



**SENTARA HEALTH SMALL GROUP PLANS
STANDARD FORMULARY
PRESCRIPTION DRUG FORMULARY
(2024)**

(April - June 2024)

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

This formulary was updated on 04/01/2024

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

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List of Abbreviations

1: Preferred Generic

2: Non-Preferred Generic - Preferred Brand

3: Non-Preferred Brand

4: Specialty Drugs

9: Zero Cost Share Preventative Drugs

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

CGM: Continuous Glucose Monitor

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
APRETUDE	4	ACA; QL (3 per 30 days)
APTIVUS	4	
<i>atazanavir</i>	2	
BARACLUDE ORAL SOLUTION	4	QL (20 per 1 day)
BIKTARVY	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	PA; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	PA; QL (6 per 28 days)
CIMDUO	4	
COMPLERA	4	
<i>darunavir</i>	4	
DELSTRIGO	4	
DESCOVY	4	ACA
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	4	
DOVATO	4	QL (1 per 1 day)
EDURANT	4	
<i>efavirenz oral tablet</i>	2	
<i>efavirenz-emtricitabin-tenofov</i>	4	
<i>efavirenz-lamivu-tenofov disop</i>	1	
<i>emtricitabine</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	ACA
EMTRIVA ORAL SOLUTION	4	
<i>entecavir</i>	4	QL (1 per 1 day)
EPCLUSA	4	PA; QL (1 per 1 day)
<i>etravirine</i>	4	
EVOTAZ	4	
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	4	

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

Drug Name	Drug Tier	Requirements / Limits
GENVOYA	4	
HARVONI	4	PA
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS	4	
ISENTRESS HD	4	
JULUCA	4	
LAGEVRIO (EUA)	3	8 caps per day; 80 caps per 365 days
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	4	QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	2	
LEDIPASVIR-SOFOSBUVIR	4	PA
LIVTENCITY	4	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	
<i>lopinavir-ritonavir oral tablet</i>	4	
<i>maraviroc</i>	4	
MAVYRET ORAL PELLETS IN PACKET	4	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	4	PA; QL (3 per 1 day)
<i>nevirapine</i>	2	
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	4	
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (40 per 35 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	6 tabs per day; 60 tabs per 365 days
PIFELTRO	4	
PREVYMIS ORAL	4	PA; QL (1 per 1 day)
PREZCOBIX	4	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation</i>	4	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
RUKOBIA	4	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	4	
SOFOSBUVIR-VELPATASVIR	4	PA; QL (1 per 1 day)
SOVALDI	4	PA
<i>stavudine oral capsule 40 mg</i>	2	
STRIBILD	4	
SUNLENCA ORAL	4	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	4	PA; QL (3 per 126 days)
SYMTUZA	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
<i>tenofovir disoproxil fumarate</i>	2	QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD	4	QL (6 per 1 day)
TRIUMEQ	4	
TRIUMEQ PD	4	
TYBOST	4	
<i>valacyclovir</i>	1	
<i>valganciclovir oral recon soln</i>	4	PA for Age greater than or equal to 8 year(s)
<i>valganciclovir oral tablet</i>	4	
VEMLIDY	4	PA; QL (1 per 1 day)
VIRACEPT ORAL TABLET	4	
VIREAD ORAL POWDER	4	QL (8 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 per 1 day)
VOSEVI	4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
ZEPATIER	4	PA
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 Milliliter per fill
DIFICID ORAL TABLET	3	PA; 20 tabs per fill
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for Age greater than or equal to 8 year(s)
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 Tablet per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; LA; QL (8.4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	3	PA
CAYSTON	4	LA
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	
CYCLOSERINE	3	
<i>dapsone oral</i>	1	
EMVERM	3	PA; 2 tabs per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg</i>	1	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
<i>linezolid</i>	1	
<i>mefloquine</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	2	
<i>praziquantel</i>	2	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	4	PA; QL (3 per 1 day)
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIVEXTRO ORAL	4	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
AYVAKIT	4	PA; LA; QL (1 per 1 day)
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	4	PA; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; LA; QL (1 per 1 day)
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE	4	PA
BOSULIF ORAL TABLET 100 MG	4	PA; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (1 per 1 day)
BRAFTOVI	4	PA; LA; QL (6 per 1 day)
BRUKINSA	4	PA; LA; QL (4 per 1 day)
CABOMETYX	4	PA; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	4	PA; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	4	PA; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (1 per 1 day)
COMETRIQ	4	PA; QL (50 per 28 days)
COPIKTRA	4	PA; LA; QL (2 per 1 day)
COTELLIC	4	PA; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (2 per 1 day)
DROXIA	2	
ELIGARD	4	PA; QL (1 per 28 days)
ELIGARD (3 MONTH)	4	PA; QL (1 per 84 days)
ELIGARD (4 MONTH)	4	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	4	PA; QL (1 per 126 days)
EMCYT	4	PA
ENSPRYNG	4	PA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ERIVEDGE	4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (3 per 1 day)
<i>etoposide oral</i>	4	PA
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA
<i>exemestane</i>	1	ACA
EXKIVITY	4	PA; QL (4 per 1 day)
FENSOLVI	4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; QL (50 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; QL (50 per 30 days)
FOTIVDA	4	PA; QL (50 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (4 per 1 day)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (1 per 1 day)
GAVRETO	4	PA; LA; QL (4 per 1 day)
<i>gengraf</i>	1	
GILOTRIF	4	PA; QL (1 per 1 day)
GLEOSTINE	4	PA
HYCAMTIN ORAL	4	PA
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; QL (1 per 1 day)
ICLUSIG	4	PA; QL (1 per 1 day)
IDHIFA	4	PA; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (6 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
INLYTA ORAL TABLET 1 MG	4	PA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; QL (4 per 1 day)
INQOVI	4	PA; QL (50 per 28 days)
INREBIC	4	PA; LA; QL (4 per 1 day)
IRESSA	4	PA; QL (1 per 1 day)
IWILFIN	4	PA; QL (8 per 1 day)
JAKAFI	4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (1 per 1 day)
KISQALI	4	PA; QL (50 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; QL (4 per 1 day)
KRAZATI	4	PA; QL (6 per 1 day)
<i>lapatinib</i>	4	PA; QL (6 per 1 day)
<i>lenalidomide</i>	4	PA; QL (1 per 1 day)
LENVIMA	4	PA; QL (50 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	4	PA
LEUPROLIDE (3 MONTH)	4	PA; QL (1 per 84 days)
<i>leuprolide subcutaneous kit</i>	4	PA; QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (3 per 1 day)
LUPKYNIS	4	PA; QL (6 per 1 day)
LUPRON DEPOT	4	PA; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PA; QL (1 per 84 days)

