	88
DEXCOM G6 TRANSMITTER.....	54	<i>dotti</i>	73	<i>eluryng</i>	74
DEXCOM G7 RECEIVER..	54	DOVATO.....	4	EMCYT.....	12
DEXCOM G7 SENSOR.....	54	<i>doxazosin</i>	37		
<i>dexmethylphenidate</i>	30	<i>doxepin</i>	30		
<i>dextroamphetamine sulfate</i> ..	30	<i>doxercalciferol</i>	57		
<i>dextroamphetamine-</i> <i>amphetamine</i>	30	<i>doxycycline hyclate</i>	10		
DIACOMIT.....	18	<i>doxycycline monohydrate</i>	10		

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EMFLAZA.....	53	<i>erythromycin-benzoyl peroxide</i>	45	FENSOLVI.....	12
EMGALITY PEN.....	21	ESBRIET.....	85	<i>fentanyl</i>	24
EMGALITY SYRINGE.....	21	<i>escitalopram oxalate</i>	30	<i>fentanyl citrate</i>	24
<i>emtricitabine</i>	4	<i>esomeprazole magnesium</i>	64	FENTANYL CITRATE.....	24
<i>emtricitabine-tenofovir (tdf)</i> ...	4	<i>estarylla</i>	76	FENTORA.....	24
EMTRIVA.....	4	<i>estazolam</i>	30	<i>ferocon</i>	90
EMVERM.....	8	<i>estradiol</i>	73	FERRIPROX.....	50
<i>enalapril maleate</i>	37	<i>estradiol-norethindrone acet</i>	73	FERRIPROX (2 TIMES A	
<i>enalapril-hydrochlorothiazide</i>	37	<i>estrogens-methyltestosterone</i>	73	DAY).....	50
ENBREL.....	71	<i>eszopiclone</i>	31	<i>fesoterodine</i>	87
ENBREL MINI.....	71	<i>ethacrynic acid</i>	37	FIASP U-100 INSULIN.....	55
ENBREL SURECLICK.....	71	<i>ethambutol</i>	8	FILSPARI.....	42
ENDARI.....	50	<i>ethosuximide</i>	19	<i>finasteride</i>	88
<i>endocet</i>	24	<i>ethynodiol diac-eth estradiol</i>	76	<i>fingolimod</i>	67
<i>enilloring</i>	74	<i>etodolac</i>	27	FINTEPLA.....	19
<i>enoxaparin</i>	40	<i>etonogestrel-ethinyl estradiol</i>	74	<i>finzala</i>	76
<i>enpresse</i>	76	<i>etoposide</i>	12	FIRDAPSE.....	22
<i>enskyce</i>	76	<i>etravirine</i>	4	FIRMAGON KIT W	
ENSPRYNG.....	12	EUCRISA.....	44	DILUENT SYRINGE.....	12
<i>entacapone</i>	20	<i>euthyrox</i>	59	<i>flac otic oil</i>	52
<i>entecavir</i>	4	<i>everolimus (antineoplastic)</i> ..	12	FLAREX.....	82
ENTRESTO.....	42	<i>everolimus</i>		<i>flavoxate</i>	88
ENTYVIO PEN.....	61	(immunosuppressive).....	12	<i>flecainide</i>	36
<i>enulose</i>	61	EVOTAZ.....	4	FLEXICHAMBER.....	54
EPCLUSA.....	4	EVRYSDI.....	22	FLUAD QUAD 2023-24(65Y	
EPIDIOLEX.....	19	<i>exemestane</i>	12	UP)(PF).....	69
<i>epinastine</i>	81	EXKIVITY.....	12	FLUARIX QUAD 2023-2024	
<i>epinephrine</i>	83	EXTAVIA.....	67	(PF).....	69
EPINEPHRINE.....	83	<i>eye itch relief</i>	81	FLUBLOK QUAD 2023-2024	
<i>epitol</i>	19	<i>ezetimibe</i>	41	(PF).....	69
<i>eplerenone</i>	37	<i>ezetimibe-simvastatin</i>	41	FLUCELVAX QUAD 2023-	
EPOGEN.....	65	F		2024.....	69
EQUETRO.....	19	<i>falmina (28)</i>	76	FLUCELVAX QUAD 2023-	
<i>ergocalciferol (vitamin d2)</i> ...	90	<i>famciclovir</i>	4	2024 (PF).....	69
<i>ergoloid</i>	30	<i>famotidine</i>	64	<i>fluconazole</i>	3
ERGOMAR.....	21	FARXIGA.....	58	<i>flucytosine</i>	3
<i>ergotamine-caffeine</i>	21	FASENRA.....	85	<i>fludrocortisone</i>	53
ERIVEDGE.....	12	FASENRA PEN.....	85	FLULAVAL QUAD 2023-	
ERLEADA.....	12	FC2 FEMALE CONDOM ..	72	2024 (PF).....	69
<i>erlotinib</i>	12	<i>febuxostat</i>	70	FLUMIST QUAD 2023-2024	
<i>errin</i>	73	<i>felbamate</i>	19	.....	69
ERTACZO.....	47	<i>felodipine</i>	37	<i>flunisolide</i>	85
<i>ery pads</i>	45	<i>fem ph</i>	74	<i>fluocinolone</i>	48
<i>erygel</i>	45	FEMCAP.....	73	<i>fluocinolone acetonide oil</i> ...	52
<i>ery-tab</i>	7	<i>fenofibrate</i>	41	<i>fluocinolone and shower cap</i>	48
<i>erythrocin (as stearate)</i>	7	<i>fenofibrate micronized</i>	41	<i>fluocinonide</i>	48
<i>erythromycin</i>	7, 80	<i>fenofibrate nanocrystallized</i>	41	<i>fluocinonide-e</i>	48
<i>erythromycin ethylsuccinate</i> ...	7	<i>fenofibric acid (choline)</i>	41	<i>fluoride (sodium)</i>	52, 90
<i>erythromycin with ethanol</i>	45			<i>fluorometholone</i>	82
				<i>fluorouracil</i>	44

