

**OPTIMA HEALTH
PRESCRIPTION DRUG FORMULARY
Virginia Commonwealth University Health System Authority
(VCUHSA)
STANDARD FORMULARY**

(January-March 2023)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE
COVER IN THIS PLAN.**

This formulary was updated on 01/01/2023.

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
BREXAFEMME ORAL TABLET 150 MG	3	PA; 4 tabs per fill
<i>clotrimazole mucous membrane troche 10 mg</i>	1	QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	QL (40 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (10 per 1 day)
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	QL (4 per 1 day)
DIFLUCAN ORAL TABLET 150 MG	3	QL (2 per 30 days)
<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 (2 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet 500 mg</i>	1	QL (2 per 1 day)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	QL (3 per 1 day)
<i>itraconazole oral capsule 100 mg</i>	1	QL (4 per 1 day)
<i>ketoconazole oral tablet 200 mg</i>	1	QL (2 per 1 day)
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	PA; QL (20 per 1 day)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	3	QL (8 per 1 day)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet 500,000 unit</i>	1	QL (6 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE 100 MG	3	QL (4 per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL TABLET 200 MG	3	QL (2 per 1 day)
VFEND ORAL TABLET 50 MG	3	QL (4 per 1 day)
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL (18 per 84 days)
<i>voriconazole oral tablet 200 mg</i>	1	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	4	PA; QL (1 per 1 day)
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	PA; ACA; QL (3 per 30 days)
APTIVUS ORAL CAPSULE 250 MG	4	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	QL (20 per 1 day)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	4	QL (1 per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	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 ORAL TABLET 300-300 MG	4	

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Drug Name	Drug Tier	Requirements / Limits
COMBIVIR ORAL TABLET 150-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	ACA
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	
DOVATO ORAL TABLET 50-300 MG	4	QL (1 per 1 day)
EDURANT ORAL TABLET 25 MG	4	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (1 per 1 day)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA; QL (1 per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; QL (1 per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	QL (24 per 1 day)
EPIVIR HBV ORAL TABLET 100 MG	4	QL (1 per 1 day)
EPIVIR ORAL SOLUTION 10 MG/ML	4	
EPIVIR ORAL TABLET 150 MG, 300 MG	4	
EPZICOM ORAL TABLET 600-300 MG	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
EVOTAZ ORAL TABLET 300-150 MG	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA
HEPSERA ORAL TABLET 10 MG	4	QL (1 per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	
INVIRASE ORAL TABLET 500 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	4	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	

Drug Name	Drug Tier	Requirements / Limits
JULUCA ORAL TABLET 50-25 MG	4	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	8 caps per day; 80 caps in 365 days
<i>lamivudine oral solution 10 mg/ml</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 oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
LEXIVA ORAL TABLET 700 MG	4	
LIVTENCITY ORAL TABLET 200 MG	4	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA
MAVYRET ORAL TABLET 100-40 MG	4	PA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
NORVIR ORAL TABLET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	4	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	6 tabs per day; 60 tabs in 365 days
PIFELTRO ORAL TABLET 100 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	PA; QL (1 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RETROVIR ORAL CAPSULE 100 MG	4	
RETROVIR ORAL SYRUP 10 MG/ML	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ribavirin inhalation recon soln 6 gram</i>	4	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	4	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; QL (1 per 1 day)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	4	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	
SYMFI LO ORAL TABLET 400-300-300 MG	4	
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	

Drug Name	Drug Tier	Requirements / Limits
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)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	
TEMIXYS ORAL TABLET 300-300 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (1 per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (6 per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	4	

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Drug Name	Drug Tier	Requirements / Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	
TYBOST ORAL TABLET 150 MG	4	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	4	
VALCYTE ORAL TABLET 450 MG	4	
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	PA for age equal to 18 years and older
<i>valganciclovir oral tablet 450 mg</i>	4	
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	
VEMLIDY ORAL TABLET 25 MG	4	PA; QL (1 per 1 day)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (8 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	4	QL (1 per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
ZEPATIER ORAL TABLET 50-100 MG	4	PA
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
ZIAGEN ORAL TABLET 300 MG	4	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
SUPRAX ORAL CAPSULE 400 MG	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML, 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 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>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA; 100 ML per fill
DIFICID ORAL TABLET 200 MG	3	PA; 20 tabs per fill
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	PA for age 18 years and older
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	PA for age 18 years and older
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	PA for age 18 years and older
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	PA for age 18 years and older
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	

MISCELLANEOUS ANTIINFECTIVES

You can find information 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>albendazole oral tablet 200 mg</i>	1	4 tabs per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; QL (180 per 1 day)
ALINIA ORAL TABLET 500 MG	3	QL (6 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA; QL (8.4 per 1 day)
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
CYCLOSERINE ORAL CAPSULE 250 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	QL (3 per 1 day)
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	PA; 2 tabs per fill
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 per 90 days)
KRINTAFEL ORAL TABLET 150 MG	3	QL (2 per 365 days)
LAMPIT ORAL TABLET 120 MG, 30 MG	3	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
NEBUPENT INHALATION RECON SOLN 300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	PA; QL (6 per 1 day)
<i>paromomycin oral capsule 250 mg</i>	1	
<i>pentamidine inhalation recon soln 300 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	PA; QL (1 per 1 day)
<i>primaquine oral tablet 26.3 mg</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; QL (3 per 1 day)
QUALAQUIN ORAL CAPSULE 324 MG	3	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIVEXTRO ORAL TABLET 200 MG	4	
STROMEKTOL ORAL TABLET 3 MG	3	QL (20 per 90 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>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	ST
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		

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

Drug Name	Drug Tier	Requirements / Limits
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole- trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole- trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		

Drug Name	Drug Tier	Requirements / Limits
<i>avidoxy oral tablet 100 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</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 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
LYMEPAK ORAL TABLET 100 MG	3	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxylene nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN (MONO) ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
HIPREX ORAL TABLET 1 GRAM	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	QL (4 per 1 day)
MONUROL ORAL PACKET 3 GRAM	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (4 per 1 day)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	QL (1 per 1 day)
ALECENSA ORAL CAPSULE 150 MG	4	PA; QL (8 per 1 day)
ALKERAN ORAL TABLET 2 MG	4	PA
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)

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

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; QL (30 per 365 days)
<i>anastrozole oral tablet 1 mg</i>	1	ACA
ARIMIDEX ORAL TABLET 1 MG	3	ACA
AROMASIN ORAL TABLET 25 MG	3	ACA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	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 oral capsule 75 mg</i>	4	PA
<i>bexarotene topical gel 1 %</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
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 ORAL CAPSULE 50 MG	4	PA; LA
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL (6 per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA; QL (4 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL (2 per 1 day)
CALQUENCE ORAL CAPSULE 100 MG	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)
CASODEX ORAL TABLET 50 MG	3	
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL (2 per 1 day)
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG, 50 MG	4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DAURISMO ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (2 per 1 day)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; QL (1 per 112 days)