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (4 MONTH)	4	PA; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	4	PA; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	4	PA; QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; QL (1 per 126 days)
LYNPARZA	4	PA; QL (4 per 1 day)
LYSODREN	4	PA
LYTGOBI	4	PA; LA; QL (4 per 28 days)
MATULANE	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (1 per 1 day)
MEKTOVI	4	PA; LA; QL (6 per 1 day)
<i>melphalan</i>	4	PA
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	4	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	1	
MYLERAN	4	PA
NERLYNX	4	PA; LA; QL (6 per 1 day)
<i>nilutamide</i>	4	PA; QL (1 per 1 day)
NINLARO	4	PA; QL (50 per 30 days)
NUBEQA	4	PA; LA; QL (4 per 1 day)
ODOMZO	4	PA; LA; QL (1 per 1 day)
OGSIVEO	4	PA; QL (6 per 1 day)
OJJAARA	4	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ONUREG	4	PA; QL (50 per 28 days)
ORGOVYX	4	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (3 per 1 day)
<i>pazopanib</i>	4	PA; QL (4 per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG	4	PA; LA; QL (50 per 16 days)
PEMAZYRE ORAL TABLET 9 MG	4	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 300 MG/DAY (150 MG X 2)	4	PA; QL (50 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (50 per 30 days)
POMALYST	4	PA; LA; QL (1 per 1 day)
QINLOCK	4	PA; LA; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	4	PA; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	4	PA; LA; QL (4 per 1 day)
REVLIMID	4	PA; LA; QL (1 per 1 day)
REZLIDHIA	4	PA; QL (2 per 1 day)
REZUROCK	4	PA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; LA; QL (12 per 1 day)
RUBRACA	4	PA; LA; QL (4 per 1 day)
RYDAPT	4	PA; QL (8 per 1 day)
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)
SIGNIFOR	4	PA
<i>sirolimus</i>	2	
SOLTAMOX	3	ACA
<i>sorafenib</i>	4	PA; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
STIVARGA	4	PA; QL (50 per 30 days)
<i>sunitinib malate</i>	4	PA; QL (1 per 1 day)
SUPPRELIN LA	4	PA; QL (1 per 365 days)
TABLOID	4	PA
TABRECTA	4	PA; QL (4 per 1 day)
<i>tacrolimus oral</i>	1	
TAFINLAR ORAL CAPSULE	4	PA; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (30 per 1 day)
TAGRISSO	4	PA; LA; QL (1 per 1 day)
TALZENNA	4	PA; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (2 per 1 day)
TAZVERIK	4	PA; LA; QL (8 per 1 day)
<i>temozolomide</i>	4	PA
TEPMETKO	4	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	QL (1 per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	QL (2 per 1 day)
TIBSOVO	4	PA; QL (2 per 1 day)
<i>toremifene</i>	2	QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	4	PA
TRIPTODUR	4	PA; QL (1 per 126 days)
TRUQAP	4	PA; QL (64 per 28 days)
TUKYSA	4	PA; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (4 per 1 day)
VANFLYTA	4	PA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK	4	PA; QL (50 per 365 days)
VERZENIO	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; LA; QL (10 per 1 day)
VIZIMPRO	4	PA; QL (1 per 1 day)
VONJO	4	PA; QL (4 per 1 day)
WELIREG	4	PA; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	4	PA; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; QL (4 per 1 day)
XOSPATA	4	PA; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	4	PA; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	4	PA; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA; QL (2 per 1 day)
YONSA	4	PA; QL (4 per 1 day)
ZEJULA ORAL TABLET	4	PA; LA; QL (1 per 1 day)
ZELBORAF	4	PA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; QL (1 per 28 days)
ZOLINZA	4	PA; QL (4 per 1 day)
ZYDELIG	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ZYKADIA	4	PA; QL (3 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	3	PA
BRIVIACT ORAL	3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; QL (6 per 1 day)
<i>diazepam rectal</i>	1	
DILANTIN	3	PA
<i>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
EQUETRO	3	PA
<i>ethosuximide</i>	1	
<i>felbamate</i>	2	
FINTEPLA	4	PA; LA; QL (12 per 1 day)
FYCOMPA	3	PA
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral</i>	1	
<i>methsuximide</i>	2	
NAYZILAM	3	PA; QL (10 per 30 days)
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	PA
<i>phenobarbital</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	2	PA
<i>subvenite</i>	1	
<i>tiagabine</i>	2	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone oral powder in packet</i>	4	PA
<i>vigpoder</i>	4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	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)

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Drug Name	Drug Tier	Requirements / Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 50 MG (14)- 100 MG (14)	3	PA; 1 unit per day; 28 units per 365 days
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14)	3	PA; 1 tab per day; 28 tablets in 365 days
<i>zonisamide</i>	1	
ZTALMY	3	PA; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL (3 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (10 per 1 day)
NEUPRO	3	ST
NOURIANZ	3	PA; LA; QL (1 per 1 day)
ONGENTYS	3	PA; QL (1 per 1 day)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	3	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
EMGALITY PEN	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ERGOMAR	3	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan</i>	2	QL (12 per 30 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
QULIPTA	2	PA; QL (1 per 1 day)
REYVOW	3	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	4	QL (2 per 1 day)
<i>dichlorphenamide</i>	4	PA; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI	4	PA; LA; QL (6.7 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
FIRDAPSE	4	PA; LA; QL (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral tablet</i>	2	
INGREZZA	4	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PACK	4	PA; QL (28 per 365 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
NUEDEXTA	4	PA; QL (2 per 1 day)
NULIBRY	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
RELYVRIO	4	PA; QL (2 per 1 day)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (4 per 1 day)
ZEPOSIA	4	PA; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (28 per 34 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>dantrolene oral</i>	1	
<i>meprobamate</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 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>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	1	PA; QL (6 per 1 day)
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	4	PA; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	4	PA; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital compound w/codeine</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	PA; QL (24 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>codeine sulfate oral tablet 30 mg</i>	1	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	PA; QL (6 per 1 day)
<i>codeine-butalbital-asa-caff</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (4 per 1 day)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (50 per 30 days)
FENTORA	3	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	PA; QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	1	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	PA; QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	1	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone rectal</i>	1	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	1	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)

You can find information 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>methadone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>methadose oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>morphine concentrate oral solution</i>	1	PA; QL (4 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL (22 per 1 day)
<i>morphine oral tablet 15 mg</i>	1	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	2	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral capsule</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XTAMPZA ER	3	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA; QL (50 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
<i>diflunisal</i>	2	QL (3 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)

You can find information 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>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	2	PA; QL (4 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
<i>mefenamic acid</i>	2	PA; 29 capsules per fill
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	2	2 sprays per fill
<i>naltrexone</i>	1	
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NUCYNTA	3	PA; QL (4 per 1 day)
NUCYNTA ER	3	PA; QL (2 per 1 day)
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA; QL (4 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC

You can find information 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>sulindac</i>	1	QL (2 per 1 day)
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	1	PA; QL (8 per 1 day)
VIVITROL	4	
ZIMHI	3	1 Milliliter per fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
ADDERALL XR	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	1	
<i>aripiprazole oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
ARISTADA INITIO	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 35 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for Age less than or equal to 17 year(s); QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for Age less than or equal to 17 year(s); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>desipramine</i>	2	
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	2	ST; QL (1 per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet</i>	2	QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for Age less than or equal to 17 year(s); QL (80 per 1 day)

You can find information 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>fluphenazine hcl oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate injection</i>	1	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate intramuscular</i>	1	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate oral</i>	1	PA for Age less than or equal to 17 year(s); QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1.5 per 1 day)
HETLIOZ LQ	4	PA
<i>imipramine hcl</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for Age less than or equal to 17 year(s); QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for Age less than or equal to 17 year(s); QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for Age less than or equal to 17 year(s); QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for Age less than or equal to 17 year(s); QL (1.32 per 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
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for Age less than or equal to 17 year(s); QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for Age less than or equal to 17 year(s); QL (2.63 per 84 days)
<i>lisdexamfetamine</i>	1	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (5 per 1 day)
LUMRYZ	4	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
MARPLAN	3	PA
<i>methamphetamine</i>	2	PA for Age greater than or equal to 19 year(s); QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID	4	PA; QL (1 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	2	PA for Age less than or equal to 17 year(s)
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for Age less than or equal to 17 year(s)
PERSERIS	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
<i>protriptyline</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
QUAZEPAM	2	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET	3	PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
RISPERDAL CONSTA	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone microspheres</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
RYKINDO	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SODIUM OXYBATE	4	PA; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (8 per 28 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (12 per 28 days)
SUNOSI	3	PA; QL (1 per 1 day)
<i>tasimelteon</i>	4	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>thioridazine oral tablet 100 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>trimipramine</i>	2	
TRINTELLIX	3	ST; QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>vilazodone</i>	2	ST; QL (1 per 1 day)
VYVANSE	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
WAKIX	4	PA; LA; QL (2 per 1 day)
XYREM	4	PA; LA; QL (18 per 1 day)
XYWAV	4	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>ziprasidone hcl</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL (14 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)

You can find information 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 RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	
<i>aliskiren</i>	2	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	

You can find information 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>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan</i>	2	ST
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	2	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	3	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	

You can find information 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>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KERENDIA	3	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	2	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	2	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	
<i>prazosin</i>	1	

You can find information 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>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>taztia xt</i>	1	
<i>telmisartan</i>	1	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	2	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL TABLET	4	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL (200 per 365 days)
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	
<i>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
<i>aspirin-dipyridamole</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTelet (15 TAB PACK)	4	PA; LA; QL (2 per 1 day)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven</i>	1	
MULPLETA	4	PA; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (2 per 1 day)
TAVALISSE	4	PA; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	

