



AVMED EMPLOYER PLANS 5-TIER PRESCRIPTION DRUG FORMULARY

(Effective July – September 2026)

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

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

INTRODUCTION

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

AvMed Pharmacy and Therapeutics Committee ("P&T Committee") is utilized to approve safe and clinically effective drug therapies. Membership of the Committee reflects a multi-disciplinary approach to drug evaluation. The Committee is comprised of practicing physicians, pharmacists and or/nurse practitioners holding valid professional licenses and come from clinical specialties that adequately represent the clinical needs of the covered population. The providers shall be representative of primary care clinical specialties such

as Family Practice, Geriatrics, Internal Medicine, and Pediatrics. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturer.

DEFINITIONS

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

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

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

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

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

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

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed.

Specialty Medication – A medication classified by Avmed as a specialty drug. Specialty drugs have unique uses and are generally prescribed for people with complex or ongoing medical conditions. These medications must be prescribed by a medical provider and dispensed by a participating specialty pharmacy, depending on the medication. Specialty Medications are limited to a 30-day supply.

Step Therapy - The process of obtaining approval for certain prescription drugs that according to AvMed’s guidelines require a trial of one or more first and/or second-line medications to be covered. If for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described in the *Prior Authorization Process* section below.

Quantity Limit - A maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines.

BENEFIT COVERAGE AND LIMITATIONS

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

The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 90-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used. Select plans may provide the option to obtain a 90-day

supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes a 31 to 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Specialty Drugs are only available from a Plan Specialty Pharmacy and are limited to a 30-day supply unless limited by manufacturer packaging and then additional copayment amount may apply for amounts over 30 days.

Prior Authorization Process

The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The prior authorization process requires the practitioner to provide information to support the clinical criteria that must be met for approval. The completed drug authorization request form and supporting clinical documentation must be submitted to AvMed by fax to 1-305-671-0200. The pharmacy drug authorization request forms are available at <https://www.avmed.org/prescriptions/> or <https://www.avmed.org/forms/provider>.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 24 hours if authorization is deemed urgent and within 1-3 business days if authorization is identified as standard or routine.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Services representative. Members may also initiate the prior authorization process by logging into <https://www.avmed.org/prescriptions/#list-of-covered-drugs> and then clicking the link "Prescriptions".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the

formulary. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization for the quantity limit exception as described above.

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

Tier	Definition
1	<u>Preferred Generic Drugs</u> - includes commonly prescribed Generic Drugs. Other drugs may be included in Tier 1 if the Plan recognizes they show documented long-term decreases in illness.
2	<u>Preferred Brand & Other Generic Drugs</u> - includes brand-name drugs and some Generic Drugs with higher costs than Tier 1 Generic Drugs that are considered by the Plan to be standard therapy.
3	<u>Non-Preferred Brand Drugs</u> - includes brand-name drugs not included by the Plan on Tier 1 or Tier 2. These may include single source brand-name drugs that do not have a Generic Product Level equivalent or a therapeutic equivalent. Drugs on this tier may be higher in cost than equivalent drugs, or drugs determined to be no more effective than equivalent drugs on lower tiers.

4	Specialty Drugs - includes those drugs classified by the Plan as Specialty Drugs. Specialty Drugs have unique uses and are generally prescribed for people with complex or ongoing medical conditions.
9	Zero Cost Share Preventative Drugs - These are drugs covered under the Affordable Care Act (ACA) at no cost-share (\$0), to you.

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

What's Not Covered: Common Exclusions

Certain items may be excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing.
- Experimental medication products or any medication product used in an experimental manner.
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA).
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill, unless otherwise specified in the member's specific benefit plan.
- Fertility drugs, unless otherwise specified in the member's specific benefit plan.
- Medications or devices for the diagnosis or treatment of sexual dysfunction, unless otherwise specified in the member's specific benefit plan.
- Prescription and non-prescription vitamins and minerals.
- Nutritional supplements and Medical Foods.
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications.
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss, unless otherwise specified in the member's specific benefit plan.
- Compounded prescriptions, except pediatric preparations.
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations, allergy serums, medical supplies (including therapeutic devices, dressings, appliances, and support garments), medications administered by the attending physician to treat an acute phase of an illness, and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or

coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

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

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

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

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

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified co-payment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications.

NOTICE

The information contained in this document is proprietary. The information may not be copied as a whole or in part without written permission. ©2024. All rights reserved. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

These listings do not imply or constitute an endorsement, sponsorship, or recommendation AvMed or Express Scripts. When viewing this formulary via the Internet, please be advised that this formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification.

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

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	13
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	25
AUTONOMIC & CNS DRUGS, NEUROLOGY	60
CARDIOVASCULAR, HYPERTENSION & LIPIDS	62
DERMATOLOGICALS/TOPICAL THERAPY	74
DIAGNOSTICS & MISCELLANEOUS AGENTS	89
EAR, NOSE & THROAT MEDICATIONS	92
ENDOCRINE/DIABETES	94
GASTROENTEROLOGY	105
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	114
MUSCULOSKELETAL & RHEUMATOLOGY	119
OBSTETRICS & GYNECOLOGY	124
OPHTHALMOLOGY	133
RESPIRATORY, ALLERGY, COUGH & COLD	138
UROLOGICALS	146
VITAMINS, HEMATINICS & ELECTROLYTES	148
Index	152

List of Abbreviations

1: Preferred Generics

2: Non-Preferred Generics

3: Preferred Brands

4: Non-Preferred Brands

5: Specialty Medications

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

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

ACA: Affordable Care Act.

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.

SP: Specialty Drug

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	4	PA
<i>clotrimazole mucous membrane</i>	1	QL (5 per 1 day)
CRESEMBA ORAL CAPSULE 186 MG	4	PA; QL (2 per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	4	PA; QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	QL (10 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 oral tablet 125 mg, 250 mg</i>	1	QL (3 per 1 day)
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	CED	PA; QL (4 per 1 day)
<i>itraconazole oral capsule</i>	2	QL (4 per 1 day)
<i>itraconazole oral solution</i>	CED	PA; QL (40 per 1 day)
<i>ketoconazole oral</i>	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; QL (1 per 1 day)
<i>nystatin oral suspension</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet</i>	1	QL (6 per 1 day)
ORAVIG	CED	PA; 14 tablets per fill
<i>posaconazole oral suspension</i>	2	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	4	QL (4 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
TOLSURA	CED	PA; QL (4 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	CED	PA; QL (10 per 1 day)

You can find information 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>entecavir</i>	5	SP; QL (1 per 1 day)
EPCLUSA	5	PA; SP; QL (1 per 1 day)
EPIVIR	5	SP
<i>etravirine</i>	5	SP
EVOTAZ	5	SP
<i>famciclovir</i>	1	
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir</i>	2	SP
GENVOYA	5	SP
HARVONI	5	PA; SP
INTELENCE	5	SP
ISENTRESS HD	5	SP
ISENTRESS ORAL POWDER IN PACKET	CED	PA; SP
ISENTRESS ORAL TABLET	5	SP
ISENTRESS ORAL TABLET,CHEWABLE	5	SP
JULUCA	5	SP
KALETRA	5	SP
<i>lamivudine oral solution</i>	1	SP
<i>lamivudine oral tablet 100 mg</i>	5	SP; QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SP
<i>lamivudine-zidovudine</i>	2	SP
LEDIPASVIR-SOFOSBUVIR	5	PA; SP
LIVTENCITY	5	PA; SP; QL (4 per 1 day)
<i>lopinavir-ritonavir oral tablet</i>	5	SP
<i>maraviroc</i>	5	SP
MAVYRET ORAL PELLETS IN PACKET	5	PA; SP; QL (6 per 1 day)
MAVYRET ORAL TABLET	5	PA; SP; QL (3 per 1 day)
<i>nevirapine</i>	2	SP
NORVIR ORAL POWDER IN PACKET	CED	PA; SP
NORVIR ORAL TABLET	5	SP
ODEFSEY	5	SP
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	3	QL (40 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (60 per 365 days)
PIFELTRO	5	SP
PREVYMIS ORAL PELLETS IN PACKET 120 MG	5	PA; SP; QL (2 per 1 day)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	5	PA; SP; QL (4 per 1 day)
PREVYMIS ORAL TABLET	5	PA; SP; QL (1 per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG	5	SP; QL (1 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	SP
PREZISTA ORAL SUSPENSION	5	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	SP
RELENZA DISKHALER	4	QL (20 per 180 days)
RETROVIR ORAL CAPSULE	5	SP
RETROVIR ORAL SYRUP	5	SP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	5	SP
REYATAZ ORAL POWDER IN PACKET	CED	PA; SP
<i>ribavirin inhalation</i>	5	SP
<i>ribavirin oral capsule</i>	5	SP
<i>ribavirin oral tablet 200 mg</i>	5	SP
<i>rilpivirine hcl</i>	5	SP
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	SP
RUKOBIA	5	PA; SP; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	5	SP
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	SP
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL (1 per 1 day)
SOVALDI	5	PA; SP
STRIBILD	5	SP
SUNLENCA ORAL	5	PA; SP; QL (1 per 365 days)
SYMFI	5	SP
SYMTUZA	5	SP
TAMIFLU ORAL CAPSULE 75 MG	4	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	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
TEMBEXA ORAL SUSPENSION	4	65mL per fill
TEMBEXA ORAL TABLET	4	4 tablets per fill
<i>tenofovir disoproxil fumarate</i>	2	SP; QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	5	SP
TIVICAY PD	5	SP; QL (6 per 1 day)
TRIUMEQ	5	SP
TRIUMEQ PD	5	SP
TRUVADA	5	SP
<i>valacyclovir</i>	1	
VALCYTE ORAL RECON SOLN	5	PA for age 9 and older; SP
<i>valganciclovir oral recon soln</i>	5	PA for age 9 and older; SP
<i>valganciclovir oral tablet</i>	5	SP
VALTRES	4	
VEMLIDY	5	PA; SP; QL (1 per 1 day)
VIRACEPT ORAL TABLET	5	SP
VIREAD ORAL POWDER	CED	PA; SP; QL (8 per 1 day)
VIREAD ORAL TABLET	5	SP; QL (1 per 1 day)
VOSEVI	5	PA; SP
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (1 per 183 days)
YEZTUGO ORAL	5	SP; ACA; QL (4 per 365 days)
ZEPATIER	5	PA; SP
ZIAGEN ORAL SOLUTION	5	SP
<i>zidovudine</i>	1	SP
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension for reconstitution</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>cefixime oral tablet</i>	CED	PA
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	CED	PA
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	PA; 100 ml per fill
DIFICID ORAL TABLET	4	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	4	PA for age 18 and older
ERYPED 200	4	PA for age 18 and older
ERYPED 400	4	PA for age 18 and older
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
<i>fidaxomicin</i>	2	PA; 20 tablets per fill
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	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
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	4	PA; QL (6 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA	4	
ARIKAYCE	5	PA; SP; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	4	PA
BETHKIS	5	SP; QL (224 per 28 days)
CAYSTON	5	SP; LA; QL (3 per 1 day)
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	4	QL (24 per 365 days)
<i>cycloserine</i>	2	
<i>dapsone oral</i>	1	
DARAPRIM	5	PA; SP; QL (3 per 1 day)
EMVERM	4	PA; 2 tablets per fill
<i>ethambutol</i>	1	
HUMATIN	4	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	5	SP; QL (3 per 1 day)
<i>isoniazid oral</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 per 90 days)
<i>ivermectin oral tablet 6 mg</i>	CED	PA; QL (10 per 90 days)
KITABIS PAK	5	SP; QL (10 per 1 day)
KRINTAFEL	4	QL (2 per 365 days)
LAMPIT	4	PA
LIKMEZ	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid</i>	1	
MALARONE	4	
MALARONE PEDIATRIC	4	
<i>mefloquine</i>	1	
MEPRON	4	
<i>metronidazole oral capsule</i>	CED	PA
METRONIDAZOLE ORAL TABLET 125 MG	CED	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT	4	QL (1 per 28 days)
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
ORLYNVAH	4	PA; QL (10 per 30 days)
<i>pentamidine inhalation</i>	2	QL (1 per 28 days)
PLAQUENIL	4	
<i>praziquantel</i>	2	
PRETOMANID	4	PA; QL (1 per 1 day)
PRIFTIN	4	QL (8 per 1 day)
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	5	PA; SP; QL (3 per 1 day)
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIRTURO ORAL TABLET 100 MG	CED	PA; LA; QL (188 per 168 days)
SIRTURO ORAL TABLET 20 MG	CED	PA; LA; QL (940 per 168 days)
SIVEXTRO ORAL	5	SP
SOLOSEC	CED	PA; QL (1 per 30 days)
SOVUNA	CED	PA
STROMEKTOL	4	PA; QL (20 per 90 days)
<i>tinidazole</i>	1	
TOBI	5	SP; QL (10 per 1 day)
TOBI PODHALER	5	ST; SP; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	SP; QL (10 per 1 day)
<i>tobramycin inhalation</i>	5	SP; QL (224 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
TOBRAMYCIN WITH NEBULIZER	5	SP; QL (10 per 1 day)
XENLETA ORAL	4	PA; QL (10 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (42 per 120 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
<i>dicloxacillin</i>	1	
MOXATAG	4	
<i>penicillin v potassium</i>	1	
PIVYA	4	PA; QL (9 per 30 days)
QUINOLONES		
BAXDELA ORAL	4	QL (28 per 30 days)
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</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		
BACTRIM	4	
BACTRIM DS	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
AVIDOXY DK	CED	PA
<i>demeclocycline</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	CED	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	CED	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	CED	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	CED	PA
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	CED	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	CED	PA
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	CED	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	CED	PA
EMROSI	CED	PA
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	CED	PA
<i>minocycline oral tablet</i>	CED	PA
<i>minocycline oral tablet extended release 24 hr</i>	CED	PA
<i>mondoxyne nl oral capsule 100 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>mondoxyne nl oral capsule 75 mg</i>	CED	PA
MORGIDOX 1X 50	CED	PA
MORGIDOX 1X100	CED	PA
NUZYRA ORAL	CED	PA
ORACEA	CED	PA
SEYSARA	4	ST
TARGADOX	CED	PA
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	CED	PA
XIMINO	CED	PA
URINARY TRACT AGENTS		
BLUJEP A	4	PA; QL (20 per 30 days)
<i>fosfomycin tromethamine</i>	2	
FURADANTIN	4	
MACROBID	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	CED	PA
PRIMSOL	4	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	CED	PA
VANCOCIN	4	
<i>vancomycin oral capsule</i>	2	
<i>vancomycin oral recon soln</i>	CED	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	