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

<i>fluoxetine</i>	31	<i>fyavolv</i>	73	GVOKE HYPOPEN 2-PACK	
<i>fluphenazine decanoate</i>	31	FYCOMPA.....	19	.....	54
<i>fluphenazine hcl</i>	31	FYLNETRA	65	GVOKE PFS 2-PACK	
<i>flurazepam</i>	31	G		SYRINGE.....	54
<i>flurbiprofen</i>	27	<i>g tussin ac</i>	83	GYNAZOLE-1	74
<i>flurbiprofen sodium</i>	81	<i>gabapentin</i>	19	H	
<i>fluticasone propionate</i>	48, 85	GALAFOLD	57	HAEGARDA.....	85
<i>fluticasone propion-salmeterol</i>		<i>galantamine</i>	22	<i>hailey</i>	76
.....	85	<i>gatifloxacin</i>	80	<i>hailey 24 fe</i>	76
FLUTICASONE PROPION-		GATTEX 30-VIAL	61	<i>hailey fe 1.5/30 (28)</i>	76
SALMETEROL	85	<i>gavilax</i>	61	<i>hailey fe 1/20 (28)</i>	76
<i>fluvoxamine</i>	31	<i>gavilyte-c</i>	61	<i>halobetasol propionate</i>	48
FLUZONE HIGHDOSE		<i>gavilyte-g</i>	61	<i>haloette</i>	74
QUAD 23-24 PF.....	69	GAVRETO.....	12	<i>haloperidol</i>	31
FLUZONE QUAD 2023-2024		<i>gefitinib</i>	12	<i>haloperidol decanoate</i>	31
.....	69	GELCLAIR	52	<i>haloperidol lactate</i>	31
FLUZONE QUAD 2023-2024		<i>gemfibrozil</i>	41	HARVONI.....	5
(PF).....	69	<i>gengraf</i>	12	<i>heather</i>	73
<i>folbee</i>	90	GENOTROPIN	66	HEMANGEOL.....	38
<i>folic acid</i>	90	GENOTROPIN MINIQUICK		<i>hematinic/folic acid</i>	90
<i>folivane-ob</i>	90	.....	67	<i>hemmorex-hc</i>	61
<i>foltabs 800</i>	90	<i>gentamicin</i>	46, 80	HEMOCYTE-F	90
<i>fondaparinux</i>	40	GENTEEL VACUUM		<i>heparin (porcine)</i>	40
FORTEO	70	LANCING DEVICE	55	HEPARIN(PORCINE) IN	
FOSAMAX PLUS D.....	70	<i>gentle laxative (bisacodyl)</i>	61	0.45% NACL	40
<i>fosamprenavir</i>	4	<i>gentlelax</i>	61	<i>heparin, porcine (pf)</i>	40
<i>fosfomycin tromethamine</i>	10	GENVOYA	5	HEPARIN, PORCINE (PF)..	40
<i>fosinopril</i>	37	GILOTRIF.....	12	<i>her style</i>	76
<i>fosinopril-hydrochlorothiazide</i>		<i>glatiramer</i>	67	HETLIOZ LQ.....	31
.....	37	<i>glatopa</i>	67	<i>homatropaire</i>	81
FOTIVDA	12	GLEOSTINE	12	HUMALOG JUNIOR	
FRAGMIN	40	<i>glimepiride</i>	58	KWIKPEN U-100	55
FREESTYLE LIBRE 14 DAY		<i>glipizide</i>	58	HUMALOG KWIKPEN	
READER.....	55	<i>glipizide-metformin</i>	58	INSULIN	55
FREESTYLE LIBRE 14 DAY		GLUCAGON (HCL)		HUMALOG MIX 50-50	
SENSOR.....	55	EMERGENCY KIT	54	INSULN U-100	55
FREESTYLE LIBRE 2		<i>glucagon emergency kit</i>		HUMALOG MIX 50-50	
READER.....	55	(human)	54	KWIKPEN.....	55
FREESTYLE LIBRE 2		<i>glyburide</i>	58	HUMALOG MIX 75-25	
SENSOR.....	55	<i>glyburide micronized</i>	58	KWIKPEN.....	56
FREESTYLE LIBRE 3		<i>glyburide-metformin</i>	58	HUMALOG MIX 75-25(U-	
READER.....	55	<i>glycopyrrolate</i>	60	100)INSULN	56
FREESTYLE LIBRE 3		GLYXAMBI	58	HUMALOG U-100 INSULIN	
SENSOR.....	55	<i>granisetron hcl</i>	61	.....	56
<i>frovatriptan</i>	21	GRANIX	65	HUMATROPE	67
FRUZAQLA.....	12	GRASTEK.....	69	HUMIRA	71
<i>full spectrum b-vitamin c</i>	90	<i>griseofulvin microsize</i>	3	HUMIRA PEN	71
FULPHILA.....	65	<i>griseofulvin ultramicrosize</i>	3	HUMIRA PEN CROHNS-UC-	
<i>furosemide</i>	37, 38	<i>guanfacine</i>	31, 38	HS START	71
FUZEON	4	GVOKE	54	HUMIRA(CF)	71

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

HUMIRA(CF) PEDI	HYRIMOZ PEN.....71	<i>irbesartan-hydrochlorothiazide</i>
CROHNS STARTER.....71	HYRIMOZ PEN CROHN'S-	38
HUMIRA(CF) PEN.....71	UC STARTER.....71	ISENTRESS .....5
HUMIRA(CF) PEN	HYRIMOZ PEN PSORIASIS	ISENTRESS HD .....5
CROHNS-UC-HS .....71	STARTER .....71	<i>isibloom</i> .....76
HUMIRA(CF) PEN	HYRIMOZ(CF).....71	<i>isoniazid</i>.....8
PEDIATRIC UC .....71	HYRIMOZ(CF) PEDI	<i>isosorbide dinitrate</i>.....42
HUMIRA(CF) PEN PSOR-	CROHN STARTER .....71	<i>isosorbide mononitrate</i>.....42
UV-ADOL HS.....71	HYRIMOZ(CF) PEN .....71	<i>isotretinoin</i>.....45
HUMULIN 70/30 U-100	I	<i>isradipine</i> .....38
INSULIN .....56	<i>ibandronate</i> .....70	ISTURISA .....57
HUMULIN 70/30 U-100	IBRANCE .....13	<i>itraconazole</i> .....3
KWIKPEN .....56	IBSRELA .....62	<i>ivermectin</i> .....8, 45
HUMULIN N NPH INSULIN	<i>ibu</i> .....27	IWILFIN.....13
KWIKPEN .....56	<i>ibuprofen</i> .....27	J
HUMULIN N NPH U-100	<i>icatibant</i>.....85	<i>jaimiess</i> .....76
INSULIN .....56	<i>iclevia</i> .....76	JAKAFI .....13
HUMULIN R REGULAR U-	ICLUSIG .....13	<i>jantoven</i> .....40
100 INSULN .....56	<i>icosapent ethyl</i>.....41	JANUMET .....58
HUMULIN R U-500 (CONC)	IDHIFA .....13	JANUMET XR.....58
INSULIN .....56	ILUMYA .....43	JANUVIA.....58
HUMULIN R U-500 (CONC)	<i>imatinib</i>.....13	JARDIANCE.....58
KWIKPEN .....56	IMBRUVICA .....13	<i>jasmiel (28)</i> .....77
HYCANTIN .....12	IMCIVREE.....49	JAYPIRCA .....13
<i>hydralazine</i> .....38	<i>imipramine hcl</i>.....31	<i>jencycla</i> .....73
<i>hydrochlorothiazide</i> .....38	<i>imiquimod</i> .....70	JENTADUETO .....58
<i>hydrocodone bitartrate</i>.....24	IMPAVIDO .....8	JENTADUETO XR.....58
<i>hydrocodone-acetaminophen</i> 24	INBRIJA.....20	<i>jinteli</i>.....73
<i>hydrocodone-</i>	<i>incassia</i> .....73	JOENJA.....50
<i>chlorpheniramine</i> .....83	INCRELEX .....50	<i>jolessa</i> .....77
<i>hydrocodone-homatropine</i> ...84	INCRUSE ELLIPTA.....85	<i>juleber</i>.....77
<i>hydrocodone-ibuprofen</i> .....24	<i>indapamide</i> .....38	JULUCA.....5
<i>hydrocortisone</i>.....49, 53, 62	<i>indomethacin</i> .....27	<i>junel 1.5/30 (21)</i> .....77
<i>hydrocortisone acetate</i> .....62	INGREZZA .....22	<i>junel 1/20 (21)</i> .....77
<i>hydrocortisone butyrate</i> .48, 49	INGREZZA INITIATION	<i>junel fe 1.5/30 (28)</i> .....77
<i>hydrocortisone valerate</i>.....49	PACK .....22	<i>junel fe 1/20 (28)</i> .....77
<i>hydrocortisone-acetic acid</i> ...53	INLYTA .....13	<i>junel fe 24</i> .....77
<i>hydrocortisone-pramoxine</i> ..43,	INQOVI.....13	JUXTAPID .....41
62	INREBIC .....13	JYNARQUE .....57
<i>hydromet</i>.....84	INSULIN SYRINGE-	K
<i>hydromorphone</i> .....24, 25	NEEDLE U-100 .....54	<i>kalliga</i> .....77
<i>hydroxychloroquine</i>.....8	INTELENCE .....5	KALYDECO .....85
<i>hydroxyurea</i>.....12	INTRAROSA .....74	<i>kariva (28)</i> .....77
<i>hydroxyzine hcl</i>.....83	INVEGA HAFYERA.....31	<i>kelnor 1/35 (28)</i> .....77
<i>hydroxyzine pamoate</i>.....83	INVEGA SUSTENNA...31, 32	<i>kelnor 1-50 (28)</i> .....77
HYFTOR.....44	INVEGA TRINZA .....32	KERENDIA.....38
<i>hyoscyamine sulfate</i>.....60	<i>ipratropium bromide</i> .....52, 85	KESIMPTA PEN.....67
<i>hyosyne</i> .....60	<i>ipratropium-albuterol</i>.....85	<i>ketoconazole</i> .....3, 47
HYPER-SAL.....85	<i>irbesartan</i> .....38	<i>ketoprofen</i> .....27
HYRIMOZ .....71		<i>ketorolac</i> .....27, 81