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; QL (1 per 126 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; QL (1 per 28 days)
EMCYT ORAL CAPSULE 140 MG	2	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; QL (1 per 28 days)
ERIVEDGE ORAL CAPSULE 150 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 capsule 50 mg</i>	4	PA
EULEXIN ORAL CAPSULE 125 MG	3	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA
<i>exemestane oral tablet 25 mg</i>	1	ACA
EXKIVITY ORAL CAPSULE 40 MG	4	PA; QL (4 per 1 day)
FARESTON ORAL TABLET 60 MG	3	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; QL (1 per 1 day)
FEMARA ORAL TABLET 2.5 MG	3	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	QL (1 per 30 days)
<i>flutamide oral capsule 125 mg</i>	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL (4 per 1 day)
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	4	QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
GLEEVEC ORAL TABLET 400 MG	4	QL (2 per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA
HYDREA ORAL CAPSULE 500 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (1 per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL (1 per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL (1 per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG	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 70 MG/ML	4	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
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL (1 per 1 day)
IMURAN ORAL TABLET 50 MG	3	
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 ORAL TABLET 35-100 MG	4	PA; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL (4 per 1 day)
IRESSA ORAL TABLET 250 MG	4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (2 per 1 day)
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	PA
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)

Drug Name	Drug Tier	Requirements / Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; QL (4 per 1 day)
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL (6 per 1 day)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (8 per 1 day)
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; QL (6 per 1 day)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; QL (1 per 84 days)

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; QL (1 per 126 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; QL (1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; QL (1 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL (4 per 1 day)
LYSODREN ORAL TABLET 500 MG	4	PA
MATULANE ORAL CAPSULE 50 MG	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
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 ORAL TABLET 15 MG	4	PA; LA; QL (6 per 1 day)
<i>melphalan oral tablet 2 mg</i>	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYLERAN ORAL TABLET 2 MG	4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	4	PA; LA; QL (6 per 1 day)
NEXAVAR ORAL TABLET 200 MG	4	LA; QL (4 per 1 day)
NILANDRON ORAL TABLET 150 MG	4	PA; QL (1 per 1 day)
<i>nilutamide oral tablet 150 mg</i>	4	PA; QL (1 per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL (3 per 30 days)
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL (4 per 1 day)
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL (1 per 1 day)
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; QL (14 per 28 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL (1 per 1 day)
<i>paraplatin intravenous solution 10 mg/ml</i>	4	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14 per 21 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
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	4	
PEMETREXED INTRAVENOUS RECON SOLN 100 MG, 500 MG	4	
PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML	4	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	4	PA; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
QINLOCK ORAL TABLET 50 MG	4	PA; LA; QL (3 per 1 day)
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
RETEVMO ORAL CAPSULE 40 MG	4	PA; LA; QL (6 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
RETEVMO ORAL CAPSULE 80 MG	4	PA; LA; QL (4 per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
REZUROCK ORAL TABLET 200 MG	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)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL (4 per 1 day)
RYDAPT ORAL CAPSULE 25 MG	4	PA; QL (8 per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	
<i>sorafenib oral tablet 200 mg</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 ORAL TABLET 40 MG	4	PA; QL (84 per 30 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL (1 per 1 day)
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	QL (1 per 365 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
TABLOID ORAL TABLET 40 MG	4	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; QL (4 per 1 day)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL (4 per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL (1 per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (1 per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG	4	QL (1 per 1 day)
TARCEVA ORAL TABLET 25 MG	4	QL (3 per 1 day)
TARGRETIN ORAL CAPSULE 75 MG	4	
TARGRETIN TOPICAL GEL 1 %	4	
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 ORAL TABLET 200 MG	4	PA; LA; QL (8 per 1 day)
TEMODAR ORAL CAPSULE 250 MG	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA
TEPMETKO ORAL TABLET 225 MG	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 ORAL TABLET 250 MG	4	PA; QL (2 per 1 day)
<i>toremifene oral tablet 60 mg</i>	1	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)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1 per 126 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	4	PA; LA; QL (21 per 30 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	4	PA; LA; QL (42 per 30 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	4	PA; LA; QL (63 per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 200 MG	4	PA; LA; QL (4 per 1 day)
TYKERB ORAL TABLET 250 MG	4	LA; QL (6 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)

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

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; QL (42 per 365 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA
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 20 MG/ML	4	PA; LA; QL (10 per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL (1 per 1 day)
VONJO ORAL CAPSULE 100 MG	4	PA; QL (4 per 1 day)
VOTRIENT ORAL TABLET 200 MG	4	PA; QL (4 per 1 day)
WELIREG ORAL TABLET 40 MG	4	PA; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL (4 per 1 day)
XELODA ORAL TABLET 150 MG	4	QL (4 per 1 day)
XELODA ORAL TABLET 500 MG	4	QL (10 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
XOSPATA ORAL TABLET 40 MG	4	PA; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	4	PA; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	4	PA; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA; QL (2 per 1 day)
YONSA ORAL TABLET 125 MG	4	PA; QL (4 per 1 day)
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL (3 per 1 day)
ZELBORAF ORAL TABLET 240 MG	4	PA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; QL (1 per 84 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
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	4	PA; QL (4 per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL (2 per 1 day)
ZYKADIA ORAL TABLET 150 MG	4	PA; QL (3 per 1 day)
ZYTIGA ORAL TABLET 250 MG	4	QL (4 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML	3	
BANZEL ORAL TABLET 200 MG, 400 MG	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
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)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	
DIASTAT RECTAL KIT 2.5 MG	3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	3	PA
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	PA
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	3	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</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	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	3	
KEPPRA ORAL SOLUTION 100 MG/ML	3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	1	PA
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 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
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	
LYRICA ORAL SOLUTION 20 MG/ML	3	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	3	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG	3	
ONFI ORAL SUSPENSION 2.5 MG/ML	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	PA
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	PA
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SABRIL ORAL POWDER IN PACKET 500 MG	4	LA
SABRIL ORAL TABLET 500 MG	4	LA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	PA; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; LA
<i>vigabatrin oral tablet 500 mg</i>	4	PA; LA
<i>vigadrone oral powder in packet 500 mg</i>	4	PA
VIMPAT ORAL SOLUTION 10 MG/ML	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; 1 unit per day; 1 box in 365 days
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; QL (10 per 30 days)

ANTIPARKINSONISM AGENTS

Drug Name	Drug Tier	Requirements / Limits
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL (3 per 1 day)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; QL (3 per 1 day)
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 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
COMTAN ORAL TABLET 200 MG	3	
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; QL (10 per 1 day)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (5 per 1 day)
LODOSYN ORAL TABLET 25 MG	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; LA; QL (1 per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL (1 per 1 day)
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
TASMAR ORAL TABLET 100 MG	3	QL (6 per 1 day)
<i>tolcapone oral tablet 100 mg</i>	1	PA; QL (6 per 1 day)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	3	ST