You can find information 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>leucovorin calcium oral tablet 5 mg</i>	1	
MESNEX ORAL	5	SP
VISTOGARD	5	SP; QL (20 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>abiraterone oral tablet 500 mg</i>	CED	PA; SP; QL (2 per 1 day)
<i>abirtega</i>	5	PA; SP; QL (4 per 1 day)
AFINITOR	5	PA; SP; QL (1 per 1 day)
AFINITOR DISPERZ	5	PA; SP
AKEEGA	5	PA; SP; QL (2 per 1 day)
ALECENSA	5	PA; SP; QL (8 per 1 day)
ALKERAN	5	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; SP; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	5	PA; SP; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; SP; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
ARIMIDEX	4	
AROMASIN	4	
ASTAGRAF XL	CED	PA; SP
AUGTYRO ORAL CAPSULE 160 MG	5	PA; SP; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; SP; QL (6 per 1 day)
AVMAPKI-FAKZYNJA	5	PA; SP; QL (66 per 28 days)
AYVAKIT	5	PA; SP; LA; QL (1 per 1 day)
AZASAN	CED	PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	CED	PA
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	5	PA; SP; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	5	PA; SP; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	5	PA; SP; LA; QL (1 per 1 day)
<i>bexarotene</i>	5	PA; SP
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE 100 MG	5	PA; SP; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	5	PA; SP; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	5	PA; SP; 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
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; SP; QL (1 per 1 day)
BRAFTOVI	5	PA; SP; LA; QL (6 per 1 day)
BRUKINSA ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
BYNFEZIA	5	PA; SP
CABOMETYX	5	PA; SP; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; SP; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	5	PA; SP; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; LA; QL (1 per 1 day)
CASODEX	4	
CELLCEPT ORAL CAPSULE	5	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	PA for age 8 and older; SP
CELLCEPT ORAL TABLET	5	SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; SP; QL (84 per 28 days)
COPIKTRA	5	PA; SP; LA; QL (2 per 1 day)
COTELLIC	5	PA; SP; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	5	SP
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	5	SP
<i>cyclosporine modified</i>	1	SP
<i>cyclosporine oral capsule</i>	1	SP
DANZITEN	5	PA; SP; QL (2 per 1 day)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	5	PA; SP; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	5	PA; SP; QL (2 per 1 day)
DROXIA	3	
ELIGARD	5	PA; SP; 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
ELIGARD (3 MONTH)	5	PA; SP; QL (1 per 63 days)
ELIGARD (4 MONTH)	5	PA; SP; QL (1 per 84 days)
ELIGARD (6 MONTH)	5	PA; SP; QL (1 per 126 days)
ENSACOVE	5	PA; SP; LA; QL (2 per 1 day)
ENSPRYNG	5	PA; SP; QL (1 per 28 days)
ENVARUSUS XR	CED	PA; SP
ERIVEDGE	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	5	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	5	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	5	PA; SP
EULEXIN	5	PA; SP
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; SP; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; SP
<i>everolimus (immunosuppressive)</i>	5	SP
<i>exemestane</i>	1	ACA
FARESTON	5	PA; SP; QL (1 per 1 day)
FEMARA	4	
FENSOLVI	5	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	PA; SP; QL (1 per 28 days)
FOTIVDA	5	PA; SP; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; SP; QL (21 per 28 days)
GAVRETO	5	PA; SP; LA; QL (4 per 1 day)
<i>gefitinib</i>	2	PA; SP; QL (1 per 1 day)
<i>gengraf oral capsule</i>	1	SP
GILOTRIF	5	PA; SP; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	5	PA; SP; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	5	PA; SP; QL (2 per 1 day)
GLEOSTINE	5	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
GOMEKLI ORAL CAPSULE 1 MG	5	PA; SP; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA; SP; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; SP; QL (168 per 28 days)
HERNEXEOS	5	PA; SP; QL (3 per 1 day)
HYCAMTIN ORAL	5	PA; SP
HYDREA	4	
<i>hydroxyurea</i>	1	
HYRNUO	5	PA; SP; QL (4 per 1 day)
IBRANCE ORAL CAPSULE 125 MG	5	PA; SP; QL (1 per 1 day)
IBRANCE ORAL TABLET	5	PA; SP; QL (1 per 1 day)
IBTROZI	5	PA; SP; QL (3 per 1 day)
ICLUSIG	5	PA; SP; QL (1 per 1 day)
IDHIFA	5	PA; SP; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	5	PA; SP; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	5	PA; SP; QL (6 per 1 day)
IMBRUVICA ORAL TABLET	5	PA; SP; QL (1 per 1 day)
IMKELDI	5	PA; SP; QL (280 per 28 days)
IMURAN	4	
INLURIYO	4	PA; SP; QL (2 per 1 day)
INLYTA ORAL TABLET 1 MG	5	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	5	PA; SP; QL (4 per 1 day)
INQOVI	5	PA; SP; QL (5 per 28 days)
INREBIC	5	PA; SP; LA; QL (4 per 1 day)
IRESSA	5	PA; SP; QL (1 per 1 day)
ITOVEBI ORAL TABLET 3 MG	5	PA; SP; QL (2 per 1 day)
ITOVEBI ORAL TABLET 9 MG	5	PA; SP; QL (1 per 1 day)
IWILFIN	5	PA; SP; LA; QL (8 per 1 day)
JAKAFI	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	5	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	5	PA; SP; QL (1 per 1 day)
JYLAMVO	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP; QL (63 per 28 days)
KLISYRI (250 MG)	4	PA; QL (5 per 365 days)
KOMZIFTI	5	PA; SP; QL (3 per 1 day)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; SP; QL (4 per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	5	PA; SP; QL (20 per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	5	PA; SP; QL (12 per 1 day)
KRAZATI	5	PA; SP; QL (6 per 1 day)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; SP; QL (0.5 per 28 days)
<i>lapatinib</i>	5	PA; SP; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	5	PA; SP; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	5	PA; SP; LA; QL (2 per 1 day)
<i>lenalidomide</i>	5	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; SP; QL (30 per 28 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; SP; QL (90 per 28 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; SP; QL (60 per 28 days)
<i>letrozole</i>	1	
LEUKERAN	5	PA; SP
<i>leuprolide subcutaneous kit</i>	5	PA; SP; QL (2 per 28 days)
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1)	5	PA; SP; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2)	5	PA; SP; QL (27 per 28 days)
<i>lomustine</i>	5	PA; SP
LONSURF ORAL TABLET 15-6.14 MG	5	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; SP; 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
LORBRENA ORAL TABLET 100 MG	5	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	5	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG, 240 MG	5	PA; SP; QL (2 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	5	PA; SP; QL (3 per 1 day)
LUPKYNIS	5	PA; SP; QL (6 per 1 day)
LUPRON DEPOT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	5	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	5	PA; SP; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	5	PA; SP; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; SP; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; SP; QL (1 per 126 days)
LUTRATE DEPOT (3 MONTH)	5	PA; SP; QL (1 per 63 days)
LYNPARZA	5	PA; SP; QL (4 per 1 day)
LYSODREN	5	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; SP; LA; QL (4 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; 4 packs per 28 days; SP; LA
MATULANE	5	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	CED	PA
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	5	PA; SP; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (1 per 1 day)
MEKTOVI	5	PA; SP; LA; QL (6 per 1 day)
<i>mercaptopurine oral suspension</i>	CED	PA; SP
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MODEYSO	5	PA; SP; QL (20 per 28 days)
MYCAPSSA	5	PA; SP; 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
<i>mycophenolate mofetil oral capsule</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	PA for age 8 and older; SP
<i>mycophenolate mofetil oral tablet</i>	1	SP
<i>mycophenolate sodium</i>	1	SP
MYFORTIC	4	SP
MYHIBBIN	5	PA for age 9 and older; SP; QL (350 per 30 days)
MYLERAN	5	PA; SP
NEMLUVIO	5	PA; SP; QL (1 per 28 days)
NEORAL	4	SP
NERLYNX	5	PA; SP; LA; QL (6 per 1 day)
NEXAVAR	5	PA; SP; LA; QL (4 per 1 day)
NILOTINIB D-TARTRATE	CED	PA; SP; QL (4 per 1 day)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; SP; QL (2 per 1 day)
<i>nilutamide</i>	5	PA; SP; QL (1 per 1 day)
NINLARO	5	PA; SP; QL (3 per 28 days)
NUBEQA	5	PA; SP; LA; QL (4 per 1 day)
<i>octreotide acetate</i>	5	PA; SP
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg</i>	5	PA; SP; QL (1 per 28 days)
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg</i>	5	PA; SP; QL (2 per 28 days)
ODOMZO	5	PA; SP; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (2 per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; SP; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; SP; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; SP; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; SP; QL (24 per 28 days)
OJJAARA	5	PA; SP; QL (1 per 1 day)
ONUREG	5	PA; SP; QL (14 per 28 days)
ORGOVYX	5	PA; SP; LA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ORSERDU ORAL TABLET 345 MG	5	PA; SP; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	5	PA; SP; QL (3 per 1 day)
PALSONIFY	5	PA; SP; QL (2 per 1 day)
<i>pazopanib oral tablet 200 mg</i>	5	PA; SP; QL (4 per 1 day)
PEMAZYRE	5	PA; SP; LA; QL (14 per 28 days)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	CED	PA; SP; QL (1 per 1 day)
PHYRAGO ORAL TABLET 20 MG	CED	PA; SP; QL (3 per 1 day)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; SP; QL (56 per 28 days)
<i>pomalidomide</i>	5	PA; SP; QL (1 per 1 day)
POMALYST	5	PA; SP; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE	5	SP
PROGRAF ORAL GRANULES IN PACKET	CED	PA; SP
PURIXAN	CED	PA; SP
QINLOCK	5	PA; SP; LA; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; SP; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	5	PA; SP; LA; QL (3 per 1 day)
REVLIMID	5	PA; SP; LA; QL (1 per 1 day)
REVUFORJ ORAL TABLET 110 MG	5	PA; SP; QL (4 per 1 day)
REVUFORJ ORAL TABLET 160 MG	5	PA; SP; QL (2 per 1 day)
REVUFORJ ORAL TABLET 25 MG	5	PA; SP; QL (8 per 1 day)
REZLIDHIA	5	PA; SP; QL (2 per 1 day)
REZUROCK	5	PA; SP; QL (1 per 1 day)
ROMVIMZA	5	PA; SP; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; SP; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; SP; LA; QL (12 per 1 day)
RUBRACA	5	PA; SP; LA; QL (4 per 1 day)
RYDAPT	5	PA; SP; QL (8 per 1 day)
SANDIMMUNE ORAL CAPSULE	4	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 30 MG	5	PA; SP; QL (1 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 20 MG	5	PA; SP; QL (2 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; SP; QL (4 per 1 day)
SCEMBLIX ORAL TABLET 20 MG	5	PA; SP; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	5	PA; SP; QL (10 per 1 day)
SIGNIFOR	5	PA; SP
SIGNIFOR LAR	5	PA; SP; QL (1 per 28 days)
SIKLOS	CED	PA; SP
<i>sirolimus</i>	2	SP
SOLTAMOX	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA; SP; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA; SP; QL (0.3 per 28 days)
<i>sorafenib</i>	5	PA; SP; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	5	PA; SP; QL (3 per 1 day)
STIVARGA	5	PA; SP; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; SP; QL (1 per 1 day)
SUPPRELIN LA	5	PA; SP; QL (1 per 365 days)
SUTENT	5	PA; SP; QL (1 per 1 day)
TABLOID	5	PA; SP
TABRECTA	5	PA; SP; QL (4 per 1 day)
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; SP; QL (30 per 1 day)
TAGRISSO	5	PA; SP; LA; QL (1 per 1 day)
TALZENNA	5	PA; SP; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TARGRETIN	5	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	5	PA; SP; QL (2 per 1 day)
<i>temozolomide</i>	5	PA; SP
TEPMETKO	5	PA; SP; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP; QL (1 per 1 day)
TIBSOVO	5	PA; SP; QL (2 per 1 day)
<i>toremifene</i>	5	PA; SP; QL (1 per 1 day)
<i>torpenz</i>	5	PA; SP; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PA; SP; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; SP; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PA; SP; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	5	PA; SP
TREXALL	CED	PA
TRIPTODUR	5	PA; SP; QL (1 per 126 days)
TRUQAP	5	PA; SP; QL (64 per 28 days)
TUKYSA	5	PA; SP; LA; QL (4 per 1 day)
TURALIO	5	PA; SP; LA; QL (4 per 1 day)
TYKERB	5	PA; SP; LA; QL (6 per 1 day)
VABRINTY (1 MONTH)	CED	PA; SP; QL (1 per 28 days)
VABRINTY (3 MONTH)	CED	PA; SP; QL (1 per 63 days)
VABRINTY (4 MONTH)	CED	PA; SP; QL (1 per 84 days)
VABRINTY (6 MONTH)	CED	PA; SP; QL (1 per 126 days)
VANFLYTA	5	PA; SP; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	5	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	5	PA; SP; QL (42 per 365 days)
VERZENIO	5	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	5	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
VITRAKVI ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	5	PA; SP; LA; QL (10 per 1 day)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	5	PA; SP; QL (1 per 1 day)
VONJO	5	PA; SP; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	5	PA; SP; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	5	PA; SP; QL (1 per 1 day)
VOTRIENT	5	PA; SP; QL (4 per 1 day)
VOYXACT	5	PA; SP; QL (2 per 28 days)
WAYRILZ	5	PA; SP; LA; QL (2 per 1 day)
WELIREG	5	PA; SP; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	5	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; SP; QL (4 per 1 day)
XATMEP	CED	PA
XERMELO	5	PA; SP; LA; QL (3 per 1 day)
XOSPATA	5	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA; SP; LA; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA; SP; LA; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1)	5	PA; SP; LA; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; SP; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; SP; LA; QL (32 per 28 days)
XROMI	CED	PA for age 9 and older
XTANDI ORAL CAPSULE	5	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	5	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	5	PA; SP; QL (2 per 1 day)
YONSA	5	PA; SP; QL (4 per 1 day)
ZEJULA ORAL TABLET	5	PA; SP; LA; QL (1 per 1 day)
ZELBORAF	5	PA; SP; 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
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA; SP; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	5	PA; SP; QL (1 per 28 days)
ZOLINZA	5	PA; SP; QL (4 per 1 day)
ZORTRESS	5	SP
ZYDELIG	5	PA; SP; QL (2 per 1 day)
ZYKADIA	5	PA; SP; QL (3 per 1 day)
ZYTIGA ORAL TABLET 250 MG	5	PA; SP; QL (4 per 1 day)
ZYTIGA ORAL TABLET 500 MG	CED	PA; SP; QL (2 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (2 per 1 day)
BANZEL	4	PA
<i>brivaracetam oral solution</i>	2	PA; QL (12 per 1 day)
<i>brivaracetam oral tablet</i>	2	PA; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION	4	PA; QL (12 per 1 day)
BRIVIACT ORAL TABLET	4	PA; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral suspension 200 mg/10 ml</i>	CED	PA
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	CED	PA
CARBATROL	4	PA
CELONTIN ORAL CAPSULE 300 MG	4	PA
<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	
DEPAKOTE	4	PA
DEPAKOTE ER	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
DEPAKOTE SPRINKLES	4	PA
DIACOMIT ORAL CAPSULE 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; SP; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; SP; QL (6 per 1 day)
<i>diazepam rectal</i>	2	
DILANTIN	4	PA; QL (3 per 1 day)
DILANTIN EXTENDED	4	PA
DILANTIN INFATABS	4	PA
DILANTIN-125	4	PA
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
ELEPSIA XR	CED	PA
EPIDIOLEX	5	PA; SP; LA
EPRONTIA	CED	PA
EQUETRO	4	PA
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	2	PA; QL (1 per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	2	PA; QL (2 per 1 day)
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	PA
FELBATOL ORAL TABLET	4	PA
FINTEPLA	5	PA; SP; LA; QL (12 per 1 day)
FYCOMPA ORAL SUSPENSION	4	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	4	PA; QL (1 per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	CED	PA; QL (1 per 1 day)
<i>gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg</i>	CED	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	CED	PA; QL (3 per 1 day)
GABARONE	CED	PA; QL (3 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	CED	PA; QL (1 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	CED	PA; QL (2 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	CED	PA; QL (3 per 1 day)
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
KLONOPIN	4	
<i>lacosamide oral</i>	2	PA
LAMICTAL ODT	CED	PA
LAMICTAL ODT STARTER (BLUE)	CED	PA
LAMICTAL ODT STARTER (GREEN)	CED	PA
LAMICTAL ODT STARTER (ORANGE)	CED	PA
LAMICTAL ORAL TABLET	4	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	PA
LAMICTAL STARTER (BLUE) KIT	CED	PA
LAMICTAL STARTER (GREEN) KIT	CED	PA
LAMICTAL STARTER (ORANGE) KIT	CED	PA
LAMICTAL XR	CED	PA
LAMICTAL XR STARTER (BLUE)	CED	PA
LAMICTAL XR STARTER (GREEN)	CED	PA
LAMICTAL XR STARTER (ORANGE)	CED	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	CED	PA
<i>lamotrigine oral tablet extended release 24hr</i>	CED	PA
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	CED	PA
<i>lamotrigine oral tablets, dose pack</i>	CED	PA
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</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
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	CED	PA
LYRICA	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	ST; QL (1 per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	ST; QL (2 per 1 day)
<i>methsuximide</i>	2	
MOTPOLY XR	CED	PA
MYSOLINE	4	PA
NAYZILAM	4	PA; QL (10 per 30 days)
NEURONTIN	4	PA
ONFI	3	PA
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	PA; QL (2 per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	2	PA; QL (4 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	PA; QL (2 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (4 per 1 day)
<i>perampanel oral suspension</i>	2	PA; QL (24 per 1 day)
<i>perampanel oral tablet</i>	2	PA; QL (1 per 1 day)
<i>phenobarbital</i>	1	
PHENYTEK	4	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	ST; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	CED	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
RELGAABI ORAL CAPSULE 200 MG	CED	PA; QL (3 per 1 day)
<i>roweepra</i>	CED	PA
<i>rufinamide</i>	2	PA
SABRIL	5	PA; SP; LA
SPRITAM	CED	PA
SUBVENITE ORAL SUSPENSION	CED	PA
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit</i>	CED	PA
<i>subvenite starter (green) kit</i>	CED	PA
<i>subvenite starter (orange) kit</i>	CED	PA
SYMPAZAN	CED	PA
TEGRETOL ORAL SUSPENSION	4	PA
TEGRETOL ORAL TABLET	4	PA
TEGRETOL XR	4	PA
<i>tiagabine</i>	2	PA
TOPAMAX	4	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	CED	PA; QL (1 per 1 day)
<i>topiramate oral capsule, extended release 24hr 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	CED	PA; QL (1 per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	CED	PA; QL (2 per 1 day)
<i>topiramate oral solution</i>	CED	PA
<i>topiramate oral tablet</i>	1	
TRILEPTAL	4	PA
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	CED	PA; QL (2 per 1 day)
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	4	PA; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; SP; LA
<i>vigadrone</i>	5	PA; SP
VIGAFYDE	5	PA; SP
VIMPAT ORAL	4	PA
XCOPRI MAINTENANCE PACK	4	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	4	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	4	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	4	PA; 1 unit per day; 1 box in 365 days
ZARONTIN	4	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA
ZONISADE	CED	PA
<i>zonisamide</i>	1	
ZTALMY	5	PA; SP; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; SP; LA; QL (3 per 1 day)
<i>apomorphine</i>	5	PA; SP; QL (3 per 1 day)
AZILECT	4	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	PA; QL (8 per 1 day)
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE	4	PA; QL (10 per 1 day)
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	4	PA; QL (6 per 1 day)
DHIVY	CED	PA; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
DUOPA	5	PA; SP; QL (2800 per 28 days)
<i>entacapone</i>	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	CED	PA; SP; QL (2 per 1 day)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	CED	PA; SP; QL (1 per 1 day)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; SP; QL (10 per 1 day)
LODOSYN	4	PA; QL (8 per 1 day)
NEUPRO	4	PA; QL (1 per 1 day)
NOURIANZ	5	PA; SP; LA; QL (1 per 1 day)
ONAPGO	5	PA; SP; QL (600 per 30 days)
ONGENTYS	4	PA; QL (1 per 1 day)
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	CED	PA
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY	4	PA; QL (10 per 1 day)
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
TASMAR ORAL TABLET 100 MG	4	PA; QL (6 per 1 day)
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
VYALEV	5	PA; SP; QL (420 per 30 days)
XADAGO	4	PA; QL (1 per 1 day)
ZELAPAR	CED	PA
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	4	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	4	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
BREKIYA	CED	PA; SP; QL (24 per 28 days)
CAFERGOT	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine injection</i>	2	PA; QL (24 per 28 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
ELYXYB	CED	PA; QL (16 per 1 day)
EMGALITY PEN	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ERGOMAR	4	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan</i>	2	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	4	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	4	QL (18 per 30 days)
IMITREX STATDOSE PEN	4	QL (6 per 30 days)
IMITREX STATDOSE REFILL	4	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	4	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	4	QL (12 per 30 days)
<i>migergot</i>	CED	PA
MIGRANAL	4	PA; QL (8 per 28 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	3	PA; QL (8 per 30 days)
ONZETRA XSAIL	CED	PA
QULIPTA	3	PA; QL (1 per 1 day)
RELPAX	4	QL (12 per 30 days)
<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 pen injector 6 mg/0.5 ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan-naproxen</i>	CED	PA; QL (9 per 30 days)
SYMBRAVO	CED	PA; QL (9 per 30 days)
TOSYMRA	CED	PA
TREXIMET	CED	PA; QL (9 per 30 days)
TRUDHESA	CED	PA; QL (8 per 30 days)
UBRELVY	4	PA; QL (10 per 30 days)
ZAVZPRET	4	PA; QL (1 per 30 days)
ZEMBRACE SYMTOUCH	CED	PA
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	4	ST; QL (12 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating</i>	CED	PA; QL (12 per 30 days)
ZOMIG NASAL	4	ST; QL (12 per 30 days)
ZOMIG ORAL	4	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	SP; LA; QL (2 per 1 day)
ARICEPT	4	
AUSTEDO	3	PA; SP; LA; QL (4 per 1 day)
AUSTEDO XR	3	PA; SP; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; SP; QL (28 per 365 days)
<i>dalfampridine</i>	5	SP; QL (2 per 1 day)
DAYBUE	5	PA; SP; QL (120 per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG	5	PA; SP; LA; QL (4 per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 8,000 MG	5	PA; SP; LA; QL (2 per 1 day)
<i>dichlorphenamide</i>	5	PA; SP; 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 ORAL RECON SOLN	5	PA; SP; LA; QL (6.7 per 1 day)
EVRYSDI ORAL TABLET	5	PA; SP; LA; QL (1 per 1 day)
EXELON PATCH	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
FIRDAPSE	5	PA; SP; LA; QL (10 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	CED	PA
<i>galantamine oral tablet</i>	2	
HORIZANT	CED	PA; QL (2 per 1 day)
INGREZZA	3	PA; SP; LA; QL (1 per 1 day)
INGREZZA INITIATION PK(TARDIV)	3	PA; SP; QL (28 per 365 days)
INGREZZA SPRINKLE	3	PA; LA; QL (1 per 1 day)
KEVEYIS	5	PA; SP; QL (4 per 1 day)
LEQEMBI IQLIK	5	PA; SP; QL (7.2 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral solution</i>	CED	PA
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
<i>memantine-donepezil</i>	CED	PA
MIPLYFFA	5	PA; SP; LA; QL (3 per 1 day)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	4	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	CED	PA
NUEDEXTA	5	PA; SP; QL (2 per 1 day)
NULIBRY	5	PA; SP
<i>ormalvi</i>	CED	PA; SP; QL (4 per 1 day)
RADICAVA ORS STARTER KIT SUSP	5	PA; SP
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	5	PA; SP; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; SP; QL (4 per 1 day)
WAINUA SUBCUTANEOUS AUTO-INJECTOR	5	PA; SP; QL (1 per 28 days)
WAINUA SUBCUTANEOUS SYRINGE	5	PA; SP
XENAZINE ORAL TABLET 12.5 MG	5	PA; SP; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	5	PA; SP; 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
ZEPOSIA	5	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; SP; QL (7 per 365 days)
ZUNVEYL	CED	PA; QL (2 per 1 day)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	CED	PA
ATMEKSI	CED	PA; QL (30 per 1 day)
<i>baclofen oral solution</i>	CED	PA
<i>baclofen oral suspension</i>	CED	PA; QL (16 per 1 day)
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	CED	PA
<i>baclofen oral tablet 5 mg</i>	2	QL (3 per 1 day)
<i>carisoprodol oral tablet 250 mg</i>	CED	PA; QL (3 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	CED	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	CED	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	CED	PA
DANTRIUM ORAL CAPSULE 25 MG	4	QL (3 per 1 day)
<i>dantrolene oral capsule 100 mg</i>	2	QL (4 per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	2	QL (3 per 1 day)
FEXMID	CED	PA
FLEQSUVY	CED	PA; QL (16 per 1 day)
<i>meprobamate</i>	1	
MESTINON ORAL	4	
MESTINON TIMESPAN	4	
<i>metaxalone oral tablet 400 mg</i>	CED	PA
METAXALONE ORAL TABLET 640 MG	CED	PA; QL (4 per 1 day)
<i>metaxalone oral tablet 800 mg</i>	2	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	CED	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
NORGESIC	CED	PA
NORGESIC FORTE	CED	PA
ONTRALFY	CED	PA; QL (60 per 1 day)
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	CED	PA
<i>orphengesic forte</i>	CED	PA
OZOBAX	CED	PA
OZOBAX DS	CED	PA
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG	CED	PA; QL (3 per 1 day)
SOMA ORAL TABLET 350 MG	4	QL (4 per 1 day)
<i>tanlor</i>	CED	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
TIZANIDINE ORAL CAPSULE 8 MG	CED	PA; QL (3 per 1 day)
<i>tizanidine oral tablet</i>	1	
TONMYA	CED	PA; QL (2 per 1 day)
<i>vanadom</i>	1	QL (4 per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; SP; LA; QL (20 per 28 days)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
ZANAFLEX ORAL CAPSULE 8 MG	CED	PA; QL (3 per 1 day)
ZANAFLEX ORAL TABLET	4	
ZILBRYSQ	5	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	CED	PA
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet</i>	1	PA
<i>ascomp with codeine</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
BELBUCA	4	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	5	PA; SP; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	5	PA; SP; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	5	PA; SP; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	5	PA; SP; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	5	PA; SP; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	5	PA; SP; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	5	PA; SP; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	CED	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral capsule</i>	CED	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	CED	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral capsule</i>	CED	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral solution</i>	CED	PA; QL (90 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine</i>	1	
BUTRANS	4	PA; QL (4 per 28 days)
<i>codeine sulfate</i>	1	PA
<i>codeine-bitalbital-asa-caff</i>	1	PA
DILAUDID	4	PA
<i>endocet</i>	1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA