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

<i>ketotifen fumarate</i>	81	<i>lenalidomide</i>	13	<i>lopinavir-ritonavir</i>	5
KEVZARA.....	71	LENVIMA.....	13	<i>lorazepam</i>	32
KINERET.....	71	<i>lessina</i>	77	<i>lorazepam intensol</i>	32
KISQALI.....	13	<i>letrozole</i>	13	LORBRENA.....	14
KISQALI FEMARA CO- PACK	13	<i>leucovorin calcium</i>	10	<i>loryna (28)</i>	77
<i>klayesta</i>	47	LEUKERAN	13	<i>losartan</i>	38
<i>klor-con 10</i>	89	LEUKINE.....	65	<i>losartan-hydrochlorothiazide</i>	38
<i>klor-con 8</i>	89	<i>leuprolide</i>	13	<i>loteprednol etabonate</i>	82
<i>klor-con m10</i>	89	LEUPROLIDE (3 MONTH) 13		<i>lovastatin</i>	41
<i>klor-con m20</i>	89	<i>levabuterol hcl</i>	85	<i>low-ogestrel (28)</i>	77
<i>klor-con/ef</i>	89	<i>levetiracetam</i>	19	<i>loxapine succinate</i>	32
KLOXXADO	27	<i>levobunolol</i>	80	<i>lo-zumandimine (28)</i>	77
<i>kobee</i>	90	<i>levocarnitine</i>	50	<i>lubiprostone</i>	62
KORLYM.....	57	<i>levocarnitine (with sugar)</i>	50	<i>ludent fluoride</i>	90
KOSELUGO	13	<i>levocetirizine</i>	83	LULICONAZOLE	47
KRAZATI	13	<i>levofloxacin</i>	9, 80	LUMAKRAS.....	14
KRINTAFEL.....	8	<i>levonest (28)</i>	77	LUMIGAN	82
<i>kurvelo (28)</i>	77	<i>levonorgestrel</i>	77	LUMRYZ	32
KYZATREX	57	<i>levonorgestrel-ethinyl estrad</i> 77		LUPKYNIS	14
L		<i>levonorg-eth estrad triphasic</i> 77		LUPRON DEPOT	14
<i>l norgest/e.estradiol-e.estrad</i> 77		<i>levora-28</i>	77	LUPRON DEPOT (3 MONTH)	14
<i>labetalol</i>	38	<i>levo-t</i>	59	LUPRON DEPOT (4 MONTH)	14
<i>lacosamide</i>	19	<i>levothyroxine</i>	59	LUPRON DEPOT (6 MONTH)	14
<i>lactulose</i>	62	<i>levoxyl</i>	59	LUPRON DEPOT-PED	14
LAGEVRIO (EUA).....	5	<i>lidocaine</i>	46	LUPRON DEPOT-PED (3 MONTH)	14
<i>lamivudine</i>	5	<i>lidocaine hcl</i>	46	<i>lurasidone</i>	32
<i>lamivudine-zidovudine</i>	5	<i>lidocaine hcl-hydrocortison ac</i>	46, 62	<i>luteru (28)</i>	77
<i>lamotrigine</i>	19	<i>lidocaine viscous</i>	46	<i>lyleq</i>	73
LAMPIT	8	<i>lidocaine-prilocaine</i>	46	<i>lyllana</i>	73
LANCETS.....	55	<i>lidopin</i>	46	LYNPARZA.....	14
LANCING DEVICE	55	<i>linezolid</i>	8	LYSODREN.....	14
<i>lansoprazole</i>	64	LINZESS	62	LYTGOBI.....	14
<i>lanthanum</i>	60	<i>liothyronine</i>	59	<i>lyza</i>	73
LANTUS SOLOSTAR U-100 INSULIN	56	<i>lisdexanfetamine</i>	32	M	
LANTUS U-100 INSULIN ..	56	<i>lisinopril</i>	38	<i>magnesium citrate</i>	62
<i>lapatinib</i>	13	<i>lisinopril-hydrochlorothiazide</i>	38	<i>malathion</i>	49
<i>larin 1.5/30 (21)</i>	77	LITFULO	50	<i>maraviroc</i>	5
<i>larin 1/20 (21)</i>	77	<i>lithium carbonate</i>	32	<i>marlissa (28)</i>	77
<i>larin 24 fe</i>	77	<i>lithium citrate</i>	32	MARPLAN.....	32
<i>larin fe 1.5/30 (28)</i>	77	LITHOSTAT	50	MATULANE.....	14
<i>larin fe 1/20 (28)</i>	77	LIVMARLI	62	<i>matzim la</i>	38
<i>latanoprost</i>	82	LIVTENCITY	5	MAVENCLAD (10 TABLET PACK)	67
<i>laxative (bisacodyl)</i>	62	LO LOESTRIN FE.....	77	MAVENCLAD (4 TABLET PACK)	67
<i>laxative peg 3350</i>	62	LODOCO	42		
LEDIPASVIR-SOFOSBUVIR	5	<i>lojaimiess</i>	77		
<i>leena 28</i>	77	LOKELMA	60		
<i>leflunomide</i>	72	LOMAIRA	49		
		LONSURF	14		