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Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	4	PA; LA
<i>lovastatin</i>	1	ACA
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	2	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (2 per 28 days)
REPATHA SYRINGE	2	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	3	PA; QL (15 per 1 day)
CORLANOR ORAL TABLET	3	QL (2 per 1 day)
ENTRESTO	2	
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</i>	2	
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; QL (1 per 1 day)
VYNDAQEL	4	PA; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
BIMZELX	4	PA; QL (2 per 42 days)
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone topical ointment</i>	2	ST
<i>calcitriol topical</i>	2	
COSENTYX (2 SYRINGES)	4	PA; QL (2 per 28 days)
COSENTYX PEN	4	PA; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; QL (2 per 28 days)
ILUMYA	4	PA; QL (1 per 84 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ	4	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 84 days)
SOTYKTU	4	PA; QL (1 per 1 day)
STELARA INTRAVENOUS	4	PA; QL (52 per 38 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 56 days)
TALTZ AUTOINJECTOR	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; QL (1 per 28 days)
TREMFYA	4	PA; QL (1 per 56 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (4 per 28 days)
EUCRISA	3	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	4	PA; QL (3 per 30 days)
<i>methoxsalen</i>	4	
OPZELURA	4	PA; QL (60 per 30 days)
PANRETIN	4	PA
<i>pimecrolimus</i>	2	ST
<i>podofilox topical solution</i>	1	
REGRANEX	3	QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
<i>urea topical cream 40 %</i>	1	
VALCHLOR	4	PA; QL (50 per 30 days)
THERAPY FOR ACNE		
<i>accutane</i>	1	
<i>adapalene topical cream</i>	1	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	1	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene topical gel with pump</i>	1	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
ALTRENO	3	PA; PA for Age greater than or equal to 29 year(s)
<i>amnesteam</i>	1	
<i>azelaic acid</i>	2	
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical gel</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel, once daily</i>	2	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>dapsone topical gel</i>	2	ST
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>ivermectin topical cream</i>	2	PA
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	2	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>neuac</i>	2	
RHOFADE	3	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream</i>	2	ST
<i>tretinoin microspheres topical gel</i>	2	PA for Age greater than or equal to 29 year(s)
<i>tretinoin topical cream</i>	1	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	2	PA for Age greater than or equal to 29 year(s)
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	PA for Age less than or equal to 2 year(s)
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocort</i>	1	
<i>lidopin topical cream 3 %</i>	1	
TOPICAL ANTIBACTERIALS		
ALTABAX	3	PA; 30 Gram per fill
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	3	
XEPI	3	PA; 30 Gram per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole</i>	1	
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
LULICONAZOLE	3	PA
<i>naftifine topical cream</i>	2	PA
<i>nyamyc</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	2	PA
SULCONAZOLE TOPICAL SOLUTION	3	
<i>tavaborole</i>	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	
<i>penciclovir</i>	2	PA; 5 Gram per fill
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical spray, non-aerosol</i>	2	ST
<i>clobetasol-emollient topical cream</i>	2	
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	2	ST
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	2	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical ointment 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>desoximetasone topical spray,non-aerosol</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	ST
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	2	
<i>mometasone topical</i>	1	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream</i>	1	

TOPICAL ENZYMES

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

Drug Name	Drug Tier	Requirements / Limits
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	4	PA; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
<i>carglumic acid</i>	4	PA
<i>cevimeline</i>	2	
CHEMET	3	PA for Age greater than or equal to 18 year(s)
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	2	
<i>droxidopa</i>	4	PA
ENDARI	4	PA; QL (2 per 1 day)
FERRIPROX ORAL SOLUTION	4	PA
INCRELEX	4	PA; LA
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	4	PA; QL (1 per 1 day)
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
OLPRUVA	4	PA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA	4	PA; LA; QL (3 per 1 day)
PHEBURANE	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>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tabs per day; 7 tabs per 365 days; LA
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 365 days)
RAVICTI	4	PA; QL (17.5 per 1 day)
REVCIVI	4	PA; LA
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	4	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; QL (1 per 1 day)
TAVNEOS	4	PA; QL (6 per 1 day)
THIOLA EC	4	PA
<i>tiopronin oral tablet</i>	4	PA
<i>trientine oral capsule 250 mg</i>	4	PA; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; QL (4 per 1 day)
XURIDEN	4	
ZOKINVY	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 days supply in 365 days; ACA; OTC
<i>nicotine</i>	9	183 days supply in 365 days; ACA; OTC
<i>nicotine (polacrilex)</i>	9	183 days supply in 365 days; ACA; OTC
NICOTROL	3	183 days supply in 365 days; ACA
NICOTROL NS	3	183 days supply in 365 days; ACA
<i>quit 2</i>	9	183 days supply in 365 days; ACA; OTC
<i>quit 4</i>	9	183 days supply in 365 days; ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>stop smoking aid</i>	9	183 days supply in 365 days; ACA; OTC
<i>varenicline</i>	2	183 days supply in 365 days; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	3	15 packets per fill
<i>ipratropium bromide nasal</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA
CORTROPHIN GEL	4	PA
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisone</i>	1	
TARPEYO	4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	1	100 units per 30 days; OTC; QL (100 per 30 days)
ONETOUCH VERIO TEST STRIPS	1	100 units per 30 days; OTC; QL (100 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	

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

Drug Name	Drug Tier	Requirements / Limits
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	OTC
DEXCOM G6 RECEIVER	3	PA; CGM; QL (1 per 720 days)
DEXCOM G6 SENSOR	3	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	3	PA; CGM; QL (1 per 90 days)
DEXCOM G7 RECEIVER	3	PA; 1 rx per 720 days; CGM
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 READER	3	PA; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	3	PA; CGM; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 274 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 274 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 274 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
V-GO 20	2	QL (30 per 30 days)
V-GO 30	2	QL (30 per 30 days)
V-GO 40	2	QL (30 per 30 days)
INSULIN THERAPY		
APIDRA U-100 INSULIN	3	PA; 100 units per 30 days
FIASP U-100 INSULIN	3	PA; 100 units per 30 days
HUMALOG JUNIOR KWIKPEN U-100	1	100 units per 30 days
HUMALOG KWIKPEN INSULIN	1	100 units per 30 days
HUMALOG MIX 50-50 INSULN U-100	1	100 units per 30 days
HUMALOG MIX 50-50 KWIKPEN	1	100 units per 30 days
HUMALOG MIX 75-25 KWIKPEN	1	100 units per 30 days
HUMALOG MIX 75-25(U-100)INSULN	1	100 units per 30 days
HUMALOG U-100 INSULIN	1	100 units per 30 days
HUMULIN 70/30 U-100 INSULIN	2	100 units per 30 days
HUMULIN 70/30 U-100 KWIKPEN	2	100 units per 30 days
HUMULIN N NPH INSULIN KWIKPEN	2	100 units per 30 days

You can find information 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 N NPH U-100 INSULIN	2	100 units per 30 days
HUMULIN R REGULAR U-100 INSULIN	2	100 units per 30 days
HUMULIN R U-500 (CONC) INSULIN	2	100 units per 30 days
HUMULIN R U-500 (CONC) KWIKPEN	2	100 units per 30 days
LANTUS SOLOSTAR U-100 INSULIN	2	100 units per 30 days
LANTUS U-100 INSULIN	2	100 units per 30 days
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	100 units per 30 days
TOUJEO SOLOSTAR U-300 INSULIN	2	100 units per 30 days
TRESIBA FLEXTOUCH U-100	2	100 units per 30 days
TRESIBA FLEXTOUCH U-200	2	100 units per 30 days
TRESIBA U-100 INSULIN	2	100 units per 30 days
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>danazol</i>	2	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
GALAFOLD	4	PA; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET	4	PA; LA; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL (56 per 28 days)
KORLYM	4	PA; QL (4 per 1 day)
KYZATREX	3	PA; QL (2 per 1 day)
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; QL (4 per 1 day)
<i>miglustat</i>	4	PA; LA; QL (3 per 1 day)
MYALEPT	4	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA
OPFOLDA	4	PA; QL (4 per 1 day)
ORILISSA	3	PA
OVIDREL	4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	4	PA
RECORLEV	4	PA; QL (8 per 1 day)
<i>sapropterin</i>	4	PA
SOMAVERT	4	PA
STRENSIQ	4	PA; LA
SYNAREL	4	PA; QL (8 per 28 days)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	2	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL (60 per 365 days)
VOXZOGO	4	PA; QL (1 per 1 day)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BYDUREON BCISE	2	PA
BYETTA	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
CYCLOSET	3	
FARXIGA	2	QL (1 per 1 day)
<i>glimepiride</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	2	
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	PA; QL (9 per 84 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	2	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (30 per 365 days)
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	