You can find information 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>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	CED	PA
FIORICET	CED	PA; QL (6 per 1 day)
<i>hydrocodone bitartrate</i>	2	PA
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	2	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	CED	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA
<i>hydromorphone oral liquid</i>	1	PA
<i>hydromorphone oral tablet</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA
<i>hydromorphone rectal</i>	1	PA
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	PA
<i>levorphanol tartrate</i>	CED	PA
<i>meperidine oral solution</i>	1	PA
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadose oral concentrate</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA
<i>morphine oral capsule, er multiphase 24 hr</i>	CED	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA
<i>morphine rectal</i>	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	4	PA
NALOCET	CED	PA
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY	CED	PA
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG	4	PA
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	CED	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	CED	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	4	PA
<i>oxymorphone oral tablet</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	4	PA
PRIMLEV	CED	PA
PROLATE ORAL SOLUTION	CED	PA
<i>prolate oral tablet</i>	CED	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	PA
ROXYBOND	CED	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	PA; SP; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
TREZIX	CED	PA
XTAMPZA ER	CED	PA
<i>xyvona</i>	CED	PA
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</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
ANAPROX DS	4	
ARTHROTEC 50	4	PA; QL (4 per 1 day)
ARTHROTEC 75	4	PA; QL (4 per 1 day)
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA
CAMBIA	CED	PA; QL (9 per 30 days)
CAPSINAC	CED	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	4	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	4	QL (1 per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
CONZIP	CED	PA
COXANTO	CED	PA
DICLOFENAC EPOLAMINE	4	PA; QL (2 per 1 day)
<i>diclofenac potassium oral capsule</i>	CED	PA; QL (4 per 1 day)
<i>diclofenac potassium oral powder in packet</i>	CED	PA; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	CED	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	CED	PA; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	CED	PA; QL (224 per 30 days)
DICLOFENAC SUBMICRONIZED	CED	PA; QL (3 per 1 day)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
DICLOFEX DC	CED	PA
DICLOPR	CED	PA
DICLOSAICIN	CED	PA
DICLOTRAL	CED	PA
<i>diflunisal</i>	2	QL (3 per 1 day)
DIMENTHO	CED	PA
DITHOL	CED	PA
DOLOBID	CED	PA; QL (2 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	4	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	QL (2 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
FENOPROFEN ORAL CAPSULE 200 MG	CED	PA; QL (6 per 1 day)
<i>fenopropfen oral capsule 400 mg</i>	CED	PA; QL (4 per 1 day)
<i>fenopropfen oral tablet</i>	CED	PA; QL (4 per 1 day)
FENOPRON	CED	PA; QL (4 per 1 day)
FLECTOR	4	PA; QL (2 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 300 mg</i>	CED	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>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	CED	PA; QL (3 per 1 day)
ICLOFENAC CP	CED	PA
INDOCIN ORAL	4	PA; QL (40 per 1 day)
INDOCIN RECTAL	4	PA; QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>indomethacin oral suspension</i>	2	PA; QL (40 per 1 day)
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	CED	PA
<i>indomethacin rectal suppository 50 mg</i>	2	PA; QL (4 per 1 day)
JOURNAVX	4	PA; QL (30 per 68 days)
<i>ketoprofen oral capsule</i>	CED	PA; QL (4 per 1 day)
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	CED	PA; QL (1 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	3	2 sprays per fill
LICART	CED	PA; QL (1 per 1 day)
LIFEMS NALOXONE	4	
LODINE ORAL TABLET	4	QL (2 per 1 day)
<i>lofena</i>	CED	PA
<i>lofexidine</i>	CED	PA; QL (16 per 1 day)
LUCEMYRA	CED	PA; QL (16 per 1 day)
<i>lurbiro</i>	1	QL (3 per 1 day)
<i>meclofenamate</i>	CED	PA; QL (4 per 1 day)
<i>mefenamic acid</i>	2	29 capsules per fill
MELOXICAM ORAL SUSPENSION	CED	PA; QL (10 per 1 day)
<i>meloxicam oral tablet</i>	1	
<i>meloxicam submicronized</i>	CED	PA; QL (1 per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
NALFON ORAL CAPSULE 400 MG	CED	PA; QL (4 per 1 day)
NALFON ORAL TABLET	CED	PA; QL (4 per 1 day)
<i>naloxone injection solution</i>	1	

You can find information 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>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	CED	PA; QL (2 per 1 day)
NAPROSYN ORAL SUSPENSION	CED	PA; QL (40 per 1 day)
NAPROSYN ORAL TABLET 500 MG	4	QL (3 per 1 day)
<i>naproxen oral suspension</i>	CED	PA; QL (40 per 1 day)
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	CED	PA; QL (2 per 1 day)
<i>naproxen-esomeprazole</i>	CED	PA; QL (2 per 1 day)
NARCAN	4	2 sprays per fill
NUCYNTA	4	PA
NUCYNTA ER	4	PA
OPVEE	4	2 units per fill
ORUDIS	CED	PA; QL (4 per 1 day)
OXAPROZIN ORAL CAPSULE	CED	PA
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA
<i>piroxicam</i>	1	QL (1 per 1 day)
PROFINAC	CED	PA
RELAFEN DS	CED	PA; QL (2 per 1 day)
REXTOVY	4	2 sprays per fill
<i>salsalate</i>	1	
SPRIX	CED	PA; SP; QL (5 per 30 days)
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	QL (12 per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	QL (3 per 1 day)
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tapentadol oral tablet</i>	2	PA
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR	2	PA
TOLECTIN 600	CED	PA
<i>tolectin ds</i>	CED	PA
<i>tolmetin oral capsule</i>	CED	PA
<i>tolmetin oral tablet 600 mg</i>	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	CED	PA
TRAMADOL ORAL SOLUTION	CED	PA
<i>tramadol oral tablet 100 mg</i>	CED	PA
TRAMADOL ORAL TABLET 25 MG, 75 MG	CED	PA
<i>tramadol oral tablet 50 mg</i>	1	PA
<i>tramadol oral tablet extended release 24 hr</i>	2	PA
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA
<i>tramadol-acetaminophen</i>	1	PA
VAROPHEN (DICLOFENAC)	CED	PA
VIVITROL	5	SP
VIVLODEX	CED	PA; QL (1 per 1 day)
VYSCOXIA	CED	PA; QL (40 per 1 day)
ZICLOPRO	CED	PA
ZIMHI	4	1 ml per fill
ZIPSOR	CED	PA; QL (4 per 1 day)
ZORVOLEX	4	PA; QL (3 per 1 day)
ZUBSOLV	4	
ZURNAI	4	1mL per Fill
ZYBIC	CED	PA; QL (10 per 1 day)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	3	PA for age 17 and younger; QL (2.4 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
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	3	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	3	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY ORAL TABLET	4	PA for age 17 and younger; QL (1 per 1 day)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	4	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	4	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	4	PA for age 19 and older; QL (2 per 1 day)
ADDYI	4	PA; QL (1 per 1 day)
ADZENYS XR-ODT	4	PA; QL (1 per 1 day)
<i>alprazolam intensol</i>	2	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	2	
AMBIEN	4	QL (1 per 1 day)
AMBIEN CR	4	QL (1 per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
<i>amphetamine</i>	2	PA; QL (1 per 1 day)
<i>amphetamine sulfate oral tablet 10 mg</i>	2	PA; QL (6 per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	2	PA; QL (3 per 1 day)
ANAFRANIL	4	
ALENZIN	CED	PA; QL (1 per 1 day)
<i>aripiprazole oral solution</i>	CED	PA for age 17 and younger; QL (30 per 1 day)
<i>aripiprazole oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>aripiprazole oral tablet,disintegrating</i>	CED	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	3	PA for age 17 and younger; QL (2.4 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	3	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	PA for age 17 and younger; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
ARYNTA	CED	PA for age 19 and older; QL (7 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
ATIVAN ORAL	4	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	4	PA; QL (2 per 1 day)
AZSTARYS	4	PA; QL (1 per 1 day)
BELSOMRA	4	ST; QL (1 per 1 day)
BUCAPSOL	CED	PA; QL (2 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)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	CED	PA; QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG	4	PA; PA for age 18 and older; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
CAPLYTA ORAL CAPSULE 21 MG	4	PA; PA for age 18 and older
CAPLYTA ORAL CAPSULE 42 MG	4	PA; PA for age 18 years and older; QL (1 per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG	4	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	4	QL (1 per 1 day)
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml</i>	CED	PA for age 17 and younger; QL (8 per 1 day)
<i>chlorpromazine oral concentrate 30 mg/ml</i>	CED	PA for age 17 and younger; QL (27 per 1 day)
<i>chlorpromazine oral tablet</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>citalopram oral capsule</i>	CED	PA; QL (1 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg</i>	CED	PA; QL (9 per 1 day)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	CED	PA; QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 150 mg</i>	CED	PA; QL (6 per 1 day)
<i>clozapine oral tablet, disintegrating 200 mg</i>	CED	PA; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	4	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	4	PA for age 17 and younger; QL (3 per 1 day)
COBENFY	4	PA; PA for age 18 years and older; QL (2 per 1 day)
COBENFY STARTER PACK	4	PA; PA for age 18 years and older; QL (56 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	4	PA for age 19 and older; QL (2 per 1 day)
COTEMPLA XR-ODT	4	PA; QL (2 per 1 day)
DAYTRANA	4	PA; QL (1 per 1 day)
DAYVIGO	4	ST; QL (1 per 1 day)
<i>desipramine</i>	2	
DESOXYN	CED	PA for age 19 and older; QL (5 per 1 day)
DESVENLAFAXINE	CED	PA; QL (1 per 1 day)
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	4	PA for age 19 and older; QL (4 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	CED	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	CED	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA; QL (1 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	CED	PA; QL (1 per 1 day)
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	CED	PA; QL (1 per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	CED	PA; QL (2 per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG, 40 MG	CED	PA; 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>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	CED	PA; QL (3 per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	4	PA; QL (8 per 1 day)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	4	PA; QL (1 per 1 day)
EDLUAR	CED	PA; QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	4	QL (3 per 1 day)
EMSAM	4	PA; QL (1 per 1 day)
<i>ergoloid</i>	2	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	PA for age 17 and younger; QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	3	PA for age 17 and younger; QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA for age 17 and younger; QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	3	PA for age 17 and younger; QL (2.25 per 365 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA for age 17 and younger; QL (0.25 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
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	PA for age 17 and younger; QL (0.5 per 28 days)
ESCITALOPRAM OXALATE ORAL CAPSULE	CED	PA; QL (2 per 1 day)
<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	QL (1 per 1 day)
<i>eszopiclone</i>	1	QL (1 per 1 day)
EVEKEO ORAL TABLET 10 MG	4	PA; QL (6 per 1 day)
EVEKEO ORAL TABLET 5 MG	4	PA; QL (3 per 1 day)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	4	QL (1 per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	4	QL (32 per 365 days)
FANAPT	4	PA; PA for age 18 and older; QL (2 per 1 day)
FANAPT TITRATION PACK A	4	PA; PA for age 18 and older; QL (8 per 365 days)
FANAPT TITRATION PACK B	4	PA; QL (12 per 365 days)
FANAPT TITRATION PACK C	4	PA; QL (8 per 365 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; QL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	PA; QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	CED	PA; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluoxetine oral tablet 60 mg</i>	CED	PA; QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for age 17 and younger; QL (80 per 1 day)