MIGRAINE & CLUSTER HEADACHE THERAPY

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

Drug Name	Drug Tier	Requirements / Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (12 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (12 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	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)

Drug Name	Drug Tier	Requirements / Limits
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (20 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	QL (12 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (12 per 30 days)
IMITREX NASAL SPRAY, NON- AEROSOL 20 MG/ACTUATION	3	QL (6 per 30 days)
IMITREX NASAL SPRAY, NON- AEROSOL 5 MG/ACTUATION	3	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	3	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	3	QL (18 per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (6 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	3	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET, DISINTE GRATING 10 MG	3	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
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	QL (8 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL (8 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (1 per 1 day)
RELPAK ORAL TABLET 20 MG, 40 MG	3	QL (12 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL (4 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</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)

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (6 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (10 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (12 per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	LA; QL (2 per 1 day)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	QL (2 per 1 day)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 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
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; LA; QL (6.7 per 1 day)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA; QL (8 per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	4	PA; QL (28 per 365 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; LA; QL (1 per 1 day)
KEVEYIS ORAL TABLET 50 MG	4	PA; QL (4 per 1 day)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	1	

Drug Name	Drug Tier	Requirements / Limits
NAMENDA ORAL TABLET 10 MG, 5 MG	3	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (2 per 1 day)
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<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)

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

Drug Name	Drug Tier	Requirements / Limits
XENAZINE ORAL TABLET 12.5 MG	4	LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	4	LA; QL (4 per 1 day)
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; QL (1 per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	4	PA; QL (37 per 365 days)
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL TABLET 60 MG	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</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 180 mg</i>	1	
SOMA ORAL TABLET 350 MG	3	QL (4 per 1 day)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	QL (4 per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
ZANAFLEX ORAL TABLET 4 MG	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 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)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	QL (4 per 1 day)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; QL (6 per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA; QL (2 per 1 day)
<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)

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</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 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	PA; QL (4 per 28 days)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; QL (6 per 1 day)
DILAUDID ORAL LIQUID 1 MG/ML	3	PA; QL (22 per 1 day)
DILAUDID ORAL TABLET 2 MG	3	PA; QL (11 per 1 day)
DILAUDID ORAL TABLET 4 MG	3	PA; QL (5 per 1 day)
DILAUDID ORAL TABLET 8 MG	3	PA; QL (2 per 1 day)
<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)
ESGIC ORAL TABLET 50-325-40 MG	3	QL (6 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</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 (10 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	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, 7.5-200 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid 1 mg/ml</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 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL (1 per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA; QL (4 per 1 day)
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (1 per 1 day)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	3	PA; QL (1 per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	PA; QL (135 per 1 day)
<i>meperidine oral solution 50 mg/5 ml</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 10 mg/ml</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)

Drug Name	Drug Tier	Requirements / Limits
<i>methadone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; QL (3 per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</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>	1	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	1	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	1	PA; QL (3 per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	3	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; QL (3 per 1 day)
<i>oxycodone oral capsule 5 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	2	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 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)

Drug Name	Drug Tier	Requirements / Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	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 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL (2 per 1 day)
PERCOCET ORAL TABLET 10-325 MG	3	PA; QL (6 per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG	3	PA; QL (12 per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG	3	PA; QL (8 per 1 day)
ROXICODONE ORAL TABLET 15 MG	3	PA; QL (4 per 1 day)
ROXICODONE ORAL TABLET 30 MG	3	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	QL (0.5 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
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	QL (1.5 per 28 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA; QL (4 per 1 day)
<i>tencon oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
XTAMPZA ER ORAL CAP, SPRINKLE, ER 12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen ec 81 mg 81 mg</i>	9	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG	3	
<i>aspirin oral tablet 325 mg</i>	9	ACA; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	9	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	9	ACA; OTC
<i>aspirin regimen 81 mg ec tab 81 mg</i>	9	OTC
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	9	ACA; OTC
<i>bayer aspirin oral tablet 325 mg</i>	9	ACA; OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	9	ACA; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	9	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	1	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)

You can find information 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>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; QL (5 per 30 days)
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	3	QL (1 per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>children's aspirin oral tablet, chewable 81 mg</i>	9	ACA; OTC
DAYPRO ORAL TABLET 600 MG	3	QL (2 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 per 30 days)
<i>diflunisal oral tablet 500 mg</i>	1	QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	3	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	QL (2 per 1 day)
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	9	ACA; OTC
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	9	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	1	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	1	QL (3 per 1 day)
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	1	QL (1 per 1 day)
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 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>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 75 mg</i>	1	QL (2 per 1 day)
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	2 sprays per fill
LODINE ORAL TABLET 400 MG	3	QL (2 per 1 day)
<i>lofena oral tablet 25 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</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 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	2 sprays per fill
<i>naltrexone oral tablet 50 mg</i>	1	
NAPROSYN ORAL TABLET 500 MG	3	QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	2 sprays per fill
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL (2 per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL (4 per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; QL (4 per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	9	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	9	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</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 100 mg, 200 mg, 300 mg</i>	1	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL (8 per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	QL (1 per 1 day)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	1 ML per fill
PSYCHOTHERAPEUTIC DRUGS		