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

Drug Name	Drug Tier	Requirements / Limits
TRADJENTA	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (2 per 1 day)
TRULICITY	2	PA; QL (2 per 28 days)
VICTOZA 2-PAK	2	PA; QL (9 per 28 days)
VICTOZA 3-PAK	2	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	

You can find information 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>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral elixir</i>	1	
<i>methscopolamine</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
MISCELLANEOUS AGENTS		
<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	3	QL (3 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	2	
VELPHORO	3	ST; QL (6 per 1 day)
VELTASSA	3	QL (1 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
<i>anucort-hc</i>	1	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	2	QL (15 per 28 days)
<i>balsalazide</i>	1	
<i>betaine</i>	4	
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; LA; QL (5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
BYLVAY ORAL CAPSULE 400 MCG	4	PA; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	4	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	4	PA; LA; QL (4 per 1 day)
CHENODAL	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (4 per 1 day)
CIMZIA	4	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
ENTYVIO PEN	4	PA; QL (1.36 per 28 days)
<i>enulose</i>	1	
GATTEX 30-VIAL	4	PA
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
IBSRELA	3	PA; QL (2 per 1 day)
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	2	QL (1 per 1 day)
LIVMARLI	4	PA; QL (3 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
<i>natura-lax</i>	9	ACA; OTC
OCALIVA	4	PA; LA; QL (1 per 1 day)
OMVOH PEN	4	PA; QL (2 per 28 days)
<i>ondansetron</i>	1	
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</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</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PERTZYE	3	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	3	
RELISTOR ORAL	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	4	PA; QL (3 per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 per 56 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	4	PA; QL (8 per 1 day)
<i>sulfasalazine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZELNORM	3	PA; QL (2 per 1 day)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for Age greater than or equal to 8 year(s); QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	2	PA for Age greater than or equal to 8 year(s); QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA for Age greater than or equal to 8 year(s); QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)

You can find information 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>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

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

BIOTECHNOLOGY DRUGS

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

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

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
NYVEPRIA	4	PA
PROCRT	4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
RETACRIT	4	PA
ROLVEDON	4	PA
STIMUFEND	4	PA
UDENYCA	4	PA
UDENYCA AUTOINJECTOR	4	PA
UDENYCA ONBODY	4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
ZIEXTENZO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
GENOTROPIN	4	PA
GENOTROPIN MINQUICK	4	PA
HUMATROPE INJECTION CARTRIDGE	4	PA
NGENLA	4	PA
NORDITROPIN FLEXP	4	PA
NUTROPIN AQ NUSPIN	4	PA

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Drug Name	Drug Tier	Requirements / Limits
OMNITROPE	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
SKYTROFA	4	PA
SOGROYA	4	PA; QL (3 per 28 days)
ZOMACTON	4	PA
INTERFERONS		
ACTIMMUNE	4	PA
ALFERON N	4	
BESREMI	4	PA; QL (2 per 28 days)
PEGASYS	4	
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	
AVONEX INTRAMUSCULAR SYRINGE KIT	4	
BAFIERTAM	4	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	4	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	QL (2 per 1 day)
EXTAVIA	4	PA
<i>fingolimod</i>	4	
<i>glatiramer</i>	4	
<i>glatopa</i>	4	
KESIMPTA PEN	4	PA; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	4	PA; 2 tabs per day; 4 tabs per 720 days; LA
MAVENCLAD (4 TABLET PACK)	4	PA; 2 tabs per day; 4 tabs per 720 days; LA
MAVENCLAD (5 TABLET PACK)	4	PA; 2 tabs per day; 4 tabs per 720 days; LA
MAVENCLAD (6 TABLET PACK)	4	PA; 2 tabs per day; 4 tabs per 720 days; LA
MAVENCLAD (7 TABLET PACK)	4	PA; 2 tabs per day; 4 tabs per 720 days; LA

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

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (8 TABLET PACK)	4	PA; 2 tabs per day; 4 tabs per 720 days; LA
MAVENCLAD (9 TABLET PACK)	4	PA; 2 tabs per day; 4 tabs per 720 days; LA
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PONVORY	4	PA; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	4	PA; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	4	QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	QL (4.2 per 365 days)
REBIF TITRATION PACK	4	QL (4.2 per 365 days)
<i>teriflunomide</i>	4	
VUMERITY	4	PA; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	9	PA for Age less than or equal to 59 year(s); ACA
AFLURIA QD 2023-24(3YR UP)(PF)	9	ACA
AFLURIA QUAD 2023-2024(6MO UP)	9	ACA
AREXVY (PF)	9	PA for Age less than or equal to 59 year(s); ACA
COMIRNATY 2023-24 (12Y UP)(PF)	9	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	9	ACA
FLUARIX QUAD 2023-2024 (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUBLOK QUAD 2023-2024 (PF)	9	ACA
FLUCELVAX QUAD 2023-2024	9	ACA
FLUCELVAX QUAD 2023-2024 (PF)	9	ACA
FLULAVAL QUAD 2023-2024 (PF)	9	ACA
FLUMIST QUAD 2023-2024	9	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	9	ACA
FLUZONE QUAD 2023-2024	9	ACA
FLUZONE QUAD 2023-2024 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
MODERNA COVID 23-24(6M-11Y)PF	9	ACA
NOVAVAX COVID 2023-24(PF)(EUA)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	4	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; QL (30 per 30 days)
PFIZER COVID 2023-24(5Y-11Y)PF	9	ACA
PFIZER COVID 2023-24(6MO-4Y)PF	9	ACA
PNEUMOVAX-23	9	ACA
PREVNAR 13 (PF)	9	
PREVNAR 20 (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
SHINGRIX (PF)	9	ACA
SPIKEVAX 2023-2024(12Y UP)(PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE (PF)	9	ACA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
FORTEO	4	PA; QL (1 per 28 days)
FOSAMAX PLUS D	2	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (1 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 28 days)
CYLTEZO(CF)	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; QL (6 per 31 days)
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; QL (4 per 31 days)
ENBREL MINI	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK	4	PA; QL (4 per 28 days)
HUMIRA PEN	4	PA; QL (2 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (2 per 28 days)
HUMIRA(CF)	4	PA; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ	4	PA; QL (1.6 per 28 days)
HYRIMOZ PEN	4	PA; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ(CF)	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; QL (1.6 per 28 days)
KEVZARA	4	PA; QL (2.28 per 28 days)
KINERET	4	PA; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	4	PA; QL (1 per 1 day)
ORENCIA CLICKJECT	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4 per 28 days)

You can find information 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 50 MG/0.4 ML	4	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 per 28 days)
OTEZLA	4	PA; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 per 365 days)
OTREXUP (PF)	3	ST
<i>penicillamine</i>	4	PA; QL (16 per 1 day)
RASUVO (PF)	3	ST
RIDAURA	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)
SAVELLA ORAL TABLET	3	ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; QL (10 per 1 day)
XELJANZ ORAL TABLET	4	PA; QL (2 per 1 day)
XELJANZ XR	4	PA; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

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

Drug Name	Drug Tier	Requirements / Limits
ESTROGENS & PROGESTINS		
<i>amabelz</i>	1	
BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	3	PA
<i>deblitane</i>	1	ACA
<i>dotti</i>	1	
DUAVEE	3	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>errin</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
<i>mimvey</i>	1	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</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>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
<i>mifepristone oral tablet 200 mg</i>	2	PA
MYFEMBREE	3	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
OSPHENA	3	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
<i>vandazole</i>	1	
XACIATO	3	
<i>xulane</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>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA

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

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

You can find information 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>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-lynyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</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>syeda</i>	1	ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-lynyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA

OXYTOCICS

methylergonovine oral

2

OPHTHALMOLOGY

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

Drug Name	Drug Tier	Requirements / Limits
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		

You can find information 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>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	1	OTC
ALOCRIL	3	ST
ALOMIDE	2	ST
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	2	ST
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	4	PA; QL (20 per 28 days)
CYSTARAN	4	PA; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	4	PA; QL (56 per 720 days)
<i>proparacaine</i>	1	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
XDEMVI	4	PA; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	