You can find information 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 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral capsule, extended release 24hr</i>	CED	PA; QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 1 day)
FOCALIN	4	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	4	PA for age 19 and older; QL (1 per 1 day)
GEODON ORAL	4	PA for age 17 and younger; QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate</i>	2	PA for age 17 and younger
<i>haloperidol lactate injection</i>	1	PA for age 17 and younger
<i>haloperidol lactate intramuscular</i>	1	PA for age 17 and younger
<i>haloperidol lactate oral</i>	1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	5	PA; SP; QL (1 per 1 day)
HETLIOZ LQ	5	PA; SP; QL (5 per 1 day)
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	CED	PA
INTUNIV ER	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	CED	PA for age 17 and younger; QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	CED	PA for age 17 and younger; QL (5 per 135 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	4	PA; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	PA; QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	PA for age 17 and younger; QL (0.75 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	PA for age 17 and younger; QL (2.63 per 63 days)
JORNAY PM	4	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	ST; PA for age 17 and younger; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	4	ST; PA for age 17 and younger; QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	4	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	4	QL (1 per 1 day)
<i>lisdexamfetamine</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	CED	PA; QL (30 per 1 day)
LITHOBID	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
LOREEV XR	CED	PA; QL (1 per 1 day)
<i>loxapine succinate oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	2	PA for age 17 and younger; 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
LUMRYZ	5	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK	5	PA; SP; QL (28 per 365 days)
LUNESTA	4	QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	ST; PA for age 17 and younger; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	ST; PA for age 17 and younger; QL (2 per 1 day)
LYBALVI	CED	PA; QL (1 per 1 day)
MARPLAN	4	
METADATE CD	4	PA for age 19 and older; QL (1 per 1 day)
<i>methamphetamine</i>	CED	PA for age 19 and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	4	PA for age 19 and older; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	4	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	CED	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for age 19 and older; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA for age 19 and older; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG	CED	PA for age 19 and older; QL (1 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 63 MG	CED	PA for age 19 and older
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	CED	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet, chewable</i>	2	PA for age 19 and older; QL (3 per 1 day)
<i>midazolam oral</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (1 per 1 day)
<i>mirtazapine oral tablet, disintegrating</i>	2	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>molindone</i>	2	
MYDAYIS	4	PA; QL (1 per 1 day)
NARDIL	4	
<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	5	PA; SP; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	4	QL (2 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine oral tablet, disintegrating</i>	CED	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	CED	PA for age 17 and younger
ONYDA XR	CED	PA; QL (4 per 1 day)
OPIPZA ORAL FILM 10 MG	CED	PA for age 17 and younger; QL (3 per 1 day)
OPIPZA ORAL FILM 2 MG, 5 MG	CED	PA for age 17 and younger; QL (1 per 1 day)
<i>oxazepam</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
PARNATE	4	QL (6 per 1 day)
<i>paroxetine hcl oral suspension</i>	CED	PA; QL (30 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	CED	PA; QL (2 per 1 day)
<i>paroxetine mesylate(menop.sym)</i>	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	CED	PA; QL (2 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	4	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	4	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	4	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for age 17 and younger
PERSERIS	CED	PA for age 17 and younger; QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	2	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	2	QL (5 per 1 day)
PRISTIQ	4	QL (1 per 1 day)
<i>procentra</i>	2	PA for age 19 and older; QL (60 per 1 day)
<i>protriptyline</i>	2	
PROVIGIL	4	QL (1 per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG	4	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; QL (2 per 1 day)
QUAZEPAM	CED	PA; QL (1 per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
QUETIAPINE ORAL TABLET 150 MG	CED	PA for age 17 and younger; QL (5 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for age 17 and younger; QL (2 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	4	PA; QL (1 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	4	PA; QL (2 per 1 day)
QUILLIVANT XR	4	PA; QL (12 per 1 day)
QUVIVIQ	4	ST; QL (1 per 1 day)
RALDESY	CED	PA; QL (60 per 1 day)
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	4	PA for age 19 and older; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	4	QL (1 per 1 day)
REMERON SOLTAB	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	4	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	CED	PA; QL (1 per 1 day)
REXULTI ORAL TABLET	4	PA; QL (1 per 1 day)
RISPERDAL CONSTA	4	PA for age 17 and younger; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	4	PA for age 17 and younger; QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA for age 17 and younger; QL (2 per 1 day)

You can find information 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>risperidone microspheres</i>	2	PA for age 17 and younger; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>risperidone oral tablet, disintegrating</i>	CED	PA; QL (2 per 1 day)
RITALIN	4	PA for age 19 and older; QL (3 per 1 day)
ROZEREM	4	QL (1 per 1 day)
RYKINDO	3	PA for age 17 and younger; QL (2 per 28 days)
SAPHRIS	4	PA; QL (2 per 1 day)
SECUADO	CED	PA; QL (1 per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	PA for age 17 and younger; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	PA for age 17 and younger; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	PA for age 17 and younger; QL (2 per 1 day)
<i>sertraline oral capsule</i>	CED	PA; QL (1 per 1 day)
<i>sertraline oral concentrate</i>	2	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SILENOR	CED	PA; QL (1 per 1 day)
<i>sodium oxybate</i>	5	PA; SP; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; SP; QL (8 per 28 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; SP; QL (12 per 28 days)
SUNOSI	4	PA; QL (1 per 1 day)
<i>tasimelteon</i>	5	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	CED	PA; QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA for age 17 and younger; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>thioridazine oral tablet 100 mg</i>	2	PA for age 17 and younger; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for age 17 and younger; QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for age 17 and younger; QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	2	PA for age 17 and younger; QL (4 per 1 day)
<i>trimipramine</i>	2	PA
TRINTELLIX	4	PA; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	3	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	3	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	3	PA for age 17 and younger; QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	3	PA for age 17 and younger; QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	3	PA for age 17 and younger; QL (0.7 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	3	PA for age 17 and younger; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	3	PA for age 17 and younger; QL (0.21 per 28 days)
VALIUM	4	
VENLAFAXINE BESYLATE	CED	PA; QL (2 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet extended release 24hr</i>	CED	PA; QL (1 per 1 day)
VERSACLOZ	CED	PA; QL (18 per 1 day)
VIIIBRYD ORAL TABLET	4	PA; QL (1 per 1 day)
<i>vilazodone</i>	2	PA; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	4	PA; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; PA for age 18 and older; QL (1 per 1 day)
VYLEESI	4	PA; QL (2.4 per 30 days)
VYVANSE	4	PA for age 19 and older; QL (1 per 1 day)
WAKIX	5	PA; SP; LA; QL (2 per 1 day)
WELLBUTRIN SR	4	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	QL (1 per 1 day)
XANAX	4	
XELSTRYM	4	PA for age 19 and older; QL (1 per 1 day)
XYREM	CED	PA; SP; LA; QL (18 per 1 day)
XYWAV	5	PA; SP; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 15 MG, 20 MG	CED	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	4	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 30 MG	CED	PA for age 19 and older; QL (2 per 1 day)
<i>ziprasidone hcl</i>	2	PA for age 17 and younger; QL (2 per 1 day)
ZOLOFT ORAL CONCENTRATE	4	QL (10 per 1 day)
ZOLOFT ORAL TABLET 100 MG	4	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
ZOLOFT ORAL TABLET 25 MG, 50 MG	4	QL (1.5 per 1 day)
ZOLPIDEM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
<i>zolpidem sublingual</i>	CED	PA; QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; SP; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; SP; QL (14 per 14 days)
ZYPREXA ORAL	4	PA for age 17 and younger; QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	CED	PA for age 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	CED	PA for age 17 and younger; QL (1 per 28 days)
ZYPREXA ZYDIS	CED	PA; QL (1 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	5	SP; QL (1 per 1 day)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	ST; SP; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	ST; SP; QL (1 per 28 days)
BAFIERTAM	5	PA; SP; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	5	ST; SP; QL (14 per 28 days)
<i>cladribine(multiple sclerosis)</i>	5	PA; 2 tablets per day ;40 tablets in 720 days; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	SP; QL (1 per 1 day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	SP; QL (12 per 28 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>	5	SP; QL (2 per 1 day)
<i>fingolimod</i>	5	SP; QL (1 per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	CED	PA; SP; QL (1 per 1 day)
GILENYA ORAL CAPSULE 0.5 MG	5	SP; 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>glatiramer subcutaneous syringe 20 mg/ml</i>	5	SP; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	SP; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	SP; QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	SP; QL (12 per 28 days)
KESIMPTA PEN	5	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	5	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	5	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; SP; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; SP; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	5	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	ST; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	ST; SP; QL (1 per 365 days)
PONVORY	5	PA; SP; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	5	PA; SP; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	5	ST; SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	ST; SP; QL (6 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	ST; SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	5	ST; SP; QL (4.2 per 365 days)
TASCENSO ODT	CED	PA; SP; QL (1 per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	SP; QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	5	SP; QL (2 per 1 day)
<i>teriflunomide</i>	5	SP; QL (1 per 1 day)
VUMERITY	5	PA; SP; QL (4 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
BETAPACE AF	4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	4	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	2	QL (2 per 1 day)
<i>flecainide</i>	1	
<i>mexiletine</i>	2	
MULTAQ	3	
NORPACE	4	
NORPACE CR	4	
<i>pacerone oral tablet 100 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<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	
SOTYLIZE	CED	PA
TIKOSYN	4	QL (2 per 1 day)

ANTIHYPERTENSIVE THERAPY

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

Drug Name	Drug Tier	Requirements / Limits
<i>acebutolol</i>	1	
ALDACTONE	4	
<i>aliskiren</i>	2	PA; QL (1 per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 5 MG	4	
<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>amlodipine-valsartan-hcthiiazid</i>	CED	PA
ARB LI	CED	PA; QL (5 per 1 day)
ATACAND	4	ST; QL (1 per 1 day)
ATACAND HCT	CED	PA
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	
AVAPRO ORAL TABLET 150 MG, 300 MG	4	
AZILSARTAN MEDOXOMIL	4	ST; QL (1 per 1 day)
AZOR	4	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	4	
BENICAR HCT	4	
<i>betaxolol oral</i>	1	
BIDIL	4	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	CED	PA; QL (1 per 1 day)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	4	
<i>candesartan</i>	2	ST; QL (1 per 1 day)
<i>candesartan-hydrochlorothiazid</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	CED	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA	4	
CARDURA XL	CED	PA
CAROSPIR	CED	PA
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	CED	PA; QL (1 per 1 day)
CATAPRES-TTS-1	4	QL (4 per 28 days)
CATAPRES-TTS-2	4	QL (4 per 28 days)
CATAPRES-TTS-3	4	QL (4 per 28 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	QL (4 per 28 days)
CLONIDINE HCL ORAL TABLET 0.05 MG	CED	PA; QL (4 per 1 day)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
CONJUPRI	CED	PA
CONSENSI	CED	PA
COREG	4	
COREG CR	CED	PA; QL (1 per 1 day)
COZAAR	4	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	CED	PA
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>	CED	PA
<i>dilt-xr</i>	1	
DIOVAN	4	
DIOVAN HCT	4	
<i>doxazosin</i>	1	
DYRENIUM	CED	PA
EDARBI	4	ST
EDARBYCLOR	4	ST
EDECIN	4	PA
<i>enalapril maleate oral solution</i>	CED	PA
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENBUMYST	CED	PA; LA; QL (120 per 30 days)
EPANED	CED	PA
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	2	PA
EXFORGE	4	
EXFORGE HCT	CED	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
FUROSCIX	CED	PA; 2 kits per fill; SP
<i>furosemide oral</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4	PA
HEMICLOR	CED	PA; QL (1 per 1 day)
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>indapamide</i>	1	
INDERAL LA	4	
INDERAL XL	CED	PA
INNOPRAN XL	CED	PA
INSPRA ORAL TABLET 25 MG	4	
INZIRQO	CED	PA; QL (320 per 30 days)
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	2	
<i>isradipine</i>	2	
JAVADIN	CED	PA; QL (30 per 1 day)
KAPSPARGO SPRINKLE	CED	PA
KATERZIA	CED	PA
KERENDIA	4	PA; QL (1 per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL ORAL TABLET 400 MG	CED	PA
LASIX	4	
LASIX ONYU	4	PA; QL (6 per 68 days)
LEVAMLODIPINE	CED	PA
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL SOLUTION	CED	PA; QL (20 per 1 day)
LOPRESSOR ORAL TABLET 100 MG, 50 MG	4	
LOPRESSOR ORAL TABLET 12.5 MG	CED	PA; QL (2 per 1 day)
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
LOTREL	4	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 420 mg</i>	CED	PA
<i>methyldopa</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>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	CED	PA; QL (2 per 1 day)
<i>metyrosine</i>	2	PA; QL (16 per 1 day)
MICARDIS HCT	CED	PA
MICARDIS ORAL TABLET 40 MG, 80 MG	4	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
NEXICLON XR	CED	PA
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	2	
<i>nimodipine oral solution</i>	CED	PA
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i>	2	
NORLIQVA	CED	PA
NORVASC	4	
NYMALIZE	CED	PA
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	CED	PA
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	5	PA; SP; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	5	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	5	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	5	PA; SP; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA; QL (24 per 1 day)
<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
PRESTALIA	CED	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	4	
<i>propranolol oral</i>	1	
QBRELIS	CED	PA
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
SDAMLO	CED	PA; QL (1 per 1 day)
SOAANZ ORAL TABLET 40 MG	CED	PA
<i>spironolactone oral suspension</i>	CED	PA
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	
TEKTURNA	4	PA; QL (1 per 1 day)
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	CED	PA
<i>telmisartan-hydrochlorothiazid</i>	CED	PA
TENORMIN	4	
<i>terazosin</i>	1	
TEZRULY	CED	PA; QL (10 per 1 day)
THALITONE	CED	PA
<i>tiadylt er</i>	1	
TIAZAC	4	
<i>timolol maleate oral</i>	2	
TOPROL XL	4	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	CED	PA
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	CED	PA
UPTRAVI ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (200 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>valsartan oral solution</i>	CED	PA
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	4	
VASOTEC	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	CED	PA
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	CED	PA
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
ZESTORETIC	4	
ZESTRIL	4	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	CED	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	CED	PA
COAGULATION THERAPY		
ALHEMO PEN	5	PA; SP
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; SP; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; SP; QL (2 per 1 day)
AMICAR	4	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA	5	SP
<i>aspirin-dipyridamole</i>	2	
BRILINTA	4	
CABLIVI INJECTION KIT	5	PA; SP; LA; QL (59 per 365 days)
<i>cilostazol</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>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	5	PA; SP; LA; QL (2 per 1 day)
DOPTELET SPRINKLE	5	PA; SP; QL (2 per 1 day)
EFFIENT	4	
ELIQUIS DVT-PE TREAT 30D START	3	
ELIQUIS ORAL TABLET	3	
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	CED	PA; QL (112 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	CED	PA; QL (336 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	CED	PA; QL (448 per 28 days)
ELIQUIS SPRINKLE	CED	PA; QL (2 per 1 day)
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>eltrombopag olamine oral powder in packet 25 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; SP; QL (1 per 1 day)
<i>eltrombopag olamine oral tablet 50 mg</i>	5	PA; SP; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; SP; QL (2 per 1 day)
<i>enoxaparin</i>	5	SP
<i>fondaparinux</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
<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</i>	1	
HYMPAVZI PEN	5	PA; SP; QL (4 per 28 days)
LOVENOX	5	SP
MULPLETA	5	PA; SP; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	4	