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

MAVENCLAD (5 TABLET PACK).....	68	<i>methotrexate sodium (pf)</i>	14	<i>mono-lynyah</i>	78
MAVENCLAD (6 TABLET PACK).....	68	<i>methoxsalen</i>	44	<i>montelukast</i>	85
MAVENCLAD (7 TABLET PACK).....	68	<i>methscopolamine</i>	60	<i>morphine</i>	25
MAVENCLAD (8 TABLET PACK).....	68	<i>methsuximide</i>	19	<i>morphine concentrate</i>	25
MAVENCLAD (9 TABLET PACK).....	68	<i>methyldopa</i>	38	MOTEGRITY.....	62
MAVYRET.....	5	<i>methylergonovine</i>	79	MOUNJARO.....	58
<i>maxi-tuss ac</i>	84	<i>methylphenidate hcl</i>	32, 33	MOVANTIK.....	62
MAYZENT.....	68	<i>methylprednisolone</i>	53	<i>moxifloxacin</i>	9, 80
MAYZENT STARTER(FOR 1MG MAINT).....	68	<i>methyltestosterone</i>	57	MULPLETA.....	40
MAYZENT STARTER(FOR 2MG MAINT).....	68	<i>metoclopramide hcl</i>	62	MULTAQ.....	36
<i>meclizine</i>	62	<i>metolazone</i>	38	<i>multi-vitamin with fluoride</i> ...	90
<i>medroxyprogesterone</i>	73	METOPIRONE.....	50	<i>mupirocin</i>	46
<i>mefenamic acid</i>	27	<i>metoprolol succinate</i>	38	<i>mvc-fluoride</i>	90
<i>mefloquine</i>	8	<i>metoprolol ta-hydrochlorothiaz</i>	38	<i>my choice</i>	78
<i>megestrol</i>	14	<i>metoprolol tartrate</i>	38	<i>my way</i>	78
MEKINIST.....	14	<i>metronidazole</i>	8, 45, 46, 74	MYALEPT.....	57
MEKTOVI.....	14	<i>metyrosine</i>	38	MYCAPSSA.....	14
<i>meloxicam</i>	27	<i>mexiletine</i>	36	<i>mycophenolate mofetil</i>	14
<i>melphalan</i>	14	<i>mibelas 24 fe</i>	78	<i>mycophenolate sodium</i>	15
<i>memantine</i>	22	<i>miconazole-3</i>	74	MYFEMBREE.....	74
MEMANTINE.....	22	MICROCHAMBER.....	54	MYLERAN.....	15
MENEST.....	74	<i>microgestin 1.5/30 (21)</i>	78	<i>mynatal</i>	90
<i>meperidine</i>	25	<i>microgestin 1/20 (21)</i>	78	<i>mynatal plus</i>	90
<i>meprobamate</i>	23	<i>microgestin 24 fe</i>	78	<i>mynatal-z</i>	90
<i>mercaptapurine</i>	14	<i>microgestin fe 1.5/30 (28)</i>	78	MYRBETRIQ.....	88
<i>meropenem</i>	8	<i>microgestin fe 1/20 (28)</i>	78	N	
MEROPENEM-0.9% SODIUM CHLORIDE.....	8	<i>midazolam</i>	33	<i>nabumetone</i>	27
<i>mesalamine</i>	62	MIDAZOLAM.....	33	<i>nadolol</i>	38
MESNEX.....	10	<i>midodrine</i>	50	<i>naftifine</i>	47
<i>metaxalone</i>	23	<i>mifepristone</i>	57, 74	<i>naloxone</i>	27
<i>metformin</i>	58	<i>miglitol</i>	58	<i>naltrexone</i>	27
<i>methadone</i>	25	<i>miglustat</i>	57	<i>naproxen</i>	27, 28
<i>methadose</i>	25	<i>mili</i>	78	<i>naproxen sodium</i>	28
<i>methamphetamine</i>	32	<i>milk of magnesia</i>	62	<i>naratriptan</i>	21
<i>methazolamide</i>	82	<i>milk of magnesia concentrated</i>	62	NASAL ALLERGY.....	85
<i>methenamine hippurate</i>	10	<i>mimvey</i>	74	NATACYN.....	80
<i>methenamine mandelate</i>	10	<i>minocycline</i>	10	<i>nateglinide</i>	58
<i>methen-sod phos-meth blue-</i> <i>hyos</i>	88	<i>minoxidil</i>	38	<i>natura-lax</i>	62
<i>methimazole</i>	53	MIRCERA.....	65	NAYZILAM.....	19
<i>methocarbamol</i>	23	<i>mirtazapine</i>	33	<i>nebivolol</i>	38
<i>methotrexate sodium</i>	14	<i>misoprostol</i>	65	<i>necon 0.5/35 (28)</i>	78
		<i>m-natal plus</i>	90	<i>nefazodone</i>	33
		<i>modafinil</i>	33	<i>neomycin</i>	8
		MODERNA COVID 23- 24(6M-11Y)PF.....	69	<i>neomycin-bacitracin-poly-hc</i>	82
		<i>moexipril</i>	38	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	80
		<i>mometasone</i>	49, 85	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	82
		<i>mondoxylene nl</i>	10	<i>neomycin-polymyxin-</i> <i>gramicidin</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>neomycin-polymyxin-hc</i>.....53, 82	<i>norethindrone (contraceptive)</i>.....74	<i>olanzapine-fluoxetine</i> .....33
<i>neo-polycin</i> .....80	<i>norethindrone acetate</i>.....74	<i>olmesartan</i> .....38
<i>neo-polycin hc</i> .....82	<i>norethindrone ac-eth estradiol</i>.....74, 78	<i>olmesartan-hydrochlorothiazide</i>.....38
<i>neostigmine methylsulfate</i> ....23	<i>norethindrone-e.estradiol-iron</i>.....78	<i>olopatadine</i> .....52, 81
NERLYNX.....15	<i>norgestimate-ethinyl estradiol</i>.....78	OLPRUVA .....50
<i>neuac</i> .....46	<i>nortrel 0.5/35 (28)</i> .....78	OLUMIANT .....72
NEULASTA.....66	<i>nortrel 1/35 (21)</i> .....78	OMECLAMOX-PAK.....65
NEULASTA ONPRO .....66	<i>nortrel 1/35 (28)</i> .....78	<i>omega-3 acid ethyl esters</i> ....42
NEUPOGEN .....66	<i>nortrel 7/7/7 (28)</i> .....78	<i>omeprazole</i> .....65
NEUPRO .....20	<i>nortriptyline</i>.....33	OMNIPOD 5 G6 INTRO KIT (GEN 5).....55
NEVANAC .....81	NORVIR.....5	OMNIPOD 5 G6 PODS (GEN 5).....55
<i>nevirapine</i>.....5	NOURIANZ .....20	OMNIPOD 5 G6-G7 INTRO KT(GEN5).....55
<i>new day</i>.....78	NOVAREL .....57	OMNIPOD 5 G6-G7 PODS (GEN 5).....55
<i>newgen</i>.....90	NOVAVAX COVID 2023-24(PF)(EUA).....69	OMNIPOD CLASSIC PODS (GEN 3).....55
NEXIUM PACKET .....65	NOXAFIL .....3	OMNIPOD DASH INTRO KIT (GEN 4).....55
NEXLETOL .....41	<i>np thyroid</i> .....59	OMNIPOD DASH PODS (GEN 4).....55
NEXLIZET.....41	NUBEQA .....15	OMNIPOD GO PODS 10 UNITS/DAY.....55
NGENLA .....67	NUCALA .....85	OMNITROPE.....67
<i>niacin</i>.....42	NUCYNTA .....28	OMVOH PEN .....62
NIACOR.....42	NUCYNTA ER .....28	<i>ondansetron</i> .....63
<i>nicardipine</i> .....38	NUEDEXTA .....22	<i>ondansetron hcl</i> .....63
<i>nicorette</i>.....51	NULIBRY .....22	<i>one daily prenatal</i>.....90
<i>nicotine</i> .....51	NUPLAZID .....33	<i>onelix magnesium citrate</i>.....63
<i>nicotine (polacrilex)</i> .....51	NURTEC ODT.....21	ONETOUCH ULTRA CONTROL .....55
NICOTROL.....51	NUTROPIN AQ NUSPIN....67	ONETOUCH ULTRA TEST .....53
NICOTROL NS.....51	NUVESSA.....74	ONETOUCH ULTRA2 METER.....55
<i>nifedipine</i> .....38	<i>nyamyc</i>.....47	ONETOUCH VERIO FLEX METER.....55
<i>nikki (28)</i> .....78	<i>nylia 1/35 (28)</i> .....78	ONETOUCH VERIO MID CONTROL .....55
<i>nilutamide</i>.....15	<i>nylia 7/7/7 (28)</i> .....78	ONETOUCH VERIO REFLECT METER .....55
<i>nimodipine</i> .....38	<i>nymyo</i>.....78	ONETOUCH VERIO TEST STRIPS .....53
NINLARO.....15	<i>nystatin</i> .....3, 47	ONGENTYS.....20
<i>nisoldipine</i> .....38	<i>nystatin-triamcinolone</i>.....47	ONIVYDE.....15
<i>nitazoxanide</i> .....8	<i>nystop</i>.....47	ONUREG .....15
<i>nitisinone</i> .....50	NYVEPRIA.....66	<i>opcicon one-step</i> .....78
<i>nitro-bid</i>.....42	O	
NITRO-DUR.....42	OALIVA .....62	
<i>nitrofurantoin</i> .....10	<i>ocella</i> .....78	
<i>nitrofurantoin macrocrystal</i> .10	ODACTRA.....69	
<i>nitrofurantoin monohyd/m-cryst</i> .....10	ODEFSEY .....5	
<i>nitroglycerin</i> .....42	ODOMZO .....15	
NITYR.....50	OFEV.....85	
NIVESTYM .....66	<i>ofloxacin</i> .....9, 53, 80	
<i>nizatidine</i> .....65	OGSIVEO .....15	
<i>nora-be</i> .....74	OJJAARA.....15	
NORDITROPIN FLEXPOR 67	<i>olanzapine</i> .....33	
<i>norelgestromin-ethin.estradiol</i>.....74		
<i>noreth-ethinyl estradiol-iron</i> 78		