You can find information 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>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	
<i>tafluprost (pf)</i>	2	ST
<i>travoprost</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STERIOD-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>cypheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine</i>	1	
SYMJEPI	2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY	1	OTC
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; LA; QL (3 per 1 day)
ADVAIR HFA	2	
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>alyq</i>	4	PA; QL (2 per 1 day)
<i>ambrisentan</i>	4	PA; LA; QL (1 per 1 day)
ANORO ELLIPTA	2	
<i>arformoterol</i>	2	ST
ARNUITY ELLIPTA	2	
ASMANEX HFA	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	
ATROVENT HFA	3	
<i>bosentan</i>	4	PA; QL (2 per 1 day)
BREO ELLIPTA	2	
<i>breyana</i>	2	
BRONCHITOL	4	PA; QL (20 per 1 day)
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</i>	1	
DULERA	2	
ESBRIET ORAL CAPSULE	4	PA; QL (6 per 1 day)
FASENRA	4	PA; QL (1 per 56 days)
FASENRA PEN	4	PA; QL (1 per 56 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>flunisolide</i>	2	ST
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
HAEGARDA	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	4	PA; QL (9 per 28 days)
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO	4	PA; QL (2 per 1 day)
<i>levalbuterol hcl</i>	2	
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
NASAL ALLERGY	1	OTC
NUCALA	4	PA; LA; QL (1 per 28 days)
OFEV	4	PA; QL (2 per 1 day)
OPSUMIT	4	PA; LA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; QL (2 per 1 day)
ORKAMBI ORAL TABLET	4	PA; QL (4 per 1 day)
ORLADEYO	4	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	4	PA; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (3 per 1 day)
PULMOZYME	4	PA; QL (5 per 1 day)
QVAR REDIHALER	2	
<i>roflumilast</i>	2	QL (1 per 1 day)
RUCONEST	4	PA; QL (2 per 28 days)
<i>sajazir</i>	4	PA; QL (9 per 28 days)
SEREVENT DISKUS	2	

You can find information 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 (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMDEKO	4	PA; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (2 per 1 day)
TADLIQ	4	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	4	PA; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	2	
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	2	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; QL (3 per 1 day)
TYVASO	4	PA; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	4	PA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; QL (1 per 30 days)
TYVASO REFILL KIT	4	PA; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; QL (1 per 365 days)
VENTAVIS	4	PA; QL (9 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VENTOLIN HFA	1	
<i>wixela inhub</i>	1	
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	2	
<i>zileuton</i>	2	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
<i>fesoterodine</i>	2	ST
<i>flavoxate</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
<i>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	

You can find information 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>dutasteride-tamsulosin</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL (1 per 1 day)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	LA
OXLUMO	4	PA
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	4	PA
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC

You can find information 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>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	9	ACA; OTC
<i>full spectrum b-vitamin c</i>	9	ACA; OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>newgen</i>	1	
<i>one daily prenatal</i>	9	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	9	ACA; OTC
<i>prenatal multivitamins</i>	9	ACA; OTC
<i>prenatal one daily</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	1	
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b maxi complex</i>	9	ACA; OTC
<i>super quints</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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<i>carisoprodol</i>	22	<i>ciprofloxacin hcl</i>	9, 51, 79	<i>compro</i>	60
<i>carisoprodol-aspirin-codeine</i>	22	<i>ciprofloxacin-dexamethasone</i>	51	<i>constulose</i>	60
<i>carteolol</i>	79	<i>citalopram</i>	29	COPIKTRA	11
<i>cartia xt</i>	37	<i>citrate of magnesia</i>	60	CORLANOR	42
<i>carvedilol</i>	37	<i>citroma</i>	60	CORTISPORIN-TC	52
CAYA CONTOURED.....	71	<i>claravis</i>	44	CORTROPHIN GEL	52
CAYSTON.....	8	<i>clarithromycin</i>	7	COSENTYX.....	43
<i>caziant (28)</i>	74	<i>classic prenatal</i>	88	COSENTYX (2 SYRINGES)	42
<i>cefaclor</i>	6, 7	<i>clearlax</i>	60	COSENTYX PEN	42
<i>cefadroxil</i>	7	<i>clemastine</i>	82	COSENTYX PEN (2 PENS).....	42
<i>cefdinir</i>	7	CLEOCIN.....	73	COSENTYX UNOREADY PEN.....	43
<i>cefixime</i>	7	<i>clindacin etz</i>	44	COTELLIC.....	11
<i>cefpodoxime</i>	7	<i>clindacin p</i>	44	<i>covaryx</i>	72
<i>cefprozil</i>	7	<i>clindamycin hcl</i>	8	<i>covaryx h.s.</i>	72
<i>cefuroxime axetil</i>	7	<i>clindamycin pediatric</i>	8	CREON.....	60
<i>celecoxib</i>	26	<i>clindamycin phosphate</i> ..	44, 45, 73	CRINONE	72
<i>cephalexin</i>	7	<i>clindamycin-benzoyl peroxide</i>	45	<i>cromolyn</i>	60, 80, 83
CERDELGA.....	55	CLINDESSE	73	<i>cryselle (28)</i>	74
<i>cetirizine</i>	82	<i>clobazam</i>	18	<i>curae</i>	75
<i>cevimeline</i>	49	<i>clobetasol</i>	47	<i>cyanocobalamin (vitamin b-12)</i>	88
<i>charlotte 24 fe</i>	74	<i>clobetasol-emollient</i>	47	<i>cyclobenzaprine</i>	22
<i>chateal (28)</i>	74	<i>clomipramine</i>	29	<i>cyclopentolate</i>	79
<i>chateal eq (28)</i>	74	<i>clonazepam</i>	18	<i>cyclophosphamide</i>	11
CHEMET	49	<i>clonidine</i>	37	CYCLOPHOSPHAMIDE	11
CHENODAL	60	<i>clonidine hcl</i>	29, 37	CYCLOSERINE.....	8
<i>chlordiazepoxide hcl</i>	29	<i>clopidogrel</i>	40	CYCLOSET	57
<i>chlordiazepoxide-clidinium</i> ..	58	<i>clorazepate dipotassium</i>	29	<i>cyclosporine</i>	11, 80
<i>chlorhexidine gluconate</i>	51	<i>clotrimazole</i>	3	<i>cyclosporine modified</i>	11
<i>chloroquine phosphate</i>	8	<i>clotrimazole-betamethasone</i>	46	CYLTEZO(CF)	69
<i>chlorpromazine</i>	29	<i>clozapine</i>	29	CYLTEZO(CF) PEN.....	69
<i>chlorthalidone</i>	37	<i>c-nate dha</i>	88	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	69
<i>chlorzoxazone</i>	22	COARTEM	8	CYLTEZO(CF) PEN PSORIASIS-UV	69
CHOLBAM.....	60	<i>codeine sulfate</i>	23, 24	<i>cyproheptadine</i>	82
<i>cholestyramine (with sugar)</i>	41	<i>codeine-bitalbitol-asa-caff</i> ..	24	<i>cyred</i>	75
<i>cholestyramine light</i>	41	<i>codeine-guaifenesin</i>	82	<i>cyred eq</i>	75
CHORIONIC GONADOTROPIN, HUMAN.....	55	<i>colchicine</i>	69	CYSTADROPS	80
<i>ciclodan</i>	46	<i>colesevelam</i>	41	CYSTAGON	87
<i>ciclopirox</i>	46	<i>colestipol</i>	41	CYSTARAN.....	80
<i>cilostazol</i>	40	COMBIPATCH.....	72	D	
CILOXAN.....	79	COMBIVENT RESPIMAT ..	83	<i>dabigatran etexilate</i>	40
CIMDUO.....	4	COMETRIQ	11	<i>dalfampridine</i>	21
<i>cimetidine</i>	63	COMIRNATY 2023-24 (12Y UP)(PF)	67	<i>danazol</i>	55
CIMZIA.....	60	COMPACT SPACE CHAMBER	52	<i>dantrolene</i>	22
CIMZIA POWDER FOR RECONST.....	60	COMPLERA	4	<i>dapsone</i>	8, 45
<i>cinacalcet</i>	55				