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

Drug Name	Drug Tier	Requirements / Limits
PRADAXA ORAL CAPSULE	4	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	4	PA; QL (4 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 150 MG	4	PA; QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 20 MG	4	PA; QL (1 per 1 day)
<i>prasugrel hcl</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	5	PA; SP; LA; QL (2 per 1 day)
QFITLIA	5	PA; SP; QL (0.2 per 28 days)
QFITLIA PEN	5	PA; SP; QL (0.5 per 28 days)
<i>rivaroxaban oral suspension for reconstitution</i>	2	QL (20 per 1 day)
<i>rivaroxaban oral tablet</i>	2	
SAVAYSA	4	PA
TAVALISSE	5	PA; SP; LA; QL (2 per 1 day)
<i>ticagrelor</i>	2	
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (20 per 1 day)
XARELTO ORAL TABLET	3	
YOSPRALA	4	PA
ZONTIVITY	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	QL (1 per 1 day)
ATORVALIQ	CED	PA; QL (20 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	4	QL (1 per 1 day)
<i>cholestyramine (with sugar)</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>cholestyramine light</i>	1	
<i>colesevelam</i>	2	
COLESTID ORAL GRANULES	4	
COLESTID ORAL TABLET	4	
<i>colestipol</i>	1	
CRESTOR	4	
<i>ezetimibe</i>	1	
EZETIMIBE-ROSUVASTATIN	CED	PA; QL (1 per 1 day)
<i>ezetimibe-simvastatin</i>	2	PA; QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	CED	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	CED	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	CED	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	CED	PA
<i>fenofibric acid (choline)</i>	1	
FIBRICOR ORAL TABLET 105 MG	CED	PA
FLOLIPID	4	QL (5 per 1 day)
<i>fluvastatin oral capsule</i>	2	ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	CED	PA; ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; SP; LA
JUXTAPID ORAL CAPSULE 2 MG	5	PA; SP; LA; QL (1 per 1 day)
LESCOL XL	CED	PA
LIPITOR	4	
LIPOFEN	CED	PA
LIVALO	4	ST
LOPID	4	
<i>lovastatin</i>	1	ACA
LOVAZA	4	QL (4 per 1 day)
NEXLETOL	4	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NEXLIZET	4	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pitavastatin calcium</i>	2	ST; ACA
PRALUENT PEN	4	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
REDEMPLO	5	PA; SP; LA; QL (0.5 per 68 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
REPATHA SYRINGE	3	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET	CED	PA; QL (1 per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRYNGOLZA	5	PA; SP; LA; QL (0.8 per 30 days)
VASCEPA	4	PA; QL (4 per 1 day)
VYTORIN 10-10	4	PA; QL (1 per 1 day)
VYTORIN 10-20	4	PA; QL (1 per 1 day)
VYTORIN 10-40	4	PA; QL (1 per 1 day)
VYTORIN 10-80	4	PA; QL (1 per 1 day)
WELCHOL	4	
ZETIA	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	4	
ZYPITAMAG	4	PA; QL (1 per 1 day)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY	5	PA; SP; QL (4 per 1 day)
CAMZYOS	5	PA; SP; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	4	QL (15 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
CORLANOR ORAL TABLET	4	QL (2 per 1 day)
ENTRESTO	4	QL (2 per 1 day)
ENTRESTO SPRINKLE	CED	PA; QL (8 per 1 day)
FILSPARI	5	PA; SP; QL (1 per 1 day)
<i>ivabradine</i>	2	QL (2 per 1 day)
LODOCO	4	PA; QL (1 per 1 day)
MYQORZO	5	PA; SP; QL (1 per 1 day)
<i>ranolazine</i>	2	
<i>sacubitril-valsartan</i>	2	QL (2 per 1 day)
TRYVIO	5	PA; SP; QL (1 per 1 day)
VANRAFIA	5	PA; SP; QL (1 per 1 day)
VECAMYL	4	PA; SP
VERQUVO	4	PA; QL (1 per 1 day)
VYNDAMAX	5	PA; SP; QL (1 per 1 day)
VYNDAQEL	5	PA; SP; QL (4 per 1 day)
NITRATES		
GONITRO	CED	PA
ISORDIL	CED	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	CED	PA
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR	4	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal ointment</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	2	
NITROLINGUAL	4	
NITROMIST	CED	PA
NITROSTAT	4	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

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

Drug Name	Drug Tier	Requirements / Limits
<i>acitretin</i>	2	
ANALPRAM-HC TOPICAL	4	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	5	PA; QL (1 per 28 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	5	PA; QL (2 per 42 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	5	PA; SP; QL (1 per 28 days)
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	5	PA; SP; QL (2 per 42 days)
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
CALCIPOTRIENE TOPICAL FOAM	CED	PA
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone topical ointment</i>	CED	PA
<i>calcipotriene-betamethasone topical suspension</i>	2	
<i>calcitriol topical</i>	2	
CIPOTREX	CED	PA
COSENTYX (2 SYRINGES)	5	PA; SP; QL (2 per 28 days)
COSENTYX PEN	5	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	5	PA; SP; QL (2 per 28 days)
ENSTILAR	CED	PA
EPIFOAM	CED	PA
ILUMYA	5	PA; SP; QL (1 per 63 days)
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
OTULFI SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)

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

Drug Name	Drug Tier	Requirements / Limits
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
PRAMOSONE TOPICAL CREAM 1-1 %	CED	PA
PRAMOSONE TOPICAL LOTION	4	
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML	CED	PA; QL (0.5 per 63 days)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 90 MG/ML	CED	PA; QL (1 per 42 days)
PYZCHIVA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
SELARSDI SUBCUTANEOUS SOLUTION	5	PA; SP; QL (0.5 per 63 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; SP; QL (0.5 per 63 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; SP; QL (1 per 42 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SILIQ	5	PA; SP; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; SP; QL (1 per 63 days)
SORILUX	CED	PA
SOTYKTU	5	PA; SP; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	5	PA; SP; QL (2 per 28 days)
STARJEMZA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
STARJEMZA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
STELARA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)

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

Drug Name	Drug Tier	Requirements / Limits
STEQEYMA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
TACLONEX TOPICAL SUSPENSION	4	
TALTZ AUTOINJECTOR	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; SP; QL (1 per 28 days)
TREMFYA ONE-PRESS	5	PA; SP; QL (1 per 42 days)
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; SP; QL (12 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (1 per 42 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; SP; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	5	PA; SP; QL (2 per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION	CED	PA; QL (0.5 per 63 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; QL (0.5 per 63 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)

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

Drug Name	Drug Tier	Requirements / Limits
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
VECTICAL	4	
VTAMA	4	PA; QL (1 per 30 days)
WEZLANA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
WYNZORA	CED	PA
YESINTEK SUBCUTANEOUS SOLUTION	5	PA; SP; QL (0.5 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; SP; QL (0.5 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; SP; QL (1 per 42 days)
ZORYVE TOPICAL CREAM	4	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	4	PA; SP; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	4	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
KERALYT RX	CED	PA
KERALYT SCALP	CED	PA
<i>keralyt topical shampoo</i>	CED	PA
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; SP; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
ANZUPGO	5	PA; SP; QL (60 per 30 days)
CARAC	CED	PA; QL (30 per 365 days)
CIBINQO	5	PA; SP; QL (1 per 1 day)
CONDYLOX TOPICAL GEL	4	
CORTANE-B	CED	PA
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
<i>doxepin topical</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
DRYSOL DAB-O-MATIC	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; QL (4 per 28 days)
EBGLYSS PEN	5	PA; QL (2 per 28 days)
EBGLYSS SYRINGE	5	PA; SP; QL (2 per 28 days)
EFUDEX TOPICAL CREAM	4	QL (40 per 365 days)
EUCRISA	4	ST; QL (1 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	CED	PA; QL (30 per 365 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	5	PA; SP; QL (3 per 30 days)
<i>imiquimod topical cream in metered-dose pump</i>	2	PA; QL (15 per 365 days)
<i>imiquimod topical cream in packet 3.75 %</i>	2	PA; QL (56 per 365 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
<i>methoxsalen</i>	5	SP
OPZELURA	5	PA; SP; QL (60 per 30 days)
PANRETIN	5	PA; SP
<i>pimecrolimus</i>	2	ST
<i>podofilox topical gel</i>	2	
<i>podofilox topical solution</i>	1	
<i>pradoxin</i>	CED	PA
QBREXZA	4	PA; QL (30 per 30 days)
SOFDRA	CED	PA; QL (1 per 30 days)
<i>tacrolimus topical</i>	1	
VALCHLOR	5	PA; SP; QL (60 per 30 days)
VEREGEN	CED	PA
ZELSUVMI	5	PA; SP; QL (31 per 28 days)
ZONALON	CED	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	PA; QL (15 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
ZYCLARA TOPICAL CREAM IN PACKET	4	PA; QL (56 per 365 days)
THERAPY FOR ACNE		
ABSORICA LD	CED	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	CED	PA
ACANYA TOPICAL GEL WITH PUMP	CED	PA
<i>accutane</i>	CED	PA
ACZONE TOPICAL GEL WITH PUMP	CED	PA
<i>adapalene topical cream</i>	2	PA for age 29 and older
<i>adapalene topical gel 0.3 %</i>	2	PA for age 29 and older
<i>adapalene topical gel with pump</i>	CED	PA; PA for age 29 and older
ADAPALENE TOPICAL LOTION	CED	PA; PA for age 29 and older; QL (1 per 30 days)
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	CED	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	2	ST
AKLIEF	4	ST; QL (45 per 30 days)
ALTRENO	CED	PA
<i>amnesteam</i>	2	
AMZEEQ	4	PA; QL (30 per 30 days)
ARAZLO	CED	PA
ATRALIN	CED	PA; PA for age 29 and older
<i>avar</i>	1	
<i>azelaic acid</i>	2	
AZELEX	4	ST
BENZAMYCIN	4	ST
BENZEPRO (MICROSPHERES)	4	
<i>benzepro topical towelette</i>	CED	PA
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
CABTREO	CED	PA
<i>claravis</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
CLEOCIN T TOPICAL LOTION	4	
<i>clindacin</i>	CED	PA
CLINDACIN ETZ TOPICAL KIT	CED	PA
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	CED	PA
CLINDAGEL	CED	PA
<i>clindamycin phosphate topical foam</i>	CED	PA
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical gel, once daily</i>	CED	PA
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	CED	PA
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	CED	PA
<i>clindamycin-tretinoin</i>	CED	PA
<i>dapsone topical gel 5 %</i>	2	ST
DAPSONE TOPICAL GEL 7.5 %	CED	PA
<i>dapsone topical gel with pump</i>	CED	PA
DIFFERIN TOPICAL CREAM	4	PA for age 29 and older
DIFFERIN TOPICAL GEL WITH PUMP	CED	PA; PA for age 29 and older
DIFFERIN TOPICAL LOTION	CED	PA; PA for age 29 and older; QL (1 per 30 days)
EPIDUO FORTE	4	ST
EPSOLAY	CED	PA
<i>ery pads</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	ST
FABIOR	4	ST
FINACEA TOPICAL FOAM	CED	PA
<i>isotretinoin</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin topical cream</i>	2	PA
METROCREAM	4	
METROGEL TOPICAL GEL 1 %	4	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>metronidazole topical lotion</i>	CED	PA
MIRVASO	4	PA; QL (30 per 30 days)
<i>neuac</i>	1	
NEUAC KIT	CED	PA
NORITATE	CED	PA
ONEXTON TOPICAL GEL WITH PUMP	CED	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	CED	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	CED	PA; PA for age 29 and older
RETIN-A TOPICAL CREAM	4	PA for age 29 and older
RETIN-A TOPICAL GEL	CED	PA; PA for age 29 and older
RHOFADE	4	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	QL (45 per 30 days)
ROSDAN TOPICAL KIT, CLEANSER AND GEL	CED	PA
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	4	PA
SOOLANTRA	4	PA
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>tazarotene topical cream 0.05 %</i>	CED	PA
<i>tazarotene topical cream 0.1 %</i>	2	
TAZAROTENE TOPICAL FOAM	4	ST
<i>tazarotene topical gel</i>	CED	PA
TAZORAC TOPICAL CREAM 0.05 %	CED	PA
TAZORAC TOPICAL CREAM 0.1 %	4	
TAZORAC TOPICAL GEL	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microspheres topical gel</i>	CED	PA; PA for Age greater than or equal to 29 year(s)
<i>tretinoin microspheres topical gel with pump</i>	CED	PA; PA for age 29 and older
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	1	PA for age 29 and older
<i>tretinoin topical cream 0.1 %</i>	2	PA for age 29 and older
<i>tretinoin topical gel</i>	CED	PA; PA for age 29 and older
TWYNEO	CED	PA
WINLEVI	4	ST; QL (60 per 30 days)
<i>zenatane</i>	2	
ZIANA	CED	PA
ZILXI	CED	PA; QL (30 per 30 days)
TOPICAL ANESTHETICS		
ANODYNE LPT	CED	PA
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
DOLOTRANZ	CED	PA
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA
<i>lidocaine hcl topical cream 3 %</i>	CED	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocaine-prilocaine topical kit</i>	CED	PA
<i>lidocan iii</i>	2	QL (3 per 1 day)
<i>lidocan iv</i>	2	QL (3 per 1 day)
<i>lidocan v</i>	2	QL (3 per 1 day)
LIDODERM	4	QL (3 per 1 day)
<i>lidopin topical cream 3 %</i>	CED	PA
LIDO-PRILO CAINE PACK	CED	PA
PLIAGLIS	CED	PA
ZTLIDO	CED	PA
TOPICAL ANTIBACTERIALS		
CENTANY	4	
CENTANY AT	CED	PA
<i>gentamicin topical</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
KLARON	4	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	CED	PA
NEO-SYNALAR	CED	PA
NEO-SYNALAR KIT	CED	PA
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	CED	PA
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	CED	PA
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical gel</i>	2	
<i>ciclopirox topical shampoo</i>	2	
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	2	
<i>ciclopirox-ure-camph-menth-euc</i>	CED	PA
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	2	
<i>econazole nitrate topical cream</i>	2	
ECONAZOLE NITRATE TOPICAL FOAM	CED	PA
ECOZA	CED	PA
ERTACZO	CED	PA
EXELDERM	CED	PA
EXODERM	4	
JUBLIA	CED	PA
<i>ketconazole topical cream</i>	1	
<i>ketconazole topical foam</i>	CED	PA
<i>ketconazole topical shampoo</i>	1	
<i>ketodan</i>	CED	PA
<i>ketodan kit</i>	CED	PA
<i>klayesta</i>	1	
LOPROX (AS OLAMINE)	4	
LOPROX KIT	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
LULICONAZOLE	CED	PA
LUZU	CED	PA
MICONAZOLE NITRATE-ZINC OX-PET	CED	PA
<i>naftifine topical cream</i>	2	PA
<i>naftifine topical gel</i>	CED	PA
NAFTIN TOPICAL GEL 2 %	CED	PA
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	CED	PA
OXISTAT TOPICAL LOTION	CED	PA
SULCONAZOLE	CED	PA
<i>tavaborole</i>	CED	PA
VUSION	4	PA
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	CED	PA
<i>acyclovir topical ointment</i>	1	
DENAVIR	4	PA; 5 grams per fill
<i>penciclovir</i>	2	PA; 5 grams per fill
XERESE	CED	PA
ZOVIRAX TOPICAL CREAM	4	PA
ZOVIRAX TOPICAL OINTMENT	4	
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	CED	PA
<i>alclometasone</i>	2	
<i>amcinonide topical cream</i>	2	
<i>amcinonide topical ointment</i>	2	
<i>apexicon e</i>	CED	PA
<i>beser</i>	2	
BESER KIT	CED	PA
<i>betamethasone dipropionate</i>	2	
<i>betamethasone dp aug 0.05% lot</i>	CED	PA
<i>betamethasone valerate</i>	2	
<i>betamethasone, augmented topical cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical gel</i>	CED	PA
<i>betamethasone, augmented topical lotion 0.05 %</i>	CED	
<i>betamethasone, augmented topical ointment</i>	2	
BRYHALI	CED	PA
CAPEX	4	
<i>clobetasol scalp</i>	1	
CLOBETASOL TOPICAL CREAM 0.025 %	CED	PA
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam</i>	2	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical lotion</i>	CED	PA
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	2	
<i>clobetasol-emollient</i>	2	
CLOBEX TOPICAL SHAMPOO	4	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	
<i>clocortolone pivalate</i>	CED	PA
<i>clodan</i>	2	
CLODAN KIT	CED	PA
CORDRAN TAPE LARGE ROLL	4	
DERMA-SMOOTHIE/FS BODY OIL	4	
DERMA-SMOOTHIE/FS SCALP OIL	4	
DERMAWERX SDS	CED	PA
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	CED	PA
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream 0.05 %</i>	CED	PA
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical gel</i>	CED	PA
<i>desoximetasone topical ointment 0.05 %</i>	CED	PA
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>desoximetasone topical spray,non-aerosol</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>diflorasone</i>	2	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	
DUOBRII	CED	PA
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i>	CED	PA
<i>fluocinonide topical gel</i>	CED	PA
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluocinonide-e</i>	CED	PA
<i>flurandrenolide</i>	2	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	CED	PA
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical foam</i>	CED	PA
HALOBETASOL PROPIONATE TOPICAL LOTION	CED	PA
<i>halobetasol propionate topical ointment</i>	CED	PA
HALOG TOPICAL CREAM	CED	PA
HALOG TOPICAL SOLUTION	CED	PA
<i>hydravex</i>	2	
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical lotion</i>	CED	PA
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	CED	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	CED	PA
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	CED	PA
IMPOYZ	4	
KENALOG TOPICAL	4	
<i>lexette</i>	CED	PA
<i>mometasone topical</i>	1	
NOXIPAK	CED	PA
NUCORT	CED	PA
PANDEL	CED	PA
<i>prednicarbate topical cream</i>	1	
QUINIXIL	CED	PA
<i>scalacort</i>	2	PA
SCALACORT DK	CED	PA
SERNIVO	CED	PA
SURE RESULT TAC PAK	CED	PA
SYNALAR	4	
SYNALAR CREAM KIT	CED	PA
SYNALAR OINTMENT KIT	CED	PA
SYNALAR TS	CED	PA
TEXACORT	4	
TOPICORT TOPICAL CREAM 0.05 %	CED	PA
TOPICORT TOPICAL CREAM 0.25 %	4	
TOPICORT TOPICAL GEL	CED	PA
TOPICORT TOPICAL OINTMENT 0.05 %	CED	PA
TOPICORT TOPICAL OINTMENT 0.25 %	4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL	CED	PA
<i>tovet emollient</i>	2	
TOVET KIT	CED	PA
<i>triamcinolone acetonide topical aerosol</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	CED	PA
<i>triderm topical cream 0.5 %</i>	1	
<i>trilona</i>	2	
ULTRAVATE TOPICAL LOTION	CED	PA
VANOS	CED	PA
WHYTEDERM TDPAK	CED	PA
WHYTEDERM TRILASIL PAK	CED	PA
XILAPAK	CED	PA
TOPICAL ENZYMES		
SANTYL	4	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	QL (60 per 30 days)
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	QL (60 per 30 days)
<i>malathion</i>	1	QL (120 per 30 days)
NATROBA	4	QL (120 per 30 days)
OVIDE	4	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>pruradik</i>	2	QL (60 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
ULESFIA	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	5	PA; SP; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
AGRYLIN	4	
<i>anagrelide</i>	1	
AQVESME	5	PA; SP; QL (2 per 1 day)
BUPHENYL	5	PA; SP
<i>caffeine citrate oral</i>	1	
CARBAGLU	5	PA; SP; 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
<i>carglumic acid</i>	5	PA; SP
CARNITOR (SUGAR-FREE)	4	
CARNITOR ORAL	4	
<i>cevimeline</i>	2	
CHEMET	4	PA for age 18 and older
CUVRIOR	5	PA; SP; QL (10 per 1 day)
<i>deferasirox</i>	5	PA; SP
<i>deferiprone</i>	5	PA; SP
<i>disulfiram</i>	2	
<i>droxidopa</i>	5	PA; SP
DUVYZAT	5	PA; SP; QL (3 per 32 days)
EMPAVELI	5	PA; SP; LA; QL (160 per 28 days)
ENDARI	5	PA; SP; QL (6 per 1 day)
EVOXAC	4	
EXJADE	5	PA; SP; LA
FABHALTA	5	PA; SP; QL (2 per 1 day)
FERRIPROX (2 TIMES A DAY)	CED	PA; SP
FERRIPROX ORAL SOLUTION	5	PA; SP
FERRIPROX ORAL TABLET 1,000 MG	5	PA; SP
FORZINITY	5	PA; SP; LA; QL (4 per 28 days)
<i>glutamine (sickle cell)</i>	5	PA; SP; QL (6 per 1 day)
<i>glycerol phenylbutyrate</i>	5	PA; SP; QL (17.5 per 1 day)
HARLIKU	5	PA; SP; LA; QL (1 per 1 day)
INCRELEX	5	PA; SP; LA
JADENU	5	PA; SP
JADENU SPRINKLE	5	PA; SP
JOENJA	5	PA; SP; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	5	PA; SP; QL (1 per 1 day)
LITHOSTAT	4	
<i>midodrine</i>	1	
<i>nitisinone</i>	5	PA; SP; 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
NITYR	5	PA; SP; LA
NORTHERA	5	PA; SP
OLPRUVA	5	PA; SP
ORFADIN	5	PA; SP; LA
PHEBURANE	5	PA; SP
PIASKY	5	PA; SP; QL (6 per 28 days)
PYRUKYND ORAL TABLET 20 MG, 50 MG	5	PA; SP; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	5	PA; 2 tablets per day; 7 tablets in 365 days; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; SP; LA; QL (14 per 365 days)
RAVICTI	5	PA; SP; QL (17.5 per 1 day)
REVCOVI	5	PA; SP; LA
REZDIFFRA	5	PA; SP; QL (1 per 1 day)
RHAPSIDO	5	PA; SP; QL (2 per 1 day)
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	QL (1 per 1 day)
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	5	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	5	PA; SP; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	5	PA; SP; LA; QL (1 per 1 day)
SYPRINE	5	PA; SP; QL (8 per 1 day)
TAVNEOS	5	PA; SP; QL (6 per 1 day)
THIOLA	5	PA; SP
THIOLA EC	5	PA; SP
TIGLUTIK	CED	PA; SP; QL (20 per 1 day)
<i>tiopronin</i>	5	PA; SP
<i>trientine oral capsule 250 mg</i>	5	PA; SP; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	5	PA; SP; QL (4 per 1 day)
<i>venxxiva</i>	5	PA; SP
VOYDEYA	5	PA; SP; LA; QL (180 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	5	PA; SP; QL (3 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	5	PA; SP; 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
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5	PA; SP; QL (7 per 1 day)
XURIDEN	5	SP
ZOKINVY	5	PA; SP; LA; QL (4 per 1 day)
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
CHANTIX	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX STARTING MONTH BOX	4	183 DAY SUPPLY IN A ROLLING 365 DAYS
NICODERM CQ	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL GUM 2 MG	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICORETTE BUCCAL LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL MINI LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	9	183 day supply in rolling 365 days; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	4	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline tartrate</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	4	15 units per fill
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	QL (1 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (3 per 30 days)
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	QL (1 per 30 days)
<i>paroex oral rinse</i>	1	
PERIDEX	4	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
PREVIDENT DENTAL GEL	4	
SALAGEN (PILOCARPINE)	4	
<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	
CETRAXAL	CED	PA
<i>ciprofloxacin hcl otic (ear)</i>	2	
DERMOTIC OIL	4	
<i>flac otic oil</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE	4	PA
<i>ciprofloxacin-hydrocortisone</i>	2	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	CED	PA
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; SP
ACTHAR SELFJECT	5	PA; SP
AGAMREE	4	PA; QL (200 per 26 days)
ALKINDI SPRINKLE	CED	PA
CORTEF	4	
<i>cortisone</i>	1	
CORTROPHIN GEL	5	PA; SP
<i>deflazacort</i>	5	PA; SP
<i>dexabliss</i>	CED	PA
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i>	CED	PA
EMFLAZA	5	PA; SP; LA
<i>fludrocortisone</i>	1	
HEMADY	CED	PA
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone sod succinate</i>	2	QL (2 per 28 days)
<i>jaythari</i>	5	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
KHINDIVI	CED	PA
<i>kymbee oral tablet</i>	5	PA; SP
MEDROL (PAK)	4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp</i>	CED	PA
<i>millipred oral tablet</i>	CED	PA
ORAPRED ODT	CED	PA
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	2	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	CED	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	CED	PA
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet,delayed release (dr/ec)</i>	CED	PA
<i>prednisone oral tablets,dose pack</i>	1	
<i>pyquvi</i>	5	PA; SP
SOLU-CORTEF	4	QL (2 per 28 days)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML	4	QL (2 per 28 days)
TAPERDEX	CED	PA
TARPEYO	5	PA; SP; QL (4 per 1 day)
ZCORT	CED	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	4	PA; CGM; QL (1 per 365 days)
DEXCOM G6 SENSOR	4	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	4	PA; CGM; QL (1 per 68 days)
DEXCOM G7 15 DAY SENSOR	4	PA; CGM; QL (2 per 30 days)
DEXCOM G7 RECEIVER	4	PA; CGM; QL (1 per 365 days)
DEXCOM G7 SENSOR	4	PA; CGM; QL (3 per 30 days)
FREESTYLE CONTROL	1	OTC
FREESTYLE FREEDOM	9	OTC; QL (1 per 365 days)
FREESTYLE FREEDOM LITE	9	OTC; QL (1 per 365 days)
FREESTYLE INSULINX	9	OTC; QL (1 per 365 days)
FREESTYLE INSULINX TEST STRIPS	3	OTC; QL (100 per 30 days)
FREESTYLE LIBRE 14 DAY READER	3	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	3	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	3	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE TEST	3	OTC; QL (100 per 30 days)
PRECISION XTRA MONITOR	9	OTC; QL (1 per 365 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	3	QL (1 per 720 days)
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	
<i>diazoxide</i>	2	
GLUCAGON (HCL) EMERGENCY KIT	4	ST
<i>glucagon emergency kit (human)</i>	2	
GVOKE	3	