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

OPFOLDA	57	OXYCONTIN	26	PFIZER COVID 2023-24(5Y-	
OPSUMIT	85	<i>oxymorphone</i>	26	11Y)PF	69
OPTICHAMBER DIAMOND		OZEMPIC	58	PFIZER COVID 2023-	
VHC	54	P		24(6MO-4Y)PF	69
<i>option-2</i>	78	<i>pacerone</i>	36	PHEBURANE	51
OPVEE	28	PALFORZIA (LEVEL 1)....	69	<i>phenazopyridine</i>	89
OPZELURA	44	PALFORZIA (LEVEL 2)....	69	<i>phendimetrazine tartrate</i>	49
ORACIT	88	PALFORZIA (LEVEL 3)....	69	<i>phenelzine</i>	34
<i>oral saline laxative</i>	63	PALFORZIA (LEVEL 4)....	69	<i>phenobarbital</i>	19
ORALAIR	69	PALFORZIA (LEVEL 5)....	69	<i>phenoxybenzamine</i>	39
<i>oralone</i>	52	PALFORZIA (LEVEL 6)....	69	<i>phentermine</i>	49
ORAMAGICRX.....	52	PALFORZIA (LEVEL 7)....	69	<i>phenylephrine hcl</i>	83
ORENCIA	72	PALFORZIA (LEVEL 8)....	69	<i>phenytoin</i>	19
ORENCIA CLICKJECT	72	PALFORZIA (LEVEL 9)....	69	<i>phenytoin sodium extended</i> ...	19
ORENITRAM	38	PALFORZIA (LEVEL 10)...	69	<i>philit</i>	78
ORENITRAM MONTH 1		PALFORZIA INITIAL DOSE		<i>phosphate laxative</i>	63
TITRATION KT	38	.....	69	<i>phytonadione (vitamin k1)</i>	40
ORENITRAM MONTH 2		PALFORZIA LEVEL 11		PIFELTRO	5
TITRATION KT	39	MAINTENANCE.....	69	<i>pilocarpine hcl</i>	51, 52, 81
ORENITRAM MONTH 3		<i>paliperidone</i>	33	<i>pimecrolimus</i>	44
TITRATION KT	39	PALYNZIQ	57	<i>pimozide</i>	34
ORFADIN	50	PANCREAZE	63	<i>pimtree (28)</i>	78
ORGOVYX.....	15	PANRETIN	44	<i>pindolol</i>	39
ORIAHNN	74	<i>pantoprazole</i>	65	<i>pioglitazone</i>	58
ORILISSA.....	57	<i>paricalcitol</i>	57	<i>pioglitazone-metformin</i>	58
ORKAMBI.....	85	<i>paroex oral rinse</i>	52	PIQRAY	15
ORLADEYO	85	<i>paromomycin</i>	8	<i>pirfenidone</i>	86
ORLISTAT.....	49	<i>paroxetine hcl</i>	33	PIRFENIDONE	86
<i>orphenadrine citrate</i>	23	PASER.....	8	<i>piroxicam</i>	28
ORSERDU	15	PAXLOVID.....	5	PLEGRIDY	68
<i>oscim</i> in	60	<i>pazopanib</i>	15	PNEUMOVAX-23	69
<i>oscim</i> in <i>sl</i>	60	<i>peg 3350-electrolytes</i>	63	<i>pnv-dha</i>	90
<i>oseltamivir</i>	5	PEGASYS	67	<i>pnv-omega</i>	90
OSPHENA	75	<i>peg-electrolyte soln</i>	63	<i>pnv-select</i>	90
OTEZLA	72	PEMAZYRE	15	POCKET CHAMBER.....	54
OTEZLA STARTER.....	72	PEN NEEDLE, DIABETIC .	55	<i>podofilox</i>	44
OTREXUP (PF)	72	<i>penicillamine</i>	72	<i>polycin</i>	80
OVIDREL	57	<i>penicillin v potassium</i>	9	<i>polyethylene glycol 3350</i>	63
<i>oxaprozin</i>	28	<i>pentamidine</i>	8	<i>polymyxin b sulf-trimethoprim</i>	
<i>oxazepam</i>	33	PENTASA.....	63	.....	80
OXBRYTA.....	50	<i>pentazocine-naloxone</i>	28	POMALYST.....	15
<i>oxcarbazepine</i>	19	<i>pentoxifylline</i>	40	PONVORY	68
OXERVATE	81	<i>perindopril erbumine</i>	39	PONVORY 14-DAY	
<i>oxiconazole</i>	47	<i>periogard</i>	52	STARTER PACK.....	68
OXLUMO	88	<i>permethrin</i>	49	<i>portia 28</i>	78
OXTELLAR XR	19	<i>perphenazine</i>	33	<i>posaconazole</i>	3
<i>oxybutynin chloride</i>	88	<i>perphenazine-amitriptyline</i> ..	34	<i>potassium chloride</i>	89
<i>oxycodone</i>	25	PERSERIS.....	34	<i>potassium citrate</i>	88
<i>oxycodone-acetaminophen</i> ..	25,	PERTZYE	63	<i>potassium citrate-citric acid</i> ..	88
26				<i>powderlax</i>	63