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	PA for age less than 18 years
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	PA for age less than 18 years
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	PA for age less than 18 years; QL (1 per 1 day)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 7.5 MG	3	PA for age 19 years and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 years and older; QL (2 per 1 day)
ADDERALL ORAL TABLET 5 MG	3	PA; PA for 19 years of age and older; QL (3 per 1 day)
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	PA for age equal to 19 year or older; QL (2 per 1 day)
ADDYI ORAL TABLET 100 MG	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>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	3	QL (1 per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG	3	QL (1 per 1 day)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	PA for age less than 18 years; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	2	PA for age less than 18 years
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	PA for age less than 18 years
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	QL (2 per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	ST; PA for age less than 18 years; QL (2 per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (2 per 1 day)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CELEXA ORAL TABLET 10 MG, 20 MG	3	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	3	QL (1 per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age less than 18 years; QL (4 per 1 day)
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	PA for age less than 18 years; QL (9 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet 200 mg</i>	1	PA for age less than 18 years; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	PA for age less than 18 years; QL (3 per 1 day)
CLOZARIL ORAL TABLET 100 MG	3	QL (9 per 1 day)
CLOZARIL ORAL TABLET 200 MG	3	QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 25 MG, 50 MG	3	QL (3 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	PA for age 19 years and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PA for age 19 years and older; QL (2 per 1 day)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	3	QL (2 per 1 day)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	QL (5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	QL (4 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	PA for age 19 years and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA for age 19 years and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	1	PA for age 19 years and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	1	PA for age 19 years and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	PA for age 19 years and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	PA for age 19 years and older; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	PA for age equal to 19 year or older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 7.5 mg</i>	1	PA for age 19 years and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 years and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	1	PA; PA for 19 years of age and older; QL (3 per 1 day)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	QL (3 per 1 day)
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (4 per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (2 per 1 day)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (20 per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	PA for age less than 18 years; QL (5 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	PA for age less than 18 years; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	PA for age less than 18 years; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	PA for age less than 18 years; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	PA for age less than 18 years; QL (4 per 1 day)
<i>flurazepam oral capsule 15 mg, 30 mg</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)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (2 per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	QL (1 per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG	3	PA for age 19 years 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
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	QL (1 per 1 day)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	PA for age less than 18 years
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	PA for age less than 18 years
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	PA for age less than 18 years
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	PA for age less than 18 years
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	PA for age less than 18 years; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age less than 18 years; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for age less than 18 years; QL (1.5 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA
HETLIOZ ORAL CAPSULE 20 MG	4	PA; QL (1 per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for age less than 18 years; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for age less than 18 years; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	PA for age less than 18 years; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	PA for age less than 18 years; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	PA for age less than 18 years
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	PA for age less than 18 years
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA for age less than 18 years; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	2	PA for age less than 18 years; QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	3	QL (1 per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for age less than 18 years; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for age less than 18 years; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	PA for age less than 18 years; QL (5 per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	QL (1 per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	2	PA for age 19 years and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	PA for age 19 years and older; QL (30 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	PA for age 19 years and older; QL (60 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA for age 19 years 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>	1	PA for age 19 years and older; QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	PA for age 19 years and older; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	PA for age 19 years and older; QL (60 per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA for age 19 years and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	PA for age 19 years and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	PA for age 19 years and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	PA for age 19 years and older; QL (2 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	QL (1 per 1 day)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	QL (1 per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL (1 per 1 day)
NARDIL ORAL TABLET 15 MG	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	1	QL (3 per 1 day)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL (1 per 1 day)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	3	QL (2 per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age less than 18 years; 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>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	PA for age less than 18 years; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	PA for age less than 18 years; QL (2 per 1 day)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	QL (6 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)
PAXIL ORAL TABLET 10 MG, 40 MG	3	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	3	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	3	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	PA for age less than 18 years; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for age less than 18 years; QL (4 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	PA for age less than 18 years
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	2	PA for age less than 18 years
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	3	QL (1 per 1 day)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	QL (1 per 1 day)
PROZAC ORAL CAPSULE 10 MG	3	QL (1 per 1 day)
PROZAC ORAL CAPSULE 20 MG	3	QL (4 per 1 day)
PROZAC ORAL CAPSULE 40 MG	3	QL (2 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	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
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age less than 18 years; QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age less than 18 years; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	PA for age less than 18 years; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	PA for age less than 18 years; QL (2 per 1 day)
<i>ramelteon oral tablet 8 mg</i>	1	ST; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	3	QL (1 per 1 day)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	3	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	3	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	PA for age less than 18 years
RISPERDAL ORAL SOLUTION 1 MG/ML	3	QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (2 per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	1	PA for age less than 18 years; QL (8 per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA for age less than 18 years; QL (2 per 1 day)
RITALIN LA ORAL CAPSULE,ERBIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	PA for age 19 years and older; QL (1 per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA for age 19 years and older; QL (3 per 1 day)
ROZEREM ORAL TABLET 8 MG	3	QL (1 per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST; PA for age less than 18 years; 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
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA for age less than 18 years; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	PA for age less than 18 years; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	PA for age less than 18 years; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	PA for age less than 18 years; QL (2 per 1 day)
<i>sertraline oral concentrate 20 mg/ml</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)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; QL (8 per 28 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	QL (1 per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<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 less than 18 years; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	1	PA for age less than 18 years; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1	PA for age less than 18 years; QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	1	PA for age less than 18 years; QL (6 per 1 day)
<i>tranylcypromine oral tablet 10 mg</i>	1	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	1	QL (2 per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (1 per 1 day)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age less than 18 years; QL (4 per 1 day)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (3 per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA for age equal to 19 years and older; QL (1 per 1 day)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA for age equal to 19 years and older; QL (1 per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL (2 per 1 day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	QL (1 per 1 day)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	3	

Drug Name	Drug Tier	Requirements / Limits
XYREM ORAL SOLUTION 500 MG/ML	4	PA; LA; QL (18 per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; LA; QL (18 per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 years and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 15 MG, 20 MG	3	PA for age 19 years and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 30 MG	3	PA for age 19 years and older; QL (2 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	PA for age less than 18 years; QL (2 per 1 day)
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	QL (10 per 1 day)
ZOLOFT ORAL TABLET 100 MG	3	QL (2 per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	QL (1.5 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	2	PA for age less than 18 years

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
<i>pacifone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	

ANTI-HYPERTENSIVE THERAPY

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

Drug Name	Drug Tier	Requirements / Limits
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 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>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	ST
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	

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Drug Name	Drug Tier	Requirements / Limits
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	
DEMSER ORAL CAPSULE 250 MG	3	
DIBENZYLINE ORAL CAPSULE 10 MG	3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160- 25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
EDECIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	3	
INSPIRA ORAL TABLET 25 MG, 50 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (1 per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 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
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
MAXZIDE ORAL TABLET 75-50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metirosine oral capsule 250 mg</i>	1	PA
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	3	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; QL (3 per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTRNA ORAL TABLET 150 MG, 300 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG	3	
TENORETIC 50 ORAL TABLET 50-25 MG	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL (200 per 365 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT 100 MG, 200 MG, 300 MG	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	
COAGULATION THERAPY		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	

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

Drug Name	Drug Tier	Requirements / Limits
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	4	PA; LA; QL (59 per 365 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL (2 per 1 day)
EFFIENT ORAL TABLET 10 MG, 5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	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
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI- XA UNIT/0.3 ML	4	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	4	
MEPHYTON ORAL TABLET 5 MG	3	
MULPLETA ORAL TABLET 3 MG	4	PA; QL (7 per 365 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	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
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 ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL (2 per 1 day)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (20 per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
ZONTIVITY ORAL TABLET 2.08 MG	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
COLESTID ORAL GRANULES 5 GRAM	3	
COLESTID ORAL PACKET 5 GRAM	3	