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<i>darifenacin</i>	86	<i>digox</i>	39	E	
<i>darunavir</i>	4	<i>digoxin</i>	39	<i>e.e.s. 400</i>	7
<i>dasetta 1/35 (28)</i>	75	<i>dihydroergotamine</i>	20, 21	EASIVENT HOLDING	
<i>dasetta 7/7/7 (28)</i>	75	DILANTIN	18	CHAMBER	53
DAURISMO	11	<i>diltiazem</i>	37	<i>econazole</i>	46
<i>daysee</i>	75	<i>dilt-xr</i>	37	<i>econtra ez</i>	75
<i>deblitane</i>	72	<i>dimethyl fumarate</i>	66	<i>econtra one-step</i>	75
<i>deferasirox</i>	49	DIPENTUM	60	<i>ecotrin low strength</i>	26
<i>deferiprone</i>	49	<i>diphenoxylate-atropine</i>	58	<i>ed-spaz</i>	58
DELSTRIGO	4	<i>dipyridamole</i>	40	EDURANT	4
<i>demeclocycline</i>	9	<i>disopyramide phosphate</i>	36	<i>eemt</i>	72
<i>denta 5000 plus</i>	51	<i>disulfiram</i>	49	<i>eemt hs</i>	72
<i>dentagel</i>	51	DIURIL	37	<i>efavirenz</i>	4
DESCOVY	4	<i>divalproex</i>	18	<i>efavirenz-emtricitabin-tenofov</i>	4
<i>desipramine</i>	29	<i>dodex</i>	88	<i>efavirenz-lamivu-tenofov disop</i>	
<i>desloratadine</i>	82	<i>dofetilide</i>	36	.....	4
<i>desmopressin</i>	55	DOJOLVI	87	<i>effer-k</i>	87
DESMOPRESSIN	55	<i>dolishale</i>	75	EGRIFTA SV	65
<i>desog-e.estradiol/e.estradiol</i>	75	<i>donepezil</i>	21	<i>eletriptan</i>	21
<i>desonide</i>	47	DOPTLET (15 TAB PACK)		ELIGARD	11
<i>desoximetasone</i>	47, 48	.....	40	ELIGARD (3 MONTH)	11
<i>desvenlafaxine succinate</i>	29	<i>dorzolamide</i>	81	ELIGARD (4 MONTH)	11
<i>dexamethasone</i>	52	<i>dorzolamide-timolol</i>	81	ELIGARD (6 MONTH)	11
<i>dexamethasone sodium</i>		<i>dorzolamide-timolol (pf)</i>	81	<i>elinest</i>	75
<i>phosphate</i>	81	<i>dotti</i>	72	ELIQUIS	40
DEXCOM G6 RECEIVER	53	DOVATO	4	ELIQUIS DVT-PE TREAT	
DEXCOM G6 SENSOR	53	<i>doxazosin</i>	37	30D START	40
DEXCOM G6		<i>doxepin</i>	30	<i>elite-ob</i>	88
TRANSMITTER	53	<i>doxercalciferol</i>	55	ELLA	75
DEXCOM G7 RECEIVER	53	<i>doxycycline hyclate</i>	9	<i>eluryng</i>	73
DEXCOM G7 SENSOR	53	<i>doxycycline monohydrate</i>	9, 10	EMCYT	11
<i>dexmethylphenidate</i>	29	<i>doxylamine-pyridoxine (vit b6)</i>		EMGALITY PEN	21
<i>dextroamphetamine sulfate</i>	29, 30	.....	60	EMGALITY SYRINGE	21
<i>dextroamphetamine-</i>		<i>dronabinol</i>	60	<i>emtricitabine</i>	4
<i>amphetamine</i>	30	<i>drospirenone-ethinyl estradiol</i>		<i>emtricitabine-tenofovir (tdf)</i>	4
DIACOMIT	18	.....	75	EMTRIVA	4
<i>dialyvite 800</i>	88	DROXIA	11	EMVERM	8
<i>diazepam</i>	18, 30	<i>droxidopa</i>	49	<i>enalapril maleate</i>	37
<i>diazepam intensol</i>	30	DRYSOL DAB-O-MATIC	43	<i>enalapril-hydrochlorothiazide</i>	
<i>dichlorphenamide</i>	21	DUAVEE	72	.....	37
<i>diclofenac potassium</i>	26	<i>dulcolax (magnesium</i>		ENBREL	69
<i>diclofenac sodium</i>	26, 43, 80	<i>hydroxide)</i>	60	ENBREL MINI	69
<i>diclofenac-misoprostol</i>	26	DULERA	83	ENBREL SURECLICK	70
<i>dicloxacillin</i>	9	<i>duloxetine</i>	30	ENDARI	49
<i>dicyclomine</i>	58	DUPIXENT PEN	43	<i>endocet</i>	24
<i>didanosine</i>	4	DUPIXENT SYRINGE	44	<i>enilloring</i>	73
DIFICID	7	DUREX AVANTI BARE		<i>enoxaparin</i>	40
<i>diflunisal</i>	26	REAL FEEL	71	<i>enpresse</i>	75
<i>difluprednate</i>	81	<i>dutasteride</i>	86	<i>enskyce</i>	75
		<i>dutasteride-tamsulosin</i>	87	ENSPRYNG	11

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<i>entacapone</i>	20	<i>everolimus (antineoplastic)</i> ..	12	FLUBLOK QUAD 2023-2024	
<i>entecavir</i>	4	EVOTAZ	4	(PF)	68
ENTRESTO	42	EVRYSDI	21	FLUCELVAX QUAD 2023-	
ENTYVIO PEN	60	<i>exemestane</i>	12	2024	68
<i>enulose</i>	60	EXKIVITY	12	FLUCELVAX QUAD 2023-	
EPCLUSA	4	EXTAVIA	66	2024 (PF)	68
EPIDIOLEX	18	<i>eye itch relief</i>	80	<i>fluconazole</i>	3
<i>epinastine</i>	80	<i>ezetimibe</i>	41	<i>flucytosine</i>	3
<i>epinephrine</i>	82	<i>ezetimibe-simvastatin</i>	41	<i>fludrocortisone</i>	52
<i>epitol</i>	18	F		FLULAVAL QUAD 2023-	
<i>eplerenone</i>	37	<i>falmina (28)</i>	75	2024 (PF)	68
EPOGEN	64	<i>famciclovir</i>	4	FLUMIST QUAD 2023-2024	
EQUETRO	18	<i>famotidine</i>	63	.....	68
<i>ergocalciferol (vitamin d2)</i> ...	88	FARXIGA	57	<i>flunisolide</i>	84
<i>ergoloid</i>	30	FASENRA	83	<i>fluocinolone</i>	48
ERGOMAR	21	FASENRA PEN	83	<i>fluocinolone acetonide oil</i>	51
<i>ergotamine-caffeine</i>	21	FC2 FEMALE CONDOM ..	71	<i>fluocinolone and shower cap</i>	48
ERIVEDGE	12	<i>febuxostat</i>	69	<i>fluocinonide</i>	48
ERLEADA	12	<i>felbamate</i>	18	<i>fluocinonide-e</i>	48
<i>erlotinib</i>	12	<i>felodipine</i>	37	<i>fluoride (sodium)</i>	51, 88
<i>errin</i>	72	FEMCAP	71	<i>fluorometholone</i>	81
<i>ery pads</i>	45	<i>fenofibrate</i>	41	<i>fluorouracil</i>	44
<i>erygel</i>	45	<i>fenofibrate micronized</i>	41	<i>fluoxetine</i>	30
<i>ery-tab</i>	7	<i>fenofibrate nanocrystallized</i>	41	<i>fluphenazine decanoate</i>	30
<i>erythrocin (as stearate)</i>	7	<i>fenofibric acid (choline)</i>	41	<i>fluphenazine hcl</i>	30, 31
<i>erythromycin</i>	7, 79	FENSOLVI	12	<i>flurazepam</i>	31
<i>erythromycin ethylsuccinate</i> ...	7	<i>fentanyl</i>	24	<i>flurbiprofen</i>	27
<i>erythromycin with ethanol</i> ...	45	<i>fentanyl citrate</i>	24	<i>flurbiprofen sodium</i>	80
<i>erythromycin-benzoyl peroxide</i>	45	FENTANYL CITRATE	24	<i>fluticasone propionate</i>	48, 84
ESBRIET	83	FENTORA	24	<i>fluticasone propion-salmeterol</i>	84
<i>escitalopram oxalate</i>	30	FERRIPROX	49	.....	84
<i>esomeprazole magnesium</i>	63	<i>fesoterodine</i>	86	FLUTICASONE PROPION-	
<i>estarylla</i>	75	FIASP U-100 INSULIN	54	SALMETEROL	84
<i>estazolam</i>	30	<i>finasteride</i>	87	<i>fluvoxamine</i>	31
<i>estradiol</i>	72	<i>finngolimod</i>	66	FLUZONE HIGHDOSE	
<i>estradiol-norethindrone acet</i>	72	FINTEPLA	18	QUAD 23-24 PF	68
<i>estrogens-methyltestosterone</i>	72	<i>finzala</i>	75	FLUZONE QUAD 2023-2024	
<i>eszopiclone</i>	30	FIRDAPSE	22	.....	68
<i>ethacrynic acid</i>	37	FIRMAGON KIT W		FLUZONE QUAD 2023-2024	
<i>ethambutol</i>	8	DILUENT SYRINGE	12	(PF)	68
<i>ethosuximide</i>	18	<i>flac otic oil</i>	51	<i>folic acid</i>	88
<i>ethynodiol diac-eth estradiol</i>	75	FLAREX	81	<i>folitab</i>	88
<i>etodolac</i>	26	<i>flavoxate</i>	86	<i>folivane-ob</i>	88
<i>etonogestrel-ethinyl estradiol</i>	73	<i>flecainide</i>	36	<i>foltabs 800</i>	88
<i>etoposide</i>	12	FLEXICHAMBER	53	<i>fondaparinux</i>	40
<i>etravirine</i>	4	FLUAD QUAD 2023-24(65Y		FORTEO	69
EUCRISA	44	UP)(PF)	67	FOSAMAX PLUS D	69
<i>euthyrox</i>	58	FLUARIX QUAD 2023-2024		<i>fosamprenavir</i>	4
		(PF)	67	<i>fosfomycin tromethamine</i>	10
				<i>fosinopril</i>	37