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

Drug Name	Drug Tier	Requirements / Limits
GVOKE HYOPEN 2-PACK	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
PROGLYCEM	4	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
GENTEEL VACUUM LANCING DEVICE	1	OTC; QL (2 per 365 days)
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC; QL (2 per 365 days)
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	CED	PA
V-GO 20	3	QL (30 per 30 days)
V-GO 30	3	QL (30 per 30 days)
V-GO 40	3	QL (30 per 30 days)
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
ADMELOG U-100 INSULIN LISPRO	4	PA; QL (100 per 30 days)
AFREZZA	4	PA; QL (100 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	PA; QL (100 per 30 days)
APIDRA U-100 INSULIN	4	PA; QL (100 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)
FIASP PUMPCART	4	PA; QL (100 per 30 days)
FIASP U-100 INSULIN	4	PA; QL (100 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	3	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	CED	PA; QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	3	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	3	QL (100 per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
HUMALOG U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	3	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	3	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	3	QL (100 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	3	QL (100 per 30 days)
INSULIN GLARGINE U-300 CONC	4	PA; QL (100 per 30 days)
INSULIN GLARGINE-YFGN	4	PA; QL (100 per 30 days)
INSULIN LISPRO	3	QL (100 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO	3	QL (100 per 30 days)
KIRSTY	4	PA; QL (100 per 30 days)
KIRSTY PEN	4	PA; QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	QL (100 per 30 days)
LANTUS U-100 INSULIN	3	QL (100 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	4	PA; QL (100 per 30 days)
LYUMJEV TEMPO PEN(U-100)INSULN	CED	PA; QL (100 per 30 days)
LYUMJEV U-100 INSULIN	4	PA; QL (100 per 30 days)
MERILOG	4	PA; QL (100 per 30 days)
MERILOG SOLOSTAR	4	PA; QL (100 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	4	ST; QL (100 per 30 days)
NOVOLIN N FLEXPEN	4	ST; QL (100 per 30 days)
NOVOLIN R FLEXPEN	4	ST; QL (100 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	4	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	4	PA; QL (100 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	4	PA; QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG U-100 INSULIN ASPART	4	PA; QL (100 per 30 days)
RELION NOVOLIN 70/30	4	ST; QL (100 per 30 days)
RELION NOVOLIN N	4	ST; QL (100 per 30 days)
RELION NOVOLIN R	4	ST; QL (100 per 30 days)
REZVOGLAR KWIKPEN	CED	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	4	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN	4	PA; QL (100 per 30 days)
SOLIQUA 100/33	4	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	3	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	3	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	4	PA; QL (100 per 30 days)
TRESIBA FLEXTOUCH U-200	4	PA; QL (100 per 30 days)
TRESIBA U-100 INSULIN	4	PA; QL (100 per 30 days)
XULTOPHY 100/3.6	4	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; QL (150 per 30 days)
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	5	PA; SP; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN	5	PA; SP
<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)
CRENESSITY ORAL CAPSULE	5	PA; SP; LA; QL (2 per 1 day)
CRENESSITY ORAL SOLUTION	5	PA; SP; LA; QL (4 per 1 day)
<i>danazol</i>	2	
DDAVP ORAL	4	
DEPO-TESTOSTERONE	4	PA
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray with pump</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</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
GALAFOLD	5	PA; SP; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; LA; QL (4 per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG	CED	PA; QL (4 per 1 day)
JATENZO ORAL CAPSULE 237 MG	CED	PA; QL (2 per 1 day)
<i>javygtor</i>	5	PA; SP
JYNARQUE ORAL TABLET 15 MG	5	PA; SP; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	5	PA; SP; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; SP; LA; QL (56 per 28 days)
KORLYM	5	PA; SP; QL (4 per 1 day)
KUVAN	5	PA; SP
KYZATREX ORAL CAPSULE 150 MG, 200 MG	CED	PA; QL (2 per 1 day)
METHITEST	CED	PA
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	5	PA; SP; QL (4 per 1 day)
<i>miglustat</i>	5	PA; SP; LA; QL (3 per 1 day)
MYALEPT	5	PA; SP; LA
NATESTO	4	PA; QL (21.96 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	PA; SP
OPFOLDA	5	PA; SP; QL (8 per 28 days)
ORILISSA	4	PA
OVIDREL	5	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; SP; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; SP; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	5	PA; SP
RAYALDEE	4	PA; QL (2 per 1 day)
RECORLEV	5	PA; SP; QL (8 per 1 day)
SAMSCA ORAL TABLET 15 MG	5	PA; SP; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	5	PA; SP; QL (60 per 365 days)
<i>sapropterin</i>	5	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	PA; QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	4	PA; QL (4 per 1 day)
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG	5	PA; SP; QL (6 per 1 day)
SEPHIENCE ORAL POWDER IN PACKET 250 MG	5	PA; SP; QL (3 per 1 day)
SOMAVERT	5	PA; SP
STRENSIQ	5	PA; SP; LA
SYNAREL	5	PA; SP; QL (8 per 28 days)
TESTIM	4	PA; QL (2 per 1 day)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal gel</i>	2	PA; QL (2 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA; QL (10 per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QL (1 per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QL (2 per 1 day)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; QL (180 per 30 days)
TLANDO	CED	PA; QL (4 per 1 day)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	5	PA; SP; LA; QL (2 per 1 day)
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>	5	PA; SP; LA; QL (1 per 1 day)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential</i>	5	PA; SP; LA; QL (56 per 28 days)
<i>tolvaptan oral tablet 15 mg</i>	5	PA; SP; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; SP; LA; QL (60 per 365 days)
VOGELXO TRANSDERMAL GEL	4	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	4	PA; QL (10 per 1 day)
VOXZOGO	5	PA; SP; QL (1 per 1 day)
XYOSTED	CED	PA; QL (2 per 28 days)
YORVIPATH	5	PA; SP; QL (2 per 28 days)
<i>zelvysia</i>	5	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	4	QL (2 per 1 day)
ACTOS	4	
ALOGLIPTIN	4	ST; QL (1 per 1 day)
ALOGLIPTIN-METFORMIN	4	ST; QL (2 per 1 day)
ALOGLIPTIN-PIOGLITAZONE	4	ST; QL (1 per 1 day)
BRENZAVVY	4	ST; QL (1 per 1 day)
BRYNOVIN	CED	PA; QL (4 per 1 day)
CYCLOSET	4	
<i>dapagliflozin-saxagliptin</i>	2	ST
DUETACT	CED	PA; QL (1 per 1 day)
FARXIGA	3	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	CED	PA; QL (1 per 1 day)
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 15 MG	CED	PA; QL (1 per 1 day)
GLIPIZIDE ORAL TABLET 2.5 MG	CED	PA
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	3	QL (1 per 1 day)
INPEFA	4	PA; QL (1 per 1 day)
INVOKAMET	4	ST; QL (2 per 1 day)
INVOKAMET XR	4	ST; 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
INVOKANA	4	ST; QL (1 per 1 day)
JANUMET	3	QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (2 per 1 day)
JANUVIA	3	QL (1 per 1 day)
JARDIANCE	3	QL (1 per 1 day)
JENTADUETO	3	QL (2 per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (2 per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (1 per 1 day)
KAZANO	4	ST; QL (2 per 1 day)
<i>liraglutide</i>	2	PA; QL (9 per 28 days)
<i>metformin oral solution</i>	CED	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet 625 mg</i>	CED	PA
<i>metformin oral tablet 750 mg</i>	CED	PA; QL (2 per 1 day)
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	CED	PA; QL (2 per 1 day)
<i>metformin oral tablet extended release 24hr 500 mg</i>	CED	PA; QL (3 per 1 day)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	CED	PA; QL (2 per 1 day)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	CED	PA; QL (4 per 1 day)
<i>miglitol</i>	2	
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
NESINA ORAL TABLET 25 MG	4	ST; QL (1 per 1 day)
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (30 per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (1 per 1 day)
OZEMPIC SUBCUTANEOUS	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	CED	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin</i>	1	QL (2 per 1 day)
<i>repaglinide</i>	2	
RIOMET	CED	PA
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (30 per 365 days)
<i>saxagliptin</i>	2	ST; QL (1 per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	ST; QL (2 per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	ST; QL (1 per 1 day)
SEGLUROMET	4	ST; QL (2 per 1 day)
SITAGLIPTIN	CED	PA; QL (1 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET	CED	PA; QL (2 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	CED	PA; QL (1 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	CED	PA; QL (2 per 1 day)
STEGLATRO	4	ST; QL (1 per 1 day)
STEGLUJAN	4	ST; QL (1 per 1 day)
SYNJARDY	3	QL (2 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (1 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
TRADJENTA	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 per 1 day)
TRULICITY	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK	4	PA; QL (9 per 28 days)
VICTOZA 3-PAK	4	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
ZITUVIMET	CED	PA; QL (2 per 1 day)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	CED	PA; QL (1 per 1 day)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	CED	PA; QL (2 per 1 day)
ZITUVIO	CED	PA; QL (1 per 1 day)
THYROID HORMONES		
ARMOUR THYROID	4	
CYTOMEL	4	
<i>levo-t</i>	1	
LEVOTHYROXINE ORAL CAPSULE	4	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liomny</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	4	
THYQUIDITY	CED	PA
TIROSINT	4	
TIROSINT-SOL	CED	PA
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>chlordiazepoxide-clidinium</i>	2	
CUVPOSA	4	PA
DARTISLA	CED	PA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet 20 mg</i>	1	
DICYCLOMINE ORAL TABLET 40 MG	CED	PA; QL (4 per 1 day)
<i>diphenoxylate-atropine oral liquid</i>	CED	PA; QL (40 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>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
GLYCATE	CED	PA
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	CED	PA
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral drops</i>	CED	PA
<i>hyosyne oral elixir</i>	1	
LEVBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX (WITH CLIDINIUM)	4	
LOMOTIL	4	
<i>methscopolamine</i>	1	
MOTOFEN	CED	PA
MYTESI	4	PA
NULEV	4	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
ROBINUL FORTE	4	
ROBINUL ORAL	4	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	4	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</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
AMITIZA ORAL CAPSULE 8 MCG	4	QL (2 per 1 day)
ANALPRAM-HC RECTAL	4	
ANALPRAM-HC SINGLES	4	
ANTIVERT ORAL TABLET 50 MG	CED	PA
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	4	
ANUSOL-HC TOPICAL	4	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	2	QL (15 per 28 days)
APRISO	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide</i>	1	
<i>betaine</i>	5	SP
<i>bisacodyl oral</i>	9	ACA; OTC
BONJESTA	CED	PA; QL (2 per 1 day)
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; SP; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; SP; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	5	PA; SP; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	5	PA; SP; LA; QL (4 per 1 day)
CANASA	4	QL (1 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	5	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	5	PA; SP; QL (4 per 1 day)
CIMZIA	5	PA; SP; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; SP; QL (2 per 28 days)
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	