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

Drug Name	Drug Tier	Requirements / Limits
COLESTID ORAL TABLET 1 GRAM	3	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA; QL (4 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	4	PA; LA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	
LOPID ORAL TABLET 600 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA
LOVAZA ORAL CAPSULE 1 GRAM	3	QL (4 per 1 day)
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (1 per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	QL (4 per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</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
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR ORAL TABLET 145 MG, 48 MG	3	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 45 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	PA; QL (4 per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG	3	PA
VYTORIN 10-20 ORAL TABLET 10-20 MG	3	PA
VYTORIN 10-40 ORAL TABLET 10-40 MG	3	PA
VYTORIN 10-80 ORAL TABLET 10-80 MG	3	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZETIA ORAL TABLET 10 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (15 per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97- 103 MG	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG	4	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (1 per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; QL (1 per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; QL (4 per 1 day)
NITRATES		
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene- betamethasone topical ointment 0.005-0.064 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (1 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)
DOVONEX TOPICAL CREAM 0.005 %	3	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 84 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL (1 per 84 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	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 42 days)
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	3	ST
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 42 days)
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (4 per 28 days)
<i>ammonium lactate topical cream 12 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
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 100 MG/0.67 ML	4	PA; QL (1.34 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)
EFUDEX TOPICAL CREAM 5 %	3	QL (40 per 365 days)
ELIDEL TOPICAL CREAM 1 %	3	
EUCRISA TOPICAL OINTMENT 2 %	3	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	1	QL (10 per 365 days)
HYFTOR TOPICAL GEL 0.2 %	4	PA; QL (3 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	4	
OPZELURA TOPICAL CREAM 1.5 %	4	PA; QL (60 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	4	PA
<i>pimecrolimus topical cream 1 %</i>	1	ST
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	3	
REGRANEX TOPICAL GEL 0.01 %	3	QL (15 per 720 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
<i>urea topical cream 40 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	4	PA; QL (60 per 30 days)
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	
<i>adapalene topical cream 0.1 %</i>	1	PA for age 29 years and older; QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	1	PA for age 29 years and older; QL (45 per 30 days)
<i>adapalene topical gel with pump 0.3 %</i>	1	PA for age 29 years and older; QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
ALTRENO TOPICAL LOTION 0.05 %	3	ST; PA for age 29 year and older
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
ATRALIN TOPICAL GEL 0.05 %	3	PA for age 29 years and older
<i>avita topical cream 0.025 %</i>	1	PA for age 29 years and older; QL (1 per 30 days)
<i>azelaic acid topical gel 15 %</i>	1	
BENZAMYCIN TOPICAL GEL 3-5 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLEOCIN T TOPICAL LOTION 1 %	3	
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	1	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
DIFFERIN TOPICAL CREAM 0.1 %	3	PA for age 29 years and older; QL (45 per 30 days)
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA for age 29 years and older; QL (45 per 30 days)
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
FINACEA TOPICAL GEL 15 %	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	PA
METROCREAM TOPICAL CREAM 0.75 %	3	
METROGEL TOPICAL GEL 1 %	3	QL (60 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical gel 1 %</i>	1	QL (60 per 30 days)
<i>metronidazole topical gel with pump 1 %</i>	1	QL (60 per 30 days)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	PA; QL (30 per 30 days)
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>neuac topical gel 1.2 % (1 % base) - 5 %</i>	1	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	PA for age 29 years and older
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA for age 29 years and older
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA for age 29 years and older; QL (1 per 30 days)
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA for age 29 years and older; QL (1 per 30 days)
RHOFADE TOPICAL CREAM 1 %	3	PA; QL (30 per 30 days)
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	QL (45 per 30 days)
SOOLANTRA TOPICAL CREAM 1 %	3	PA

Drug Name	Drug Tier	Requirements / Limits
<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 topical suspension 8-4 %</i>	1	
<i>tazarotene topical cream 0.1 %</i>	1	ST
TAZORAC TOPICAL CREAM 0.1 %	3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA for age 29 years and older
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA for age 29 years and older
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA for age 29 years and older; QL (1 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA for age 29 years and older; QL (1 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	1	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANESTHETICS		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (3 per 1 day)
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	PA for age less than or equal to 2 years
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocort topical cream 3-0.5 %</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	3	QL (3 per 1 day)
<i>lidopin topical cream 3 %</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	3	
<i>mupirocin topical ointment 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	
LOPROX TOPICAL SHAMPOO 1 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	
ZOVIRAX TOPICAL OINTMENT 5 %	3	
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	3	ST
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	3	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	3	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	1	ST
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.25 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	1	ST
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	3	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
SYNALAR TOPICAL CREAM 0.025 %	3	
SYNALAR TOPICAL OINTMENT 0.025 %	3	
SYNALAR TOPICAL SOLUTION 0.01 %	3	
TEMOVATE TOPICAL OINTMENT 0.05 %	3	
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	3	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
TRIDESILON TOPICAL CREAM 0.05 %	3	
VANOS TOPICAL CREAM 0.1 %	3	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	QL (120 per 30 days)
NATROBA TOPICAL SUSPENSION 0.9 %	3	QL (120 per 30 days)
OVIDE TOPICAL LOTION 0.5 %	3	QL (120 per 30 days)
<i>permethrin topical cream 5 %</i>	1	QL (120 per 30 days)
<i>spinosad topical suspension 0.9 %</i>	1	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P ORAL CAPSULE 37.5 MG	3	PA
ADIPEX-P ORAL TABLET 37.5 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>benzphetamine oral tablet 50 mg</i>	1	PA
CONTRA VE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	PA
<i>diethylpropion oral tablet 25 mg</i>	1	PA
<i>diethylpropion oral tablet extended release 75 mg</i>	1	PA
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; QL (9 per 30 days)
LOMAIRA ORAL TABLET 8 MG	3	PA
ORLISTAT ORAL CAPSULE 120 MG	3	PA
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	1	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	PA
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	PA
<i>phentermine oral tablet 37.5 mg</i>	1	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	3	PA; QL (15 per 28 days)
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 ORAL CAPSULE 120 MG	3	PA
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA
BUPHENYL ORAL TABLET 500 MG	4	PA
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; LA
OXBRYTA ORAL TABLET 500 MG	4	PA; LA; QL (3 per 1 day)
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	4	PA; LA; QL (3 per 1 day)
<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; 40 tabs in 720 days; LA
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; LA; QL (14 per 365 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; QL (17.5 per 1 day)
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; 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
RILUTEK ORAL TABLET 50 MG	3	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
SYPRINE ORAL CAPSULE 250 MG	4	QL (8 per 1 day)
TAVNEOS ORAL CAPSULE 10 MG	4	PA; QL (6 per 1 day)
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA
THIOLA ORAL TABLET 100 MG	4	PA
<i>tiopronin oral tablet 100 mg</i>	4	PA
<i>trientine oral capsule 250 mg</i>	4	PA; QL (8 per 1 day)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	