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

<i>pr natal 400</i>	90	<i>probenecid-colchicine</i>	70	RADICAVA ORS STARTER	
<i>pr natal 400 ec</i>	90	<i>prochlorperazine</i>	63	KIT SUSP	22
<i>pr natal 430</i>	90	<i>prochlorperazine maleate</i>	63	RAGWITEK	70
<i>pr natal 430 ec</i>	90	PROCRIPT	66	<i>raloxifene</i>	70
PRALUENT PEN	42	PROCTOFOAM HC	63	<i>ramelteon</i>	34
<i>pramipexole</i>	20	<i>procto-med hc</i>	63	<i>ramipril</i>	39
<i>prasugrel</i>	40	<i>proctosol hc</i>	63	<i>ranolazine</i>	42
<i>pravastatin</i>	42	<i>proctozone-hc</i>	63	<i>rasagiline</i>	20
<i>praziquantel</i>	8	PROCYSBI	88	RASUVO (PF)	72
<i>prazosin</i>	39	<i>progesterone</i>	74	RAVICTI	51
<i>prednicarbate</i>	49	<i>progesterone micronized</i>	74	REBIF (WITH ALBUMIN)	68
<i>prednisolone</i>	53	PROMACTA	41	REBIF REBIDOSE	68
<i>prednisolone acetate</i>	82	<i>promethazine</i>	83	REBIF TITRATION PACK	68
<i>prednisolone sodium</i>		<i>promethazine vc</i>	84	<i>reclipsen (28)</i>	78
<i>phosphate</i>	53, 82	<i>promethazine vc-codeine</i>	84	RECORLEV	57
<i>prednisone</i>	53	<i>promethazine-codeine</i>	84	RECTIV	63
<i>pregabalin</i>	19	<i>promethazine-dm</i>	84	REGRANEX	44
PREGNYL	57	<i>promethegan</i>	83	RELENZA DISKHALER	5
PREMARIN	74	<i>propafenone</i>	36	RELEUKO	66
PREMPHASE	74	<i>proparacaine</i>	81	RELISTOR	63
PREMPRO	74	<i>propranolol</i>	39	RELYVRIO	22
<i>prenatabs fa</i>	90	<i>propylthiouracil</i>	53	<i>rena-vite</i>	91
<i>prenatabs rx</i>	90	<i>protriptyline</i>	34	<i>reno caps</i>	91
<i>prenatal</i>	91	PULMOZYME	86	<i>repaglinide</i>	58
<i>prenatal complete</i>	91	<i>purelax</i>	63	REPATHA PUSHTRONEX	42
<i>prenatal multi-dha (algal oil)</i>		<i>pyrazinamide</i>	9	REPATHA SURECLICK	42
.....	91	<i>pyridostigmine bromide</i>	23	REPATHA SYRINGE	42
<i>prenatal multivitamins</i>	91	PYRIDOSTIGMINE		RESTASIS MULTIDOSE	81
<i>prenatal one daily</i>	91	BROMIDE	23	RETACRIT	66
<i>prenatal plus</i>	91	<i>pyrimethamine</i>	9	RETEVMO	15
<i>prenatal plus (calcium carb)</i>	91	PYRUKYND	51	REVCovi	51
<i>prenatal vit no.179-iron-folic</i>		Q		REVLIMID	15
.....	91	QELBREE	34	REXULTI	34
<i>prenatal vitamin</i>	91	QINLOCK	15	REYATAZ	5
<i>prenatal vitamin with minerals</i>		QSYMIA	49	REYVOW	21
.....	91	QUAZEPAM	34	REZLIDHIA	15
<i>prenatal-u</i>	91	<i>quetiapine</i>	34	REZUROCK	15
PRETOMANID	8	<i>quinapril</i>	39	RHOFADE	46
<i>prevalite</i>	42	<i>quinapril-hydrochlorothiazide</i>		<i>ribavirin</i>	5, 65
PREVNAR 13 (PF)	69	.....	39	RIDAURA	72
PREVNAR 20 (PF)	70	<i>quinidine gluconate</i>	36	<i>rifabutin</i>	9
PREVYMIS	5	<i>quinidine sulfate</i>	36	<i>rifampin</i>	9
PREZCOBIX	5	<i>quinine sulfate</i>	9	<i>riluzole</i>	51
PREZISTA	5	<i>quit 2</i>	52	<i>rimantadine</i>	5
PRIFTIN	8	<i>quit 4</i>	52	RINVOQ	72
<i>primaquine</i>	9	QULIPTA	21	<i>risedronate</i>	51, 70
<i>primidone</i>	19	QVAR REDIHALER	86	RISPERDAL CONSTA	34
PROAIR DIGIHALER	86	R		<i>risperidone</i>	34
PROAIR RESPICLICK	86	<i>rabeprazole</i>	65	<i>risperidone microspheres</i>	34
<i>probenecid</i>	70				

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

RITEFLO AEROCHAMBER	SILIQ.....	43	<i>st. joseph aspirin</i>	28
.....	<i>silodosin</i>	88	<i>stavudine</i>	6
<i>ritonavir</i>	<i>silver sulfadiazine</i>	44	STELARA.....	43
<i>rivastigmine</i>	<i>simliya (28)</i>	78	STIMUFEND.....	66
<i>rivastigmine tartrate</i>	<i>simpesse</i>	79	STIOLTO RESPIMAT.....	86
<i>rizatriptan</i>	SIMPONI.....	72	STIVARGA.....	16
<i>roflumilast</i>	<i>simvastatin</i>	42	<i>stop smoking aid</i>	52
ROLVEDON.....	<i>sirolimus</i>	16	STRENSIQ.....	57
<i>ropinirole</i>	SIVEXTRO.....	9	<i>stress formula with iron</i>	91
<i>rosadan</i>	SKYCLARYS.....	22	<i>stress formula with iron(sulf)</i>	91
<i>rosuvastatin</i>	SKYRIZI.....	43, 63, 64	STRIBILD.....	6
<i>roweepra</i>	SKYTROFA.....	67	STRIVERDI RESPIMAT ...	86
ROZLYTREK.....	<i>smoothlax</i>	64	SUBLOCADE.....	26
RUBRACA.....	<i>sodium chlor 0.9% bacteriostat</i>	.....	<i>subvenite</i>	19
RUCONEST.....	.....	51	SUCRAID.....	64
<i>rufinamide</i>	<i>sodium chloride</i>	51, 86	<i>sucralfate</i>	65
RUKOBIA.....	<i>sodium citrate-citric acid</i>	88	SULCONAZOLE.....	47
RYBELSUS.....	<i>sodium fluoride 5000 plus</i>	52	<i>sulfacetamide sodium</i>	82
RYDAPT.....	<i>sodium fluoride-pot nitrate</i> ...	52	<i>sulfacetamide sodium (acne)</i>	47
RYKINDO.....	SODIUM OXYBATE.....	34	<i>sulfacetamide sodium-sulfur</i>	46
S	<i>sodium phenylbutyrate</i>	51	<i>sulfacetamide-prednisolone</i> ..	82
<i>sajazir</i>	<i>sodium polystyrene sulfonate</i>	60	<i>sulfacleanse 8-4</i>	46
<i>salsalate</i>	SOFOSBUVIR-		<i>sulfadiazine</i>	9
SALVAX DUO PLUS.....	VELPATASVIR.....	6	<i>sulfamethoxazole-trimethoprim</i>	.....
SANDIMMUNE.....	SOGROYA.....	67	.....	9
SANDOSTATIN LAR	SOHONOS.....	51	SULFAMYLON.....	47
DEPOT.....	<i>solifenacin</i>	88	<i>sulfasalazine</i>	64
SANTYL.....	SOLQUA 100/33.....	56	<i>sulfatrim</i>	10
<i>sapropterin</i>	SOLTAMOX.....	16	<i>sulindac</i>	28
SAVELLA.....	SOMAVERT.....	57	<i>sumatriptan</i>	21
SAXENDA.....	<i>sorafenib</i>	16	<i>sumatriptan succinate</i>	21
SCSEMBLIX.....	<i>sotalol</i>	36	<i>sunitinib malate</i>	16
<i>scopolamine base</i>	<i>sotalol af</i>	36	SUNLENCA.....	6
<i>selegiline hcl</i>	SOTYKTU.....	43	SUNOSI.....	35
<i>selenium sulfide</i>	SOVALDI.....	6	<i>super b maxi complex</i>	91
SELZENTRY.....	SPACE CHAMBER.....	54	<i>super quints</i>	91
<i>se-natal 19 chewable</i>	SPIKEVAX 2023-2024(12Y		SUPPRELIN LA.....	16
<i>se-natal-19</i>	UP)(PF).....	70	<i>syeda</i>	79
SEREVENT DISKUS.....	<i>spinosad</i>	49	SYMDEKO.....	86
SEROSTIM.....	SPIRIVA RESPIMAT.....	86	SYMJEPI.....	83
<i>sertraline</i>	<i>spironolactone</i>	39	SYMLINPEN 120.....	59
<i>setlakin</i>	<i>spironolacton-</i>		SYMLINPEN 60.....	59
<i>sevelamer carbonate</i>	<i>hydrochlorothiaz</i>	39	SYMPROIC.....	64
<i>sf 52</i>	SPRAVATO.....	34, 35	SYMTUZA.....	6
<i>sf 5000 plus</i>	<i>sprintec (28)</i>	79	SYNAGIS.....	6
<i>sharobel</i>	SPRYCEL.....	16	SYNAREL.....	57
SHINGRIX (PF).....	<i>sps (with sorbitol)</i>	60	SYNDROS.....	64
SIGNIFOR.....	<i>sronyx</i>	79	SYNJARDY.....	59
<i>sildenafil (pulm.hypertension)</i>	<i>ssd</i>	44	SYNJARDY XR.....	59
.....	<i>st joseph aspirin</i>	28	SYNTHROID.....	59