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

<i>fosinopril-hydrochlorothiazide</i>	37	<i>glatopa</i>	66	HUMALOG MIX 50-50	
FOTIVDA	12	GLEOSTINE	12	INSULN U-100	54
FRAGMIN	40	<i>glimepiride</i>	57	HUMALOG MIX 50-50	
FREESTYLE LIBRE 14 DAY		<i>glipizide</i>	57	KWIKPEN.....	54
READER.....	53	<i>glipizide-metformin</i>	57	HUMALOG MIX 75-25	
FREESTYLE LIBRE 14 DAY		GLUCAGON (HCL)		KWIKPEN.....	54
SENSOR.....	53	EMERGENCY KIT	53	HUMALOG MIX 75-25(U-	
FREESTYLE LIBRE 2		<i>glucagon emergency kit</i>		100)INSULN	54
READER.....	53	(<i>human</i>)	53	HUMALOG U-100 INSULIN	
FREESTYLE LIBRE 2		<i>glyburide</i>	57	.....	54
SENSOR.....	53	<i>glyburide micronized</i>	57	HUMATROPE	65
FREESTYLE LIBRE 3		<i>glyburide-metformin</i>	57	HUMIRA.....	70
READER.....	53	<i>glycopyrrolate</i>	58	HUMIRA PEN	70
FREESTYLE LIBRE 3		GLYXAMBI	57	HUMIRA PEN CROHNS-UC-	
SENSOR.....	53	<i>granisetron hcl</i>	60	HS START	70
<i>frovatriptan</i>	21	GRANIX	64	HUMIRA(CF)	70
FRUZAQLA.....	12	GRASTEK.....	68	HUMIRA(CF) PEDI	
<i>full spectrum b-vitamin c</i>	88	<i>griseofulvin microsize</i>	3	CROHNS STARTER	70
FULPHILA.....	64	<i>griseofulvin ultramicrosize</i>	3	HUMIRA(CF) PEN.....	70
<i>furosemide</i>	37	<i>guanfacine</i>	31, 37	HUMIRA(CF) PEN	
FUZEON	4	GVOKE	53	CROHNS-UC-HS.....	70
<i>fyavolv</i>	72	GVOKE HYPOPEN 2-PACK		HUMIRA(CF) PEN	
FYCOMPA	18	.....	53	PEDIATRIC UC.....	70
FYLNETRA	64	GVOKE PFS 2-PACK		HUMIRA(CF) PEN PSOR-	
G		SYRINGE.....	53	UV-ADOL HS.....	70
<i>g tussin ac</i>	82	GYNAZOLE-1	73	HUMULIN 70/30 U-100	
<i>gabapentin</i>	18	H		INSULIN	54
GALAFOLD	55	HAEGARDA.....	84	HUMULIN 70/30 U-100	
<i>galantamine</i>	22	<i>hailey</i>	75	KWIKPEN.....	54
<i>gatifloxacin</i>	79	<i>hailey 24 fe</i>	75	HUMULIN N NPH INSULIN	
GATTEX 30-VIAL	60	<i>hailey fe 1.5/30 (28)</i>	75	KWIKPEN.....	54
<i>gavilax</i>	60	<i>hailey fe 1/20 (28)</i>	75	HUMULIN N NPH U-100	
<i>gavilyte-c</i>	60	<i>halobetasol propionate</i>	48	INSULIN	55
<i>gavilyte-g</i>	60	<i>haloette</i>	73	HUMULIN R REGULAR U-	
GAVRETO.....	12	<i>haloperidol</i>	31	100 INSULN	55
GELCLAIR	51	<i>haloperidol decanoate</i>	31	HUMULIN R U-500 (CONC)	
<i>gemfibrozil</i>	41	<i>haloperidol lactate</i>	31	INSULIN	55
<i>gengraf</i>	12	HARVONI.....	5	HUMULIN R U-500 (CONC)	
GENOTROPIN	65	<i>heather</i>	72	KWIKPEN.....	55
GENOTROPIN MINQUICK		HEMANGEOL.....	37	HYCAMTIN.....	12
.....	65	<i>hemmorex-hc</i>	60	<i>hydralazine</i>	37
<i>gentamicin</i>	46, 79	<i>heparin (porcine)</i>	40	<i>hydrochlorothiazide</i>	37
GENTEEL VACUUM		<i>heparin, porcine (pf)</i>	40	<i>hydrocodone bitartrate</i>	24
LANCING DEVICE	54	<i>her style</i>	75	<i>hydrocodone-acetaminophen</i>	24
<i>gentle laxative (bisacodyl)</i> ...	60	HETLIOZ LQ.....	31	<i>hydrocodone-</i>	
<i>gentlelax</i>	60	<i>homatropaire</i>	79	<i>chlorpheniramine</i>	82
GENVOYA	5	HUMALOG JUNIOR		<i>hydrocodone-homatropine</i> ...	82
GILOTRIF.....	12	KWIKPEN U-100	54	<i>hydrocodone-ibuprofen</i>	24
<i>glatiramer</i>	66	HUMALOG KWIKPEN		<i>hydrocortisone</i>	48, 52, 60
		INSULIN	54	<i>hydrocortisone acetate</i>	60