Drug Name	Drug Tier	Requirements / Limits
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</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 (polacrilex) buccal gum 2 mg, 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
NICOTROL INHALATION CARTRIDGE 10 MG	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>quit 2 buccal gum 2 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 2 buccal lozenge 2 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4 buccal lozenge 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	15 units per fill
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PATANASE NASAL SPRAY, NON-AEROSOL 0.6 %	3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS, SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	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
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
TARPEYO ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 4 MG	4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST STRIP	2	OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI SPACER	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
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROVENT PLUS SPACER	2	
BD VERITOR AT-HOME COVID19 TST KIT	9	OTC; QL (8 per 30 days)
BINAXNOW COVD AG CARD HOME TST KIT	9	OTC; QL (8 per 30 days)
BINAXNOW COVID-19 AG SELF TEST KIT	9	OTC; QL (8 per 30 days)
CARESTART COVID-19 AG HOME TST KIT	9	OTC; QL (8 per 30 days)
CELLTRION DIATRUST COV-19 HOME KIT	9	OTC; QL (8 per 30 days)
CLINITEST COVID-19 HOME TEST KIT	9	OTC; QL (8 per 30 days)
COMPACT SPACE CHAMBER SPACER	2	
COVID-19 AT-HOME TEST KIT	9	OTC; QL (8 per 30 days)
EASIVENT HOLDING CHAMBER SPACER	2	
ELLUME COVID-19 HOME TEST KIT	9	OTC; QL (8 per 30 days)
FLEXICHAMBER SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
FLOWFLEX COVID-19 AG HOME TEST KIT	9	OTC; QL (8 per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT	9	OTC; QL (8 per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT	9	OTC; QL (8 per 30 days)
INDICAID COVID-19 AG HOME TEST KIT	9	OTC; QL (8 per 30 days)
INSPIRACHAMBER SPACER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
INTELISWAB COVID-19 HOME TEST KIT	9	OTC; QL (8 per 30 days)
MICROCHAMBER SPACER	2	
ON-GO COVID-19 AG AT HOME TEST KIT	9	OTC; QL (8 per 30 days)
OPTICHAMBER DIAMOND VHC SPACER	2	
PILOT COVID-19 AT-HOME TEST KIT	9	OTC; QL (8 per 30 days)
POCKET CHAMBER SPACER	2	
QUICKVUE AT-HOME COVID-19 TEST KIT	9	OTC; QL (8 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOSOFT 30 INFUSION SET	3	PA
AUTOSOFT 90 INFUSION SET	3	PA
AUTOSOFT XC INFUSION SET 23" INFUSION SET	3	PA
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	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 LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	OTC
DEXCOM G6 RECEIVER	2	PA; QL (1 per 720 days)
DEXCOM G6 SENSOR DEVICE	2	PA
DEXCOM G6 TRANSMITTER DEVICE	2	PA
FREESTYLE LIBRE 14 DAY READER	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR KIT	3	PA
GENTEEL VACUUM LANCING DEVICE COMBO PACK	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC; QL (1 per 365 days)
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	3	
MINIMED 770G INSULIN PUMP	3	PA
MINIMED MIO ADVANCE INF SET 23" INFUSION SET	3	PA
MINIMED QUICK SET 43" INFUSION SET	3	PA
MINIMED SILHOUETTE 23" INFUSION SET	3	PA
MINIMED SURE T 32" INFUSION SET	3	PA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
OMNIPOD CLASSIC PDM KIT (GEN 3)	2	QL (1 per 720 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL SOLUTION	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 365 days)
ONETOUCH ULTRAMINI KIT	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO IQ METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO METER	9	OTC; QL (1 per 365 days)
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	3	PA
T:SLIM X2 BASAL-IQ INSULIN PMP	3	PA
T:SLIM X2 CONTROL-IQ	3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	3	PA
TRUSTEEL INFUSION SET 23" INFUSION SET	3	PA
VARISOFT INFUSION SET 23" INFUSION SET	3	PA
V-GO 20 DEVICE	2	QL (30 per 30 days)
V-GO 30 DEVICE	2	QL (30 per 30 days)
V-GO 40 DEVICE	2	QL (30 per 30 days)
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	1	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	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
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; QL (2 per 1 day)
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	4	
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>cinacalcet oral tablet 90 mg</i>	1	PA; QL (4 per 1 day)
<i>clomid oral tablet 50 mg</i>	4	QL (10 per 30 days)
<i>clomiphene citrate oral tablet 50 mg</i>	4	QL (10 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	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
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA
<i>fyremadel</i> <i>subcutaneous</i> <i>syringe 250 mcg/0.5</i> <i>ml</i>	4	
GALAFOLD ORAL CAPSULE 123 MG	4	PA; LA; QL (0.5 per 1 day)
<i>ganirelix</i> <i>subcutaneous</i> <i>syringe 250 mcg/0.5</i> <i>ml</i>	4	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL (4 per 1 day)
ISTURISA ORAL TABLET 10 MG	4	PA; LA; QL (6 per 1 day)
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL (4 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; LA; QL (56 per 28 days)
KORLYM ORAL TABLET 300 MG	4	PA; QL (4 per 1 day)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	
KUVAN ORAL TABLET,SOLUBL E 100 MG	4	
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	
<i>methyltestosterone</i> <i>oral capsule 10 mg</i>	1	QL (5 per 1 day)
<i>miglustat oral</i> <i>capsule 100 mg</i>	4	PA; LA; QL (3 per 1 day)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; 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
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	4	
ORILISSA ORAL TABLET 150 MG, 200 MG	3	PA
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
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 capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	
RECORLEV ORAL TABLET 150 MG	4	PA; QL (8 per 1 day)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	

Drug Name	Drug Tier	Requirements / Limits
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 per 365 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	3	QL (4 per 1 day)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA; QL (8 per 28 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL (60 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; QL (1 per 1 day)
ZAVESCA ORAL CAPSULE 100 MG	4	PA; LA; QL (3 per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
CYCLOSET ORAL TABLET 0.8 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	

Drug Name	Drug Tier	Requirements / Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
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 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	

Drug Name	Drug Tier	Requirements / Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	
TRADJENTA ORAL TABLET 5 MG	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 SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (6 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
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		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
<i>euthyrox 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>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</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	

Drug Name	Drug Tier	Requirements / Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	PA
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	QL (40 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	