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

T		
TABLOID	16	
TABRECTA.....	16	
<i>tacrolimus</i>	16, 44	
<i>tadalafil</i>	88	
<i>tadalafil (pulm. hypertension)</i>	86	
TADLIQ	86	
TAFINLAR	16	
TAGRISSO	16	
TAKHZYRO.....	86	
TALTZ AUTOINJECTOR ..	43	
TALTZ AUTOINJECTOR (2 PACK).....	43	
TALTZ AUTOINJECTOR (3 PACK).....	43	
TALTZ SYRINGE.....	44	
TALZENNA.....	16	
<i>tamoxifen</i>	16	
<i>tamsulosin</i>	88	
<i>tarina 24 fe</i>	79	
<i>tarina fe 1/20 (28)</i>	79	
<i>taron-c dha</i>	91	
TARPEYO	53	
TASIGNA	16	
<i>tasimelteon</i>	35	
TAVALISSE	41	
TAVNEOS	51	
<i>tazarotene</i>	46	
<i>taztia xt</i>	39	
TAZVERIK.....	16	
<i>telmisartan</i>	39	
<i>temazepam</i>	35	
<i>temozolomide</i>	16	
<i>tencon</i>	26	
<i>tenofovir disoproxil fumarate</i> ..	6	
TEPMETKO.....	16	
<i>terazosin</i>	39	
<i>terbinafine hcl</i>	3	
<i>terbutaline</i>	86	
<i>terconazole</i>	75	
<i>teriflunomide</i>	68	
<i>teriparatide</i>	70	
TERIPARATIDE	70	
<i>testosterone</i>	57	
<i>testosterone cypionate</i>	57	
<i>testosterone enanthate</i>	57	
<i>tetrabenazine</i>	22	
<i>tetracaine hcl</i>	81	
TETRACAINE HCL (PF)....	81	
<i>tetracycline</i>	10	
TEZSPIRE.....	86	
THALOMID.....	16	
THEO-24.....	86	
<i>theophylline</i>	86	
THIOLA EC	51	
<i>thioridazine</i>	35	
<i>thiothixene</i>	35	
<i>tiadylt er</i>	39	
<i>tiagabine</i>	19	
TIBSOVO.....	16	
<i>timolol maleate</i>	39, 80	
<i>tinidazole</i>	9	
<i>tiopronin</i>	51	
<i>tiotropium bromide</i>	86	
TIVICAY.....	6	
TIVICAY PD	6	
<i>tizanidine</i>	23	
TOBI PODHALER	9	
<i>tobramycin</i>	9, 80	
<i>tobramycin in 0.225 % nacl</i> ..	9	
TOBRAMYCIN WITH NEBULIZER.....	9	
<i>tobramycin-dexamethasone</i> ..	82	
<i>tolcapone</i>	20	
<i>tolterodine</i>	88	
<i>tolvaptan</i>	57, 58	
<i>topiramate</i>	19	
<i>toremifene</i>	16	
<i>torseamide</i>	39	
TOUJEO MAX U-300 SOLOSTAR	56	
TOUJEO SOLOSTAR U-300 INSULIN	56	
<i>tovet emollient</i>	49	
TRACLEER	86	
TRADJENTA.....	59	
<i>tramadol</i>	28	
<i>tramadol-acetaminophen</i>	28	
<i>trandolapril</i>	39	
<i>trandolapril-verapamil</i>	39	
<i>tranexamic acid</i>	75	
<i>tranylcypromine</i>	35	
<i>travoprost</i>	82	
<i>trazodone</i>	35	
TRECTOR.....	9	
TRELEGY ELLIPTA.....	87	
TRELSTAR.....	16, 17	
TREMFYA.....	44	
TRESIBA FLEXTOUCH U- 100	56	
TRESIBA FLEXTOUCH U- 200	56	
TRESIBA U-100 INSULIN ..	56	
<i>tretinoin</i>	46	
<i>tretinoin (antineoplastic)</i>	17	
<i>tretinoin microspheres</i>	46	
<i>triamcinolone acetonide</i> ..	49, 52, 87	
<i>triamterene</i>	39	
<i>triamterene-hydrochlorothiazid</i>	39	
<i>triazolam</i>	35	
<i>triderm</i>	49	
<i>trientine</i>	51	
TRIENTINE	51	
<i>tri-estarylla</i>	79	
<i>trifluoperazine</i>	35	
<i>trifluridine</i>	80	
<i>trihexyphenidyl</i>	20	
TRIJARDY XR	59	
TRIKAFTA	87	
<i>tri-lynyah</i>	79	
<i>tri-lo-estarylla</i>	79	
<i>tri-lo-marzia</i>	79	
<i>tri-lo-mili</i>	79	
<i>tri-lo-sprintec</i>	79	
<i>trimethobenzamide</i>	64	
<i>trimethoprim</i>	10	
<i>tri-mili</i>	79	
<i>trimipramine</i>	35	
<i>trinatal rx 1</i>	91	
<i>trinate</i>	91	
TRINTELLIX.....	35	
<i>tri-nymyo</i>	79	
TRIPTODUR.....	17	
<i>tri-sprintec (28)</i>	79	
TRIUMEQ.....	6	
TRIUMEQ PD.....	6	
<i>tri-vitamin with fluoride</i>	91	
<i>trivora (28)</i>	79	
<i>tri-vylibra</i>	79	
<i>tri-vylibra lo</i>	79	
<i>tropicamide</i>	81	
<i>trospium</i>	88	
TRULANCE.....	64	
TRULICITY	59	
TRUQAP	17	