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

Drug Name	Drug Tier	Requirements / Limits
COLAZAL	4	
COMPAZINE	4	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	4	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	1	
CTEXLI	5	PA; SP; QL (3 per 1 day)
CYSTADANE	5	SP
DICLEGIS	4	ST; QL (4 per 1 day)
DIPENTUM	4	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol oral capsule</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	4	QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	4	QL (15 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	QL (5 per 28 days)
ENTYVIO PEN	5	PA; SP; QL (1.36 per 28 days)
<i>enulose</i>	1	
EOHILIA	5	PA; SP; QL (600 per 30 days)
GASTROCROM	4	
GATTEX 30-VIAL	5	PA; SP
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
GIMOTI	CED	PA
GOLYTELY	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
GRANISOL	CED	PA
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate topical cream with perineal applicator</i>	CED	PA
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
IBSRELA	4	PA; QL (2 per 1 day)
IQIRVO	5	PA; SP; QL (1 per 1 day)
KRISTALOSE	CED	PA
<i>lactulose oral packet</i>	CED	PA
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
LIALDA	4	
LINZESS	3	QL (1 per 1 day)
LIVDELZI	5	PA; SP; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; SP; LA; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; SP; LA; QL (3 per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	5	PA; SP; LA; QL (2 per 1 day)
LIVMARLI ORAL TABLET 30 MG	5	PA; SP; LA; QL (1 per 1 day)
LOTRONEX	4	PA; QL (2 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
MARINOL	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>meclizine oral tablet 50 mg</i>	CED	PA
<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	

You can find information 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>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>mesalamine with cleansing wipe</i>	CED	PA
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
MICORT-HC	CED	PA
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	4	ST; QL (1 per 1 day)
MOVANTIK	3	QL (1 per 1 day)
MOVIPREP	CED	PA
<i>nitroglycerin rectal</i>	2	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	5	PA; SP; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	5	PA; SP; QL (3 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; SP; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	5	PA; SP; QL (3 per 28 days)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	CED	PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</i>	9	ACA; OTC
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	CED	PA; 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>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
PERTZYE	4	ST
<i>phosphate laxative</i>	9	ACA; OTC
PLENVU	4	
<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	3	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	2	ST; QL (1 per 1 day)
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	4	PA
REGLAN ORAL	4	
RELISTOR ORAL	4	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (0.4 per 1 day)
RELTONE	CED	PA
ROWASA RECTAL ENEMA KIT	CED	PA
SANCUSO	4	QL (4 per 28 days)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	2	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
SUCRAID	5	PA; SP; QL (8 per 1 day)
SUFLAVE	4	
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	4	
SUTAB	CED	PA
SYMPROIC	3	QL (1 per 1 day)
SYNDROS	4	PA
TRANSDERM-SCOP	4	QL (10 per 30 days)
<i>trimethobenzamide oral</i>	1	
TRULANCE	4	PA; QL (1 per 1 day)
UCERIS ORAL	4	PA
UCERIS RECTAL	4	
URSO FORTE	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	CED	PA
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	4	QL (4 per 28 days)
VELSIPITY	5	PA; SP; QL (1 per 1 day)
VIBERZI	4	PA; QL (2 per 1 day)
VIOKACE	4	ST
VOWST	5	PA; SP; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ZYMFENTRA	5	PA; SP; QL (2 per 28 days)
ULCER THERAPY		
ACIPHEX	4	QL (2 per 1 day)
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>bismuth subcit k-metronidz-ten</i>	CED	PA; QL (240 per 365 days)
CARAFATE ORAL TABLET	4	
<i>cimetidine hcl oral</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	4	
DEXILANT	4	ST; QL (1 per 1 day)
<i>dexlansoprazole</i>	2	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for age 9 and older; QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEK	CED	PA; QL (20 per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	2	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM	4	QL (2 per 1 day)
NEXIUM PACKET	4	PA for age 9 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK	CED	PA; QL (160 per 365 days)
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	CED	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	CED	PA; QL (1 per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	CED	PA
<i>pantoprazole oral granules dr for susp in packet</i>	CED	PA; QL (1 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	4	
PREVACID	4	QL (2 per 1 day)
PREVACID SOLUTAB	4	PA for age 8 and older; QL (1 per 1 day)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	CED	PA; QL (1 per 1 day)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	CED	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	4	QL (2 per 1 day)
PYLERA	CED	PA; QL (240 per 365 days)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	CED	PA; QL (1 per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>ranitidine hcl oral tablet</i>	1	
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	
TALICIA	4	QL (336 per 365 days)
VOQUEZNA	4	ST; QL (1 per 1 day)
VOQUEZNA DUAL PAK	4	QL (2 per 365 days)
VOQUEZNA TRIPLE PAK	4	QL (2 per 365 days)

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

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

You can find information 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 SOLUTION 300 MCG/ML	5	PA; SP; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
NYPOZI INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
NYVEPRIA	5	PA; SP
PROCRIT	5	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 per 1 day)
RETACRIT	5	PA; SP
ROLVEDON	5	PA; SP
RYZNEUTA	5	PA; SP
STIMUFEND	5	PA; SP
UDENYCA	5	PA; SP
UDENYCA AUTOINJECTOR	5	PA; SP
UDENYCA ONBODY	5	PA; SP
XOLREMDI	5	PA; SP; QL (4 per 1 day)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	5	PA; SP; QL (2.4 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
ZIEXTENZO	5	PA; SP
GROWTH HORMONES		
EGRIFTA SV	5	PA; SP; QL (1 per 1 day)
EGRIFTA WR	5	PA; SP; QL (1 per 28 days)
GENOTROPIN	5	PA; SP
GENOTROPIN MINIQUICK	5	PA; SP
HUMATROPE INJECTION CARTRIDGE	5	PA; SP
NGENLA	5	PA; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; SP
OMNITROPE	5	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG	5	PA; SP; QL (4 per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG	5	PA; SP; QL (8 per 28 days)
SOGROYA	5	PA; SP; QL (3 per 28 days)
ZOMACTON	5	PA; SP
INTERFERONS		
ACTIMMUNE	5	PA; SP
ALFERON N	5	SP
BESREMI	5	PA; SP; QL (2 per 28 days)
PEGASYS	5	SP; QL (4 per 28 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AFLURIA 2025-2026 (3YR UP)(PF)	9	ACA
AFLURIA 2025-2026 (6MO UP)	CED	PA; ACA
AREXVY (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
AUDENZ (NATIONAL STOCKPILE)	9	

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

Drug Name	Drug Tier	Requirements / Limits
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
BOTOX INJECTION RECON SOLN 100 UNIT	5	PA; SP; QL (2 per 63 days)
BOTOX INJECTION RECON SOLN 200 UNIT	5	PA; SP; QL (1 per 63 days)
CAPVAXIVE	9	ACA
COMIRNATY 2025-2026(5-11Y)(PF)	9	ACA
COMIRNATY 2025-26 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DAXXIFY	5	PA; SP; QL (3 per 63 days)
DENGVAXIA (PF)	9	ACA
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT	5	PA; SP; QL (1 per 63 days)
DYSPORE INTRAMUSCULAR RECON SOLN 500 UNIT	5	PA; SP; QL (3 per 63 days)
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD 2025-2026 (65 YR UP)(PF)	9	ACA
FLUARIX 2025-2026 (PF)	9	ACA
FLUBLOK 2025-2026 (PF)	9	ACA
FLUCELVAX 2025-2026	CED	PA; ACA
FLUCELVAX 2025-2026 (PF)	9	ACA
FLULAVAL 2025-2026 (PF)	9	ACA
FLUMIST 2025-2026	9	ACA
FLUMIST HOME 2025-2026	9	ACA
FLUZONE 2025-2026	CED	PA; ACA
FLUZONE 2025-2026 (PF)	9	ACA
FLUZONE HIGH-DOSE 2025-26 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	4	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF)	9	ACA
IPOL	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
JYNNEOS (PF)	9	ACA
KINRIX (PF)	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF)	9	ACA
M-M-R II (PF)	9	ACA
MNEXSPIKE 2025-2026 (PF)	9	ACA
MRESVIA (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
MYOBLOC	5	PA; SP; QL (1 per 63 days)
NUVAXOVID 2025-2026 (PF)	9	ACA
ODACTRA	4	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 0)	5	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 1)	5	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	5	PA; SP; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	5	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	5	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	5	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	5	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	5	PA; SP; QL (60 per 365 days)
PALFORZIA INITIAL (1-3 YRS)	5	PA; SP; QL (7 per 365 days)
PALFORZIA INITIAL (4-17 YRS)	5	PA; SP; QL (13 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	5	PA; SP; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA
PENMENVY MEN A-B-C-W-Y (PF)	9	ACA
PENTACEL (PF)	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (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
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	4	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
SPIKEVAX 2025-2026(12Y UP)(PF)	9	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF)	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	9	ACA
VAXNEUVANCE (PF)	9	ACA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	5	PA; SP; QL (1 per 63 days)
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA; SP; QL (2 per 63 days)

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	CED	PA
<i>colchicine oral capsule</i>	CED	PA
<i>colchicine oral tablet</i>	1	
COLCRYS	4	
<i>febuxostat</i>	1	ST
GLOPERBA	CED	PA
MITIGARE	CED	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	4	ST
ZYLOPRIM ORAL TABLET 100 MG	4	

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

Drug Name	Drug Tier	Requirements / Limits
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	4	QL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG	4	QL (4 per 28 days)
<i>alendronate oral solution</i>	CED	PA; QL (300 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
ATELVIA	4	PA; QL (4 per 28 days)
BINOSTO	CED	PA; QL (4 per 28 days)
BONSITY	CED	PA; SP; QL (1 per 28 days)
EVISTA	4	
FORTEO	5	PA; SP; QL (1 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	QL (4 per 28 days)
FOSAMAX PLUS D	3	QL (4 per 28 days)
<i>ibandronate oral</i>	1	QL (1 per 28 days)
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (1 per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	CED	PA; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; SP; QL (1 per 28 days)
TYMLOS	5	PA; SP; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	CED	PA; SP; QL (2 per 28 days)
ABRILADA(CF) PEN	CED	PA; SP; QL (2 per 28 days)
ACTEMRA ACTPEN	5	PA; SP; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; SP; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS	CED	PA; SP; QL (3 per 365 days)
ADALIMUMAB-AACF(CF) PEN PS-UV	CED	PA; SP; QL (2 per 365 days)
ADALIMUMAB-AATY	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS	CED	PA; SP; QL (3 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADBIM	5	PA; SP; QL (2 per 28 days)
ADALIMUMAB-BWWD	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-RYVK	CED	PA; SP; QL (2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	CED	PA; SP; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ARAVA	4	
AURANOFIN	4	PA; SP; QL (3 per 1 day)
AVTOZMA AUTOINJECTOR	CED	PA; SP; QL (3.6 per 28 days)
AVTOZMA SUBCUTANEOUS	CED	PA; SP; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	5	PA; SP; QL (4 per 28 days)
CUPRIMINE	5	PA; SP; QL (16 per 1 day)
CYLTEZO(CF)	CED	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN	CED	PA; SP; QL (2 per 28 days)
DEPEN TITRATABS	5	PA; SP; QL (16 per 1 day)
ENBREL MINI	5	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; SP; 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 SUBCUTANEOUS SYRINGE	5	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	5	PA; SP; QL (4 per 28 days)
HADLIMA	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA PUSHTOUCH	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA(CF)	CED	PA; SP; QL (0.8 per 28 days)
HADLIMA(CF) PUSHTOUCH	CED	PA; SP; QL (0.8 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	CED	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (2.28 per 28 days)
KINERET	5	PA; SP; QL (18.76 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>leflunomide</i>	1	
LEQSELVI	5	PA; SP; QL (2 per 1 day)
<i>milnacipran oral tablet</i>	2	ST; QL (2 per 1 day)
<i>milnacipran oral tablets,dose pack</i>	2	ST; QL (55 per 365 days)
OLUMIANT	5	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; SP; QL (2.8 per 28 days)
OTEZLA	5	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL (55 per 365 days)
OTEZLA XR	5	PA; SP; QL (1 per 1 day)
OTEZLA XR INITIATION	5	PA; SP; QL (41 per 365 days)
<i>penicillamine</i>	5	PA; SP; QL (16 per 1 day)
RASUVO (PF)	4	ST
RIDAURA	4	PA; SP; QL (3 per 1 day)
RINVOQ LQ	5	PA; SP; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; SP; QL (56 per 365 days)
SAVELLA ORAL TABLET	4	ST; QL (2 per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK	4	ST; QL (55 per 365 days)
SIMLANDI(CF) AUTOINJECTOR	5	PA; SP; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; SP; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; 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
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; SP; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	5	PA; SP; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; SP; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET	5	PA; SP; QL (2 per 1 day)
XELJANZ XR	5	PA; SP; QL (1 per 1 day)
YUFLYMA(CF)	CED	PA; SP; QL (2 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	CED	PA; SP; QL (3 per 365 days)
YUFLYMA(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)
YUSIMRY(CF) PEN	CED	PA; SP; QL (1.6 per 28 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

ESTROGENS & PROGESTINS

<i>abigale</i>	2	
<i>abigale lo</i>	2	
ACTIVELLA	4	
ANGELIQ	4	
BIJUVA	4	QL (1 per 1 day)
<i>camila</i>	1	ACA
CLIMARA	4	QL (4 per 28 days)
CLIMARA PRO	4	QL (4 per 28 days)
COMBIPATCH	4	
<i>conjugated estrogens</i>	2	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	4	PA
<i>deblitane</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
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	PA
DIVIGEL	4	QL (1 per 1 day)
<i>dotti</i>	2	QL (8 per 28 days)
DUAVEE	4	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ELESTRIN	4	QL (52 per 30 days)
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
ESTRACE VAGINAL	4	
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	2	QL (37.5 per 30 days)
<i>estradiol transdermal gel in packet</i>	2	QL (1 per 1 day)
<i>estradiol transdermal patch semiweekly</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	QL (4 per 28 days)
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	2	
ESTRING	4	
ESTROGEL	4	QL (37.5 per 30 days)
<i>estrogens-methyltestosterone</i>	2	
EVAMIST	4	QL (16.2 per 30 days)
FEMRING	4	
<i>fyavolv</i>	2	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
IMVEXXY MAINTENANCE PACK	4	QL (8 per 28 days)
IMVEXXY STARTER PACK	4	QL (18 per 365 days)
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	2	QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
<i>meleya</i>	1	ACA
MENEST ORAL TABLET 1.25 MG, 2.5 MG	4	
MENOSTAR	4	QL (4 per 28 days)
<i>mimvey</i>	2	
MINIVELLE	4	QL (8 per 28 days)
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
<i>orquidea</i>	1	ACA
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>progesterone</i>	1	
<i>progesterone micronized oral</i>	1	
PROMETRIUM	4	
PROVERA	4	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
VAGIFEM	4	
VIVELLE-DOT	4	QL (8 per 28 days)
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	4	QL (1 per 365 days)
CLEOCIN VAGINAL	4	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	4	
<i>eluryng</i>	1	ACA

You can find information 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>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	4	
LYNKUET	4	PA; QL (2 per 1 day)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX	4	
<i>mifepristone oral tablet 200 mg</i>	2	
MYFEMBREE	4	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVARING	4	PA
NUVESSA	4	
ORIAHNN	4	PA; QL (2 per 1 day)
OSPHENA	4	PA
PHEXX	CED	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
TWIRLA	CED	PA
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	CED	PA; OTC
VCF CONTRACEPTIVE GEL	CED	PA; ACA; OTC
VEOZAH	4	PA; QL (1 per 1 day)
XACIATO	4	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
AFTERA	CED	PA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA

You can find information 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>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
AVERI	CED	PA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
BALCOLTRA	4	PA
<i>balziva (28)</i>	1	ACA
BEYAZ	4	PA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>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

You can find information 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>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	4	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>feirza</i>	1	ACA
FEMLYV	CED	PA
<i>finzala</i>	1	ACA
<i>galbriela</i>	1	ACA
<i>gemmily</i>	CED	PA; ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>iclevia</i>	1	ACA
<i>introvale</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>joyeaux</i>	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>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</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>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	4	PA
LOESTRIN 1/20 (21)	4	PA
LOESTRIN FE 1.5/30 (28-DAY)	4	PA
LOESTRIN FE 1/20 (28-DAY)	4	PA
<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>luizza</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</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

You can find information 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 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>minzoya</i>	1	ACA
<i>mono-lynyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
NATAZIA	4	
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
NEXTSTELLIS	4	
<i>nikki (28)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	CED	PA; ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
PLAN B ONE-STEP	CED	PA; OTC
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
<i>rosyrah</i>	1	ACA
SAFYRAL	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>setlakin</i>	1	ACA
<i>shewise</i>	9	ACA; OTC
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
SLYND	4	
<i>sprintec (28)</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	CED	PA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
TAYTULLA	CED	PA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
TYBLUME	CED	PA
<i>tydemy</i>	1	ACA
<i>valtya</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