Drug Name	Drug Tier	Requirements / Limits
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
MISCELLANEOUS AGENTS		
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	3	QL (3 per 1 day)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	ST; QL (3 per 1 day)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
REVELA ORAL TABLET 800 MG	3	QL (9 per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (9 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	QL (1 per 28 days)
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (2 per 1 day)
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	ST; QL (2 per 1 day)
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg</i>	1	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	1	QL (10 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL (15 per 28 days)
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	3	
AZULFIDINE ENTABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
<i>balsalazide oral capsule 750 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>betaine oral powder 1 gram/scoop</i>	4	
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and extended release 9 mg</i>	1	PA
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	4	PA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	4	PA; QL (4 per 1 day)
CANASA RECTAL SUPPOSITORY 1,000 MG	3	QL (1 per 1 day)
CHENODAL ORAL TABLET 250 MG	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (4 per 1 day)
CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (2 per 28 days)
<i>citrate of magnesia oral solution</i>	9	ACA; OTC
<i>citroma oral solution</i>	9	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>clearlax oral powder 17 gram/dose</i>	9	ACA; OTC
COLAZAL ORAL CAPSULE 750 MG	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	4	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	3	QL (4 per 1 day)
DIPENTUM ORAL CAPSULE 250 MG	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	ST; QL (4 per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	QL (10 per 28 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)-80 MG (2)	3	QL (15 per 28 days)
<i>enulose oral solution 10 gram/15 ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	
IBSRELA ORAL TABLET 50 MG	3	PA; QL (2 per 1 day)
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	9	ACA; OTC
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	ST; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	QL (2 per 1 day)
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	ST; QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
MARINOL ORAL CAPSULE 2.5 MG	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	1	ST
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	QL (1 per 1 day)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	9	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	9	ACA; OTC
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	ST; QL (1 per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	ST; QL (1 per 1 day)
<i>natura-lax oral powder 17 gram/dose</i>	9	ACA; OTC
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</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
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 oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA
<i>peg-prep oral kit 5-210 mg-gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	9	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	9	ACA; OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	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 transdermal patch 3 day 1 mg over 3 days</i>	1	QL (10 per 30 days)
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	PA; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (1 per 42 days)
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; QL (8 per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SYMPROIC ORAL TABLET 0.2 MG	2	ST; QL (1 per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	QL (10 per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	ST; QL (1 per 1 day)
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
URSO 250 ORAL TABLET 250 MG	3	
URSO FORTE ORAL TABLET 500 MG	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	QL (4 per 28 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	ST
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	9	ACA; OTC
ZELNORM ORAL TABLET 6 MG	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	2	
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	QL (2 per 1 day)
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL (224 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	QL (2 per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	1	PA for age 8 years and older; QL (2 per 1 day)
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	1	QL (2 per 1 day)
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	1	PA for age 8 years and older; QL (1 per 1 day)
misoprostol oral tablet 100 mcg, 200 mcg	1	

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Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	QL (2 per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	QL (2 per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA for age 8 years and older; QL (2 per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule,delayered release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>pantoprazole oral tablet,delayered release (dr/ec) 20 mg, 40 mg</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	3	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	QL (2 per 1 day)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	QL (2 per 1 day)
<i>rabeprazole oral tablet,delayered release (dr/ec) 20 mg</i>	1	QL (2 per 1 day)
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule 200 mg</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

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

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	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 SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	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)

Drug Name	Drug Tier	Requirements / Limits
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	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)

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Drug Name	Drug Tier	Requirements / Limits
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 SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	
PROCRIT 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, 40,000 UNIT/ML	4	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML	4	QL (3 per 1 day)
RELEUKO INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	QL (2.4 per 1 day)
RETACRIT 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, 40,000 UNIT/ML	4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	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 SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	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 SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA

Drug Name	Drug Tier	Requirements / Limits
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	4	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA

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Drug Name	Drug Tier	Requirements / Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	4	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	

Drug Name	Drug Tier	Requirements / Limits
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 95 MG	4	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	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 SUBCUTANEOUS KIT 0.3 MG	4	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA
<i> fingolimod oral capsule 0.5 mg</i>	4	
GILENYA ORAL CAPSULE 0.5 MG	4	
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; 2 tabs per day; 40 tabs in 720 days; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; 2 tabs per day; 40 tabs in 720 days; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; 2 tabs per day; 40 tabs in 720 days; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; 2 tabs per day; 40 tabs in 720 days; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; 2 tabs per day; 40 tabs in 720 days; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; 2 tabs per day; 40 tabs in 720 days; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; 2 tabs per day; 40 tabs 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)

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL (1 per 365 days)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; QL (28 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PONVORY ORAL TABLET 20 MG	4	PA; QL (1 per 1 day)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG, 240 MG	4	QL (2 per 1 day)
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	4	PA; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	9	ACA; QL (0.5 per 365 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	9	ACA; QL (0.5 per 365 days)
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	9	ACA; QL (0.5 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
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	9	ACA; QL (0.5 per 365 days)
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	9	ACA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	9	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	9	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	9	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	9	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	9	ACA
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	9	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	9	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	9	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	9	ACA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA

Drug Name	Drug Tier	Requirements / Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	9	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	9	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	9	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	9	ACA; QL (1 per 365 days)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	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
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	9	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	9	ACA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	9	ACA

Drug Name	Drug Tier	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	9	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	9	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	9	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	9	ACA; QL (1 per 365 days)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	9	ACA
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	9	ACA
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	9	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	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
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	9	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	9	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; QL (15 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; QL (15 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; QL (30 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	9	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	9	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT- 20 MCG-5 LF/0.5 ML	9	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	9	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	9	ACA
PFIZER COVID BIVAL(5- 11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	9	ACA

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	9	ACA
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	9	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	9	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	9	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	9	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	9	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	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
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3.4-4.2- 3.3CCID50/0.5ML	9	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3-4.3-3- 3.99 TCID50/0.5	9	ACA
QUADRACEL (PF) INTRAMUSCULA R SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	9	ACA
QUADRACEL (PF) INTRAMUSCULA R SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML	9	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	4	PA
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	9	ACA
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	9	ACA

Drug Name	Drug Tier	Requirements / Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTIO N 10EXP6 CCID50/ML	9	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	9	ACA
SHINGRIX (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 50 MCG/0.5 ML	9	ACA
SPIKEVAX (PF) INTRAMUSCULA R SUSPENSION 100 MCG/0.5 ML	9	ACA
TDVAX INTRAMUSCULA R SUSPENSION 2- 2 LF UNIT/0.5 ML	9	ACA; QL (0.5 per 365 days)
TENIVAC (PF) INTRAMUSCULA R SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	9	ACA; QL (0.5 per 365 days)
TENIVAC (PF) INTRAMUSCULA R SYRINGE 5-2 LF UNIT/0.5 ML	9	ACA; QL (0.5 per 365 days)
TETANUS,DIPHTH ERIA TOX PED(PF) INTRAMUSCULA R SUSPENSION 5- 25 LF UNIT/0.5 ML	9	ACA
TRUMENBA INTRAMUSCULA R SYRINGE 120 MCG/0.5 ML	9	ACA