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

TRUSTEX LUBRICATED	VCF CONTRACEPTIVE	VOWST.....64
CONDOMS.....73	FILM.....75	VOXZOGO.....58
TRUSTEX-RIA NON-LUB	VCF CONTRACEPTIVE GEL	VUMERITY.....68
CONDOMS.....73	75	<i>vyfemla</i> (28).....79
TUKYSA.....17	<i>velivet triphasic regimen</i> (28)	<i>vylibra</i>.....79
<i>tulana</i>.....74	79	VYNDAMAX.....42
TURALIO.....17	VELPHORO.....60	VYNDAQEL.....42
<i>turqoz</i> (28).....79	VELSIPITY.....64	VYVANSE.....35
TUXARIN ER.....84	VELTASSA.....60	VYZULTA.....82
TYBLUME.....79	VEMLIDY.....6	W
TYBOST.....6	VENCLEXTA.....17	WAKIX.....35
TYMLOS.....70	VENCLEXTA STARTING	<i>warfarin</i>.....41
TYVASO.....87	PACK.....17	WEGOVY.....50
TYVASO DPI.....87	<i>venlafaxine</i>.....35	WELIREG.....17
TYVASO REFILL KIT.....87	VENTAVIS.....87	<i>wera</i> (28).....79
TYVASO STARTER KIT...87	VENTOLIN HFA.....87	<i>wescap-c dha</i>.....91
U	<i>verapamil</i>.....39	<i>wesnata dha complete</i>.....91
UBRELVY.....21	VERQUVO.....42	<i>westab plus</i>.....91
UDENYCA.....66	VERZENIO.....17	WIDE-SEAL DIAPHRAGM
UDENYCA AUTOINJECTOR	<i>vestura</i> (28).....79	73
.....66	V-GO 20.....55	<i>wixela inhub</i>.....87
UDENYCA ONBODY.....66	V-GO 30.....55	<i>women's gentle laxative(bisac)</i>
<i>unithroid</i>.....59	V-GO 40.....55	64
UPNEEQ (PF).....83	VIBERZI.....64	<i>wymzya fe</i>.....79
UPTRAVI.....39	VICTOZA 2-PAK.....59	X
<i>urea</i>.....44	VICTOZA 3-PAK.....59	XACIATO.....75
URELLE.....88	<i>vienna</i>.....79	XADAGO.....21
URIBEL.....88	<i>vigabatrin</i>.....20	XALKORI.....17
<i>urimar-t</i>.....88	<i>vigadrone</i>.....20	XARELTO.....41
<i>uro-458</i>.....89	<i>vigpoder</i>.....20	XARELTO DVT-PE TREAT
<i>uro-mp</i>.....89	VIJOICE.....17	30D START.....41
<i>ursodiol</i>.....64	<i>vilazodone</i>.....35	XCOPRI.....20
V	VIOKACE.....64	XCOPRI MAINTENANCE
<i>valacyclovir</i>.....6	<i>viorele</i> (28).....79	PACK.....20
VALCHLOR.....44	VIRACEPT.....6	XCOPRI TITRATION PACK
<i>valganciclovir</i>.....6	VIREAD.....6	20
<i>valproic acid</i>.....20	VISTOGARD.....10	XDEMVY.....81
<i>valproic acid (as sodium salt)</i>	<i>vitamin b complex-folic acid</i> 91	XELJANZ.....72
.....20	<i>vitamins a,c,d and fluoride</i> ...91	XELJANZ XR.....72
<i>valsartan</i>.....39	VITRAKVI.....17	XENICAL.....50
<i>valsartan-hydrochlorothiazide</i>	VIVITROL.....28	XEPI.....47
.....39	VIVJOA.....3	XHANCE.....87
VALTOCO.....20	VIZIMPRO.....17	XIFAXAN.....9
<i>vancomycin</i>.....10	<i>volnea</i> (28).....79	XIGDUO XR.....59
<i>vandazole</i>.....75	VONJO.....17	XIIDRA.....81
VANFLYTA.....17	<i>voriconazole</i>.....3	XOFLUZA.....6
<i>varenicline</i>.....52	VORTEX HOLDING	XOLAIR.....87
VARUBL.....64	CHAMBER.....54	XOSPATA.....17
VAXNEUVANCE (PF).....70	VOSEVI.....6	XPOVIO.....17
	VOTRIENT.....17	XTAMPZA ER.....26

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

XTANDI.....	18	ZAVZPRET.....	21	ZIRGAN.....	80
<i>xulane</i>	75	ZEJULA	18	ZOKINVY.....	51
XULTOPHY 100/3.6	56	ZELBORAF	18	ZOLADEX	18
XURIDEN.....	51	ZELNORM.....	64	ZOLINZA.....	18
XYREM	35	<i>zenatane</i>	46	<i>zolmitriptan</i>	21
XYWAV.....	35	ZENPEP	64	<i>zolpidem</i>	36
Y		<i>zenzedi</i>	35	ZOMACTON	67
YONDELIS	18	ZEPATIER.....	6	<i>zonisamide</i>	20
YONSA	18	ZEPBOUND.....	50	ZONTIVITY.....	41
<i>yuvafem</i>	74	ZEPOSIA.....	22	<i>zovia 1-35 (28)</i>	79
Z		ZEPOSIA STARTER KIT (28-		ZTALMY	20
<i>zafemy</i>	75	DAY).....	22	<i>zumandimine (28)</i>	79
<i>zafirlukast</i>	87	ZEPOSIA STARTER PACK		ZURZUVAE.....	36
<i>zaleplon</i>	35	(7-DAY)	22	ZYDELIG.....	18
<i>zarah</i>	79	<i>zidovudine</i>	6	ZYFLO	87
ZARXIO.....	66	ZIEXTENZO.....	66	ZYKADIA.....	18
<i>zatean-pn dha</i>	91	ZIMHI	28	ZYLET	82
<i>zatean-pn plus</i>	91	<i>ziprasidone hcl</i>	35	ZYPREXA RELPREVV	36

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አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ከክፍያ ነጻ የሆነ የቋንቋ እገዛ አገልግሎት ይቀርብልዎታል። በዚህ ስልክ ይደውሉ 1-855-687-6260 (TTY: 711) ።

Arabic:

تنبيه: إذا كنت تتحدث باللغة العربية، فإنه تتوفر خدمات المساعدة اللغوية لك مجانًا. اتصل بالرقم 1-855-687-6260 (TTY: 711).

Bengali/Bangla:

লক্ষ্য করবেন: যদি আপনি বাংলা ভাষায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়ক পরিষেবাও পাবেন। ফোন করুন- 1-855-687-6260 (TTY: 711)।

Chinese (Mandarin):

注意: 如果您讲中文普通话, 可以免费获得语言协助服务。请拨打电话 1-855-687-6260 (TTY: 711)。

French:

ATTENTION : Si vous parlez français, les services d'assistance linguistique sont à votre disposition sans aucun frais. Appelez le 1-855-687-6260 (TTY: 711).

German:

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen Sprachhilfsdienste kostenlos unter der Rufnummer 1-855-687-6260 (TTY: 711) zur Verfügung.

Gujarati:

ધ્યાન આપો : જો તમે ગુજરાતી બોલી છો તો ભાષા સહાયક સેવાઓ તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-687-6260 (TTY: 711) પર કૉલ કરો.

Hindi:

ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। 1-855-687-6260 (TTY: 711) पर कॉल करें।

Hmong:

CIM CIA: Yog tias koj hais lus Hmoob, kev pab cuam txais lus tau muaj rau koj ua tsis them nqi. Hu rau 1-855-687-6260 (TTY: 711).

Igbo:

GEE NT I: ọbụrụ na i na-asụ Igbo, i ga-enweta enyemaka n'efu site n'aka ndị ga-enyere gi aka inweta ya. Kpọọ 1-855-687-6260 (TTY: 711)

Japanese:

重要: 日本語を話される場合、無料の言語支援サービスがご利用いただけます。1-855-687-6260 (TTY: 711) までお電話ください。

Korean:

주의: 한국어를 사용하실 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-6260 (TTY: 711) 번으로 전화해 주십시오.

Kru/Bassa:

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 yánílti'go doo báqáh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojí' hólne' 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:

توجہ 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, iṣẹ̀ ìrànlọ́wọ́ èdè wà fún ọ lófẹ́ẹ́. Pe 1-855-687-6260 (TTY: 711)



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