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<i>hydrocortisone butyrate</i>	48	INLYTA	13	JUXTAPID	41
<i>hydrocortisone valerate</i>	48	INQOVI.....	13	JYNARQUE	55, 56
<i>hydrocortisone-acetic acid</i> ...	51	INREBIC	13	K	
<i>hydrocortisone-pramoxine</i> ...	60	INSULIN SYRINGE-		<i>kaitlib fe</i>	76
<i>hydromet</i>	82	NEEDLE U-100	53	<i>kalliga</i>	76
<i>hydromorphone</i>	24	INTELENCE	5	KALYDECO	84
<i>hydroxychloroquine</i>	8	INTRAROSA	73	<i>kariva (28)</i>	76
<i>hydroxyurea</i>	12	INVEGA HAFYERA.....	31	<i>kelnor 1/35 (28)</i>	76
<i>hydroxyzine hcl</i>	82	INVEGA SUSTENNA.....	31	<i>kelnor 1-50 (28)</i>	76
<i>hydroxyzine pamoate</i>	82	INVEGA TRINZA	31, 32	KERENDIA.....	38
HYFTOR.....	44	<i>ipratropium bromide</i>	51, 84	KESIMPTA PEN.....	66
<i>hyoscyamine sulfate</i>	59	<i>ipratropium-albuterol</i>	84	<i>ketoconazole</i>	3, 46
<i>hyosyne</i>	59	<i>irbesartan</i>	38	<i>ketoprofen</i>	27
HYPER-SAL	84	<i>irbesartan-hydrochlorothiazide</i>		<i>ketorolac</i>	27, 80
HYRIMOZ	70	.....	38	<i>ketotifen fumarate</i>	80
HYRIMOZ PEN.....	70	IRESSA	13	KEVZARA	70
HYRIMOZ PEN CROHN'S-		ISENTRESS	5	KINERET	70
UC STARTER.....	70	ISENTRESS HD	5	KISQALI	13
HYRIMOZ PEN PSORIASIS		<i>isibloom</i>	75	KISQALI FEMARA CO-	
STARTER	70	<i>isoniazid</i>	8	PACK	13
HYRIMOZ(CF).....	70	<i>isosorbide dinitrate</i>	42	<i>klayesta</i>	46
HYRIMOZ(CF) PEDI		<i>isosorbide mononitrate</i>	42	<i>klor-con 10</i>	87
CROHN STARTER	70	<i>isotretinoin</i>	45	<i>klor-con 8</i>	87
HYRIMOZ(CF) PEN	70	<i>isradipine</i>	38	<i>klor-con m10</i>	87
I		ISTURISA	55	<i>klor-con m15</i>	87
<i>ibandronate</i>	69	<i>itraconazole</i>	3	<i>klor-con m20</i>	87
IBRANCE	12	<i>ivermectin</i>	8, 45	<i>klor-con/ef</i>	87
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<i>ibu</i>	27	J		<i>kobee</i>	88
<i>ibuprofen</i>	27	<i>jaimiess</i>	75	KORLYM.....	56
<i>icatibant</i>	84	JAKAFI	13	KOSELUGO.....	13
<i>iclevia</i>	75	<i>jantoven</i>	40	KRAZATI.....	13
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<i>icosapent ethyl</i>	41	JANUMET XR.....	57	<i>kurvelo (28)</i>	76
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IMCIVREE.....	49	<i>jencycla</i>	72	<i>lacosamide</i>	18
<i>imipramine hcl</i>	31	JENTADUETO	57	<i>lactulose</i>	61
<i>imiquimod</i>	69	JENTADUETO XR.....	57	LAGEVRIO (EUA).....	5
INBRIJA.....	20	<i>jinteli</i>	72	<i>lamivudine</i>	5
<i>incassia</i>	72	<i>jolessa</i>	75	<i>lamivudine-zidovudine</i>	5
INCRELEX	49	<i>juleber</i>	75	<i>lamotrigine</i>	19
INCRUSE ELLIPTA.....	84	JULUCA.....	5	LAMPIT	8
<i>indapamide</i>	37	<i>junel 1.5/30 (21)</i>	75	LANCETS	54
<i>indomethacin</i>	27	<i>junel 1/20 (21)</i>	75	LANCING DEVICE	54
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PACK	22	<i>junel fe 24</i>	76		

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LANTUS SOLOSTAR U-100	LINZESS	LYNPARZA
INSULIN	liothyronine	LYSODREN
LANTUS U-100 INSULIN ..	lisdexamfetamine	LYTGOBI
lapatinib	lisinopril	lyza
larin 1.5/30 (21)	lisinopril-hydrochlorothiazide	M
larin 1/20 (21) .....	.....	magnesium citrate
larin 24 fe	LITFULO	malathion
larin fe 1.5/30 (28)	lithium carbonate	maraviroc
larin fe 1/20 (28)	lithium citrate	marlissa (28)
latanoprost	LIVMARLI	MARPLAN
laxative (bisacodyl)	LIVTENCITY	MATULANE
laxative peg 3350	LO LOESTRIN FE	matzim la
layolis fe	LODOCO	MAVENCLAD (10 TABLET
LEDIPASVIR-SOFOSBUVIR	lojaimiess	PACK)
.....	LOKELMA	MAVENCLAD (4 TABLET
leena 28	LONSURF	PACK)
leflunomide	lopinavir-ritonavir	MAVENCLAD (5 TABLET
lenalidomide	lorazepam	PACK)
LENVIMA	lorazepam intensol	MAVENCLAD (6 TABLET
lessina	LORBRENA	PACK)
letrozole	loryna (28)	MAVENCLAD (7 TABLET
leucovorin calcium	losartan	PACK)
LEUKERAN	losartan-hydrochlorothiazide	MAVENCLAD (8 TABLET
LEUKINE .....	.....	PACK)
leuprolide	loteprednol etabonate	MAVENCLAD (9 TABLET
LEUPROLIDE (3 MONTH) 13	lovastatin	PACK)
levalbuterol hcl	low-ogestrel (28)	MAVYRET
levetiracetam	loxapine succinate	maxi-tuss ac
levobunolol	lo-zumandimine (28)	MAYZENT
levocarnitine	lubiprostone	MAYZENT STARTER(FOR
levocarnitine (with sugar)	ludent fluoride	1MG MAINT)
levocetirizine	LULICONAZOLE	MAYZENT STARTER(FOR
levofloxacin	LUMAKRAS	2MG MAINT)
levonest (28)	LUMIGAN	meclizine
levonorgestrel	LUMRYZ	medroxyprogesterone
levonorgestrel-ethinyl estrad76	LUPKYNIS	mefenamic acid
levonorg-eth estrad triphasic76	LUPRON DEPOT	mefloquine
levora-28	LUPRON DEPOT (3	megestrol
levo-t	MONTH)	MEKINIST
levothyroxine	LUPRON DEPOT (4	MEKTOVI
levoxyl	MONTH)	meloxicam
lidocaine	LUPRON DEPOT (6	melfhalan
lidocaine hcl	MONTH)	memantine
lidocaine hcl-hydrocortison ac	LUPRON DEPOT-PED	MEMANTINE
.....	LUPRON DEPOT-PED (3	meperidine
lidocaine viscous	MONTH)	meprobamate
lidocaine-prilocaine	lurasidone	mercaptopurine
lidocort	lutra (28)	merzee
lidopin	lyleq	mesalamine
linezolid	lyllana	MESNEX

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<i>methadone</i>	24, 25	<i>misoprostol</i>	63	<i>neomycin</i>	8
<i>methadose</i>	25	<i>m-natal plus</i>	88	<i>neomycin-bacitracin-poly-hc</i>	81
<i>methamphetamine</i>	32	<i>modafinil</i>	33	<i>neomycin-bacitracin-</i>	
<i>methazolamide</i>	80	MODERNA COVID 23-		<i>polymyxin</i>	79
<i>methenamine hippurate</i>	10	24(6M-11Y)PF	68	<i>neomycin-polymyxin b-</i>	
<i>methenamine mandelate</i>	10	<i>moexipril</i>	38	<i>dexameth</i>	81
<i>methimazole</i>	52	<i>mometasone</i>	48, 84	<i>neomycin-polymyxin-</i>	
<i>methocarbamol</i>	22	<i>mondoxylene nl</i>	10	<i>gramicidin</i>	79
<i>methotrexate sodium</i>	14	<i>mono-lynyah</i>	77	<i>neomycin-polymyxin-hc</i> ..	52, 81
<i>methotrexate sodium (pf)</i>	14	<i>montelukast</i>	84	<i>neo-polycin</i>	79
<i>methoxsalen</i>	44	<i>morphine</i>	25	<i>neo-polycin hc</i>	81
<i>methscopolamine</i>	59	<i>morphine concentrate</i>	25	NERLYNX	14
<i>methsuximide</i>	19	MOTEGRITY	61	<i>neuac</i>	45
<i>methyldopa</i>	38	MOUNJARO.....	57	NEULASTA	64
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<i>metoclopramide hcl</i>	61	<i>multi-vitamin with fluoride</i> ..	88	<i>new day</i>	77
<i>metolazone</i>	38	<i>mupirocin</i>	46	<i>newgen</i>	88
<i>metoprolol succinate</i>	38	<i>mvc-fluoride</i>	88	NEXIUM PACKET.....	63
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<i>miconazole-3</i>	73	MYLERAN	14	<i>nicotine</i>	50
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<i>microgestin 1/20 (21)</i>	76	<i>mynatal-z</i>	88	NICOTROL NS.....	50
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<i>mimvey</i>	72	<i>natura-lax</i>	61	<i>cryst</i>	10
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NORVIR	5	KT(GEN5)	54	TITRATION KT	38
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