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Drug Name	Drug Tier	Requirements / Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	9	ACA; QL (4 per 365 days)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	9	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	9	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	9	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	9	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	9	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	9	ACA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid- colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	3	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
BONIVA ORAL TABLET 150 MG	3	
EVISTA ORAL TABLET 60 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	2	
<i>ibandronate oral tablet 150 mg</i>	1	
<i>raloxifene oral tablet 60 mg</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; QL (3.6 per 28 days)
ARAVAL ORAL TABLET 10 MG, 20 MG	3	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; QL (4 per 28 days)
CUPRIMINE ORAL CAPSULE 250 MG	4	PA; QL (16 per 1 day)
DEPEN TITRATABS ORAL TABLET 250 MG	4	PA; QL (16 per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; QL (2 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4 per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	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 SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (4 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	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)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	4	PA; QL (1 per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	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
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 ORAL TABLET 30 MG	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) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	ST
<i>penicillamine oral capsule 250 mg</i>	4	PA; QL (16 per 1 day)
<i>penicillamine oral tablet 250 mg</i>	4	PA; QL (16 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	ST
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML, 7.5 MG/0.3 ML	3	ST
RIDAURA ORAL CAPSULE 3 MG	3	
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)
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)

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

Drug Name	Drug Tier	Requirements / Limits
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 1 MG/ML	4	PA; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	9	ACA
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	9	ACA

ESTROGENS & PROGESTINS

Drug Name	Drug Tier	Requirements / Limits
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	QL (1 per 1 day)
<i>camila oral tablet 0.35 mg</i>	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %, 8 %	3	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ENDOMETRIN VAGINAL INSERT 100 MG	4	
<i>errin oral tablet 0.35 mg</i>	1	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
<i>hydroxyprogesterone(presv) intramuscular oil 250 mg/ml (1 ml)</i>	4	
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	ACA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	4	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 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>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LYSTEDA ORAL TABLET 650 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; QL (1 per 1 day)
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA; QL (2 per 1 day)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 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
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	9	ACA; OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>after pill oral tablet 1.5 mg</i>	9	ACA; OTC
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA
<i>econtra ez oral tablet 1.5 mg</i>	9	ACA; OTC
<i>econtra one-step oral tablet 1.5 mg</i>	9	ACA; OTC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA
ELLA ORAL TABLET 30 MG	3	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
<i>lojaimiess oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA
LOSEASONIQUE ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	3	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>luter</i> (28) oral tablet 0.1-20 mg-mcg	1	ACA
<i>marlissa</i> (28) oral tablet 0.15-0.03 mg	1	ACA
<i>merzee</i> oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>mibelas</i> 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
<i>microgestin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
<i>microgestin</i> 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
<i>microgestin</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>microgestin</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>microgestin</i> fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>mili</i> oral tablet 0.25-35 mg-mcg	1	ACA
MINASTRIN 24 FE ORAL TABLET, CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	
MIRCETTE (28) ORAL TABLET 0.15-0.02 MG X 21 /0.01 MG X 5	3	

Drug Name	Drug Tier	Requirements / Limits
<i>mono-lynyah</i> oral tablet 0.25-35 mg-mcg	1	ACA
<i>my choice</i> oral tablet 1.5 mg	9	ACA; OTC
<i>my way</i> oral tablet 1.5 mg	9	ACA; OTC
<i>necon</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
<i>new day</i> oral tablet 1.5 mg	9	ACA; OTC
<i>nikki</i> (28) oral tablet 3-0.02 mg	1	ACA
<i>noreth-ethinyl estradiol-iron</i> oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
<i>norethindrone ac-eth estradiol</i> oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA
<i>norethindrone-e.estradiol-iron</i> oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>norethindrone-e.estradiol-iron</i> oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	9	ACA; OTC
<i>option-2 oral tablet 1.5 mg</i>	9	ACA; OTC
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	3	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	3	
YAZ (28) ORAL TABLET 3-0.02 MG	3	
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	1	
<i>methylergonovine oral tablet 0.2 mg</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML	3	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 2 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>eye itch relief ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; QL (56 per 720 days)
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	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
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2- 0.5 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	3	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</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
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STERIOD-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		

You can find information 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>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
CLARINEX ORAL TABLET 5 MG	3	
<i>clemastine oral tablet 2.68 mg</i>	1	QL (3 per 1 day)
<i>cycloheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cycloheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>	1	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	2	QL (24 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY NASAL AEROSOL, SPRAY 55 MCG	1	OTC
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADCIRCA ORAL TABLET 20 MG	4	QL (2 per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL (3 per 1 day)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	4	PA; QL (2 per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL (1 per 1 day)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; QL (2 per 1 day)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; 20 caps per day; 10 caps in 365 days; QL (20 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	
<i>budesonide nasal spray, non-aerosol 32 mcg/actuation</i>	1	OTC
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	
ESBRIET ORAL CAPSULE 267 MG	4	PA; QL (6 per 1 day)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (3 per 1 day)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; QL (1 per 42 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; QL (1 per 42 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	QL (9 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	ST
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL (9 per 28 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL (2 per 1 day)
KALYDECO ORAL TABLET 150 MG	4	PA; QL (2 per 1 day)
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	LA; QL (1 per 1 day)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	1	OTC
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL (1 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL (1 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	4	PA; LA; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (2 per 1 day)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; QL (2 per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (4 per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (3 per 1 day)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; QL (5 per 1 day)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	QL (6 per 1 day)
REVATIO ORAL TABLET 20 MG	4	QL (3 per 1 day)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	PA; QL (2 per 28 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL (9 per 28 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL (3 per 1 day)
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	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
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	2	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; QL (2 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	1	OTC
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; QL (3 per 1 day)
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, 32-48 MCG, 48 MCG, 64 MCG	4	PA; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (11.6 per 365 days)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (81.2 per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; QL (1 per 365 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; QL (9 per 1 day)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG, 4 MG	3	
DETROL ORAL TABLET 1 MG, 2 MG	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	
<i>flavoxate oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	QL (6 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	
PROSCAR ORAL TABLET 5 MG	3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	3	QL (4 per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	3	QL (4 per 30 days)
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL (6 per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	3	QL (4 per 30 days)
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	3	QL (6 per 30 days)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (6 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (6 per 30 days)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (6 per 30 days)
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL (12 per 1 day)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL (12 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	9	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	9	ACA; OTC
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	9	ACA; OTC
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29-1-250-200 mg</i>	1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>dialyvite 800 oral tablet 0.8 mg</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
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg- 800 mcg</i>	9	ACA; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	9	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	9	ACA; OTC
<i>kobee oral tablet 0.4 mg</i>	9	ACA; OTC
<i>kpn oral tablet</i>	9	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	9	ACA; OTC
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	9	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	9	ACA; OTC
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg</i>	9	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	9	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	9	ACA; OTC
<i>pnv-dha oral capsule 27 mg iron-1 mg - 300 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>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	9	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
<i>rena-vite oral tablet 0.8 mg</i>	9	ACA; OTC
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	9	ACA; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	9	ACA; OTC
<i>super quintis oral tablet 0.4 mg</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	9	ACA; OTC
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	9	ACA; OTC
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	

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