You can find information 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>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>xarah fe</i>	1	ACA
<i>xelria fe</i>	1	ACA
YASMIN (28)	4	PA
YAZ (28)	4	PA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	2	QL (8 per 1 day)
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	
BESIFLOXACIN	CED	PA
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	CED	PA
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	4	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	CED	PA
QLOSI	CED	PA
VIZZ	CED	PA
VUITY	CED	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	CED	PA; QL (1 per 30 days)
ALCAINE	4	
<i>allergy eye (ketotifen)</i>	1	OTC
<i>altacaine</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	2	ST
BEPREVE	4	ST
CEQUA	4	ST; QL (2 per 1 day)
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	5	PA; SP; QL (20 per 28 days)
CYSTARAN	5	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
MIEBO (PF)	4	PA; QL (3 per 30 days)
OXERVATE	5	PA; SP; QL (56 per 720 days)
<i>proparacaine</i>	1	
RESTASIS	4	QL (2 per 1 day)
RESTASIS MULTIDOSE	4	ST; QL (5.5 per 28 days)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
TRYPTYR	4	PA; QL (60 per 30 days)
TYRVAYA	4	ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS
VERKAZIA	CED	PA; QL (120 per 30 days)
VEVYE	CED	PA; QL (2 per 30 days)
XDEMVY	5	PA; SP; QL (10 per 365 days)
XIIDRA	3	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
ZERVIATE	4	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	
ACULAR LS	4	
ACUVAIL (PF)	CED	PA
<i>bromfenac</i>	2	
BROMSITE	4	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	4	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
COMBIGAN	4	
COSOPT	4	
COSOPT (PF)	4	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
IYUZEH (PF)	CED	PA
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
OMLONTI	4	ST
RHOPRESSA	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
ROCKLATAN	4	ST
SIMBRINZA	4	ST
<i>tafluprost (pf)</i>	2	ST
TRAVATAN Z	4	ST
<i>travoprost</i>	2	ST
VYZULTA	4	ST; QL (5 per 30 days)
XALATAN	4	
ZIOPTAN (PF)	4	ST
ZOLYMBUS	CED	PA
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	CED	PA
TOBRADEX ST	CED	PA
<i>tobramycin-dexamethasone</i>	1	
<i>tobramycin-lotepred</i>	4	
ZYLET	4	
STEROIDS		
ALREX	4	
BYQLOVI	CED	PA
CLOBETASOL OPHTHALMIC (EYE)	CED	PA
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	CED	PA; QL (16.6 per 30 days)
FLAREX	CED	PA
<i>fluorometholone</i>	1	
FML FORTE	CED	PA
FML LIQUIFILM	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
INVELTYS	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	CED	PA
LOTEMAX OPHTHALMIC (EYE) OINTMENT	CED	PA
LOTEMAX SM	CED	PA
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	CED	PA
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	
MAXIDEX	4	
PRED FORTE	4	
PRED MILD	CED	PA
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	ST
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	2	ST
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	4	
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	CED	PA
<i>carbinoxamine maleate oral liquid</i>	CED	PA; QL (40 per 1 day)
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR	CED	PA; QL (40 per 1 day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	QL (4 per 1 day)
<i>carbzah</i>	CED	PA; QL (40 per 1 day)
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	4	
<i>clemastine oral syrup</i>	CED	PA; QL (60 per 1 day)
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>clemsza</i>	2	QL (3 per 1 day)
<i>corphena</i>	CED	PA
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
DESLORATADINE ORAL SOLUTION	CED	PA; QL (10 per 1 day)
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet,disintegrating</i>	CED	PA
<i>dexchlorpheniramine maleate oral solution</i>	CED	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	CED	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
EPIPEN	4	
EPIPEN JR	4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	CED	PA
<i>levocetirizine</i>	1	
NEFFY	CED	PA
<i>promethazine oral</i>	1	
<i>promethazine rectal</i>	1	
<i>promethegan</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
RYCLORA	CED	PA
RYVENT	CED	PA; QL (4 per 1 day)
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
BROMFED DM	4	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	CED	PA; QL (2 per 1 day)
<i>codeine-guaifenesin</i>	1	
DURATUSS AC	CED	PA
<i>g tussin ac</i>	1	
HYCODAN (WITH HOMATROPINE)	4	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
TUXARIN ER	4	QL (24 per 30 days)
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
<i>acetylcysteine</i>	1	
ADEMPAS	5	PA; SP; LA; QL (3 per 1 day)
ADVAIR DISKUS	4	PA; QL (1 per 30 days)
ADVAIR HFA	3	QL (1 per 30 days)
AIRSUPRA	CED	PA
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	2	PA
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	4	PA; QL (2 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
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	4	PA; QL (1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; SP; QL (2 per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; SP; QL (3 per 1 day)
<i>alyq</i>	5	PA; SP; QL (2 per 1 day)
<i>ambrisentan</i>	5	PA; SP; LA; QL (1 per 1 day)
ANDEMBRY AUTOINJECTOR	5	PA; SP; QL (1.2 per 30 days)
ANORO ELLIPTA	3	QL (1 per 30 days)
<i>arformoterol</i>	2	QL (120 per 30 days)
ARNUIITY ELLIPTA	3	QL (1 per 30 days)
ASMANEX HFA	3	QL (13 per 30 days)
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)	3	QL (1 per 30 days)
ATROVENT HFA	4	QL (2 per 30 days)
<i>azelastine-fluticasone</i>	CED	PA; QL (1 per 30 days)
BEVESPI AEROSPHERE	4	ST; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; SP; LA; QL (2 per 1 day)
<i>bosentan oral tablet for suspension</i>	5	PA; SP; LA; QL (4 per 1 day)
BREO ELLIPTA	3	QL (1 per 30 days)
<i>brey-na</i>	2	QL (1 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	4	ST; QL (1 per 30 days)
BRINSUPRI	5	PA; SP; QL (1 per 1 day)
BRONCHITOL	5	PA; 20 capsules per day; 10 capsules per 365 days; SP
BROVANA	4	QL (120 per 30 days)
<i>budesonide inhalation</i>	1	QL (120 per 30 days)
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	QL (1 per 30 days)
CINRYZE	5	PA; SP
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>cromolyn inhalation</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
DALIRESP	4	PA; QL (1 per 1 day)
DAWNZERA	5	PA; SP; LA; QL (0.8 per 28 days)
DUAKLIR PRESSAIR	4	ST; QL (1 per 30 days)
DULERA	3	QL (13 per 30 days)
DYMISTA	CED	PA; QL (1 per 30 days)
EKTERLY	5	PA; SP; QL (4 per 1 day)
ESBRIET ORAL TABLET 267 MG	5	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	5	PA; SP; QL (3 per 1 day)
FASENRA	5	PA; SP; QL (1 per 42 days)
FASENRA PEN	5	PA; SP; QL (1 per 42 days)
FIRAZYR	5	PA; SP; QL (9 per 28 days)
<i>flunisolide</i>	2	ST
FLUTICASONE FUROATE	CED	PA; QL (1 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	4	PA; QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	4	ST; QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	4	ST; QL (4 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; QL (2 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	ST; QL (1 per 30 days)
<i>fluticasone propionate nasal</i>	1	QL (1 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	CED	PA; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (1 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	4	PA; QL (1 per 30 days)
<i>formoterol fumarate</i>	2	QL (120 per 30 days)
HAEGARDA	5	PA; SP; 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
HYPER-SAL	4	
<i>icatibant</i>	5	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	3	QL (1 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	2	QL (2 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol</i>	1	QL (540 per 30 days)
JASCAYD	5	PA; SP; QL (2 per 1 day)
KALYDECO	5	PA; SP; QL (2 per 1 day)
LETAIRIS	5	PA; SP; LA; QL (1 per 1 day)
<i>levalbuterol hcl</i>	2	
LEVALBUTEROL TARTRATE	3	ST
<i>mometasone nasal</i>	2	ST; QL (17 per 30 days)
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
<i>nintedanib</i>	5	PA; SP; QL (2 per 1 day)
NUCALA	5	PA; SP; LA; QL (1 per 28 days)
OFEV	5	PA; SP; QL (2 per 1 day)
OHTUVAYRE	5	PA; SP; QL (5 per 1 day)
OMNARIS	4	ST; QL (1 per 30 days)
OPSUMIT	5	PA; SP; LA; QL (1 per 1 day)
OPSYNVI	5	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	5	PA; SP; QL (4 per 1 day)
ORLADEYO	5	PA; SP; LA; QL (1 per 1 day)
PERFOROMIST	4	QL (120 per 30 days)
<i>pirfenidone oral capsule</i>	5	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; SP; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (3 per 1 day)
PROAIR RESPICLICK	4	PA
PULMICORT	4	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	4	ST; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	ST; QL (1 per 30 days)
<i>pulmosal</i>	1	
PULMOZYME	5	PA; SP; QL (5 per 1 day)
QNASL	4	ST; QL (1 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
REVATIO ORAL TABLET	5	PA; SP; QL (3 per 1 day)
<i>roflumilast</i>	2	PA; QL (1 per 1 day)
RUCONEST	5	PA; SP; QL (2 per 28 days)
RYALTRIS	CED	PA; QL (3 per 90 days)
<i>sajazir</i>	5	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	3	QL (1 per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; SP; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; SP; QL (3 per 1 day)
SINGULAIR ORAL TABLET	4	
SINGULAIR ORAL TABLET,CHEWABLE	4	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	CED	PA; QL (1 per 1 day)
STIOLTO RESPIMAT	3	QL (4 per 30 days)
STRIVERDI RESPIMAT	3	QL (4 per 30 days)
SYMBICORT	4	PA; QL (1 per 30 days)
SYMDEKO	5	PA; SP; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	5	PA; SP; QL (2 per 1 day)
TADLIQ	5	PA; SP; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; SP; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	5	PA; SP; QL (1.91 per 28 days)
THEO-24	4	
<i>theophylline oral elixir</i>	CED	PA
<i>theophylline oral solution</i>	CED	PA
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	CED	PA; QL (1 per 1 day)
TRACLEER ORAL TABLET	5	PA; SP; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; SP; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	3	QL (1 per 30 days)
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; SP; QL (3 per 1 day)
TUDORZA PRESSAIR	4	ST; QL (1 per 30 days)
TYVASO	5	PA; SP; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	5	PA; SP; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	5	PA; SP; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG	5	PA; SP; QL (224 per 30 days)
TYVASO REFILL KIT	5	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	5	PA; SP; QL (1 per 365 days)
UMECLIDINIUM-VILANTEROL	CED	PA; QL (1 per 30 days)
VENTOLIN HFA	1	
WINREVAIR	5	PA; SP; QL (1 per 20 days)
<i>wixela inhub</i>	1	QL (1 per 30 days)
XHANCE	4	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; LA; QL (0.5 per 28 days)
XOPENEX HFA	4	ST
YUPELRI	4	ST; QL (3 per 1 day)
YUTREPIA	5	PA; SP; QL (112 per 28 days)
<i>zafirlukast</i>	2	
<i>zileuton</i>	2	PA; QL (4 per 1 day)
PULMONARY DEVICES		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</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>fesoterodine</i>	2	ST; QL (1 per 1 day)
<i>flavoxate</i>	1	
GEMTESA	4	ST; QL (1 per 1 day)
<i>mirabegron oral tablet extended release 24 hr</i>	2	ST; QL (1 per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	CED	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL (1 per 1 day)
<i>oxybutynin chloride oral syrup</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	CED	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	CED	PA; QL (8 per 28 days)
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
TOVIAZ	4	ST; QL (1 per 1 day)
<i>trospium oral capsule,extended release 24hr</i>	2	
<i>trospium oral tablet</i>	1	
VESICARE	4	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
AVODART	4	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
ENTADFI	CED	PA; QL (1 per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
JALYN	4	
PROSCAR	4	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (1 per 1 day)
<i>tamsulosin</i>	1	
UROXATRAL	4	

CHOLINERGIC STIMULANTS

You can find information 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>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	SP; LA
ELMIRON	4	
K-PHOS NO 2	4	
OXLUMO	5	PA; SP
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	5	PA; SP
RIVFLOZA	5	PA; SP; QL (1 per 28 days)
UROCIT-K 10	4	
UROCIT-K 15	4	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	4	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA	CED	PA; QL (12 per 1 day)
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>ferric citrate</i>	2	ST; QL (12 per 1 day)
FOSRENOL ORAL POWDER IN PACKET	CED	PA; QL (3 per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE	4	ST; QL (3 per 1 day)
GALZIN	5	SP; QL (3 per 1 day)
<i>kionex oral suspension</i>	2	
<i>klor-con</i>	CED	PA
<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>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	4	PA; QL (3 per 1 day)
POKONZA ORAL LIQUID	CED	PA; QL (15 per 1 day)
POKONZA ORAL PACKET	CED	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet 20 meq</i>	CED	PA
POTASSIUM CHLORIDE ORAL PACKET 40 MEQ	CED	PA; QL (1 per 1 day)
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	CED	PA
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	CED	PA; QL (17 per 1 day)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	CED	PA; QL (5 per 1 day)
RENVELA ORAL TABLET	4	QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	CED	PA; QL (17 per 1 day)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	CED	PA; QL (5 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	CED	PA; QL (32 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	CED	PA; QL (16 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sps (with sorbitol)</i>	2	
VELPHORO	4	ST; QL (6 per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	4	PA; QL (4 per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	4	PA; QL (1 per 1 day)
XPHOZAH	4	PA; QL (2 per 1 day)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA	5	PA; SP; LA; QL (4 per 1 day)
DOJOLVI	5	PA; SP; 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>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>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>flotrex</i>	9	ACA; OTC
<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>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg 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>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 430</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 oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	1	
<i>purevita folic acid oral tablet</i>	9	ACA; OTC
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19</i>	1	
<i>se-natal 19 chewable</i>	1	
<i>soluvita a,c,d with fluoride</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b-50 complex</i>	9	ACA; OTC
<i>super quint</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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

Index

2		
<i>24 hour nasal allergy</i>	140	
A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
<i>abigale</i>	124	
<i>abigale lo</i>	124	
ABILIFY	45	
ABILIFY ASIMTUFII... 44, 45		
ABILIFY MAINTENA.....	45	
<i>abiraterone</i>	14	
<i>abirtega</i>	14	
ABRILADA(CF).....	120	
ABRILADA(CF) PEN	120	
ABRYSVO (PF).....	116	
ABSORICA.....	80	
ABSORICA LD	80	
<i>acamprosate</i>	89	
ACANYA.....	80	
<i>acarbose</i>	102	
<i>accutane</i>	80	
<i>acebutolol</i>	63	
<i>acetaminophen-caff-</i>		
<i>dihydrocod</i>	36	
<i>acetaminophen-codeine</i>	36	
<i>acetazolamide</i>	136	
<i>acetic acid</i>	93	
<i>acetylcysteine</i>	140	
ACIPHEX.....	112	
<i>acitretin</i>	75	
ACTEMRA	120	
ACTEMRA ACTPEN.....	120	
ACTHAR	94	
ACTHAR SELFJECT	94	
ACTHIB (PF).....	116	
ACTIMMUNE	116	
ACTIVELLA	124	
ACTONEL	120	
ACTOPLUS MET.....	102	
ACTOS.....	102	
ACULAR	136	
ACULAR LS.....	136	
ACUVAIL (PF).....	136	
<i>acyclovir</i>	4, 85	
ACZONE.....	80	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)		
.....	116	
ADALIMUMAB-AACF	120	
ADALIMUMAB-AACF(CF)		
PEN CROHNS	120	
ADALIMUMAB-AACF(CF)		
PEN PS-UV	120	
ADALIMUMAB-AATY	120	
ADALIMUMAB-AATY(CF)		
AI CROHNS.....	120	
ADALIMUMAB-ADAZ....	121	
ADALIMUMAB-ADBM... 121		
ADALIMUMAB-BWWD.. 121		
ADALIMUMAB-FKJP	121	
ADALIMUMAB-RYVK ... 121		
<i>adapalene</i>	80	
ADAPALENE	80	
<i>adapalene-benzoyl peroxide</i> ..	80	
ADBRY	78	
ADDERALL	45	
ADDERALL XR.....	45	
ADDYI.....	45	
<i>adefovir</i>	4	
ADEMPAS.....	140	
ADMELOG SOLOSTAR U-		
100 INSULIN	97	
ADMELOG U-100 INSULIN		
LISPRO	97	
<i>adult aspirin regimen</i>	39	
ADVAIR DISKUS	140	
ADVAIR HFA	140	
ADZENYS XR-ODT	45	
AEROCHAMBER		
MECHANICAL VENT.. 146		
AEROCHAMBER MINI... 146		
AEROCHAMBER PLUS		
FLOW-VU.....	146	
AEROCHAMBER PLUS Z		
STAT	146	
AEROCHAMBER2GO.....	146	
AEROVENT PLUS.....	146	
AFINITOR	14	
AFINITOR DISPERZ	14	
<i>afirmelle</i>	127	
AFLURIA 2025-2026 (3YR		
UP)(PF)	116	
AFLURIA 2025-2026 (6MO		
UP).....	116	
AFREZZA	97	
<i>after pill</i>	127	
AFTERA.....	127	
AGAMREE	94	
AGRYLIN	89	
AIMOVIG AUTOINJECTOR		
.....	31	
AIRSUPRA	140	
AJOVY AUTOINJECTOR.. 31		
AJOVY SYRINGE.....	31	
AKEEGA.....	14	
AKLIEF	80	
AKTEN (PF)	135	
AKYNZEO (NETUPITANT)		
.....	106	
ALA-SCALP	85	
<i>albendazole</i>	9	
<i>albuterol sulfate</i>	140	
ALCAINE.....	135	
<i>alclometasone</i>	85	
ALDACTONE.....	63	
ALECENSA	14	
<i>alendronate</i>	120	
ALFERON N.....	116	
<i>alfuzosin</i>	147	
ALHEMO PEN	69	
ALINIA	9	
<i>aliskiren</i>	63	
ALKERAN	14	
ALKINDI SPRINKLE	94	
<i>allergy eye (ketotifen)</i>	135	
<i>allopurinol</i>	119	
<i>almotriptan malate</i>	31	
ALOGLIPTIN	102	
ALOGLIPTIN-METFORMIN		
.....	102	
ALOGLIPTIN-		
PIOGLITAZONE	102	
<i>alosetron</i>	106	
ALPHAGAN P	138	
<i>alprazolam</i>	45	
<i>alprazolam intensol</i>	45	
ALREX.....	137	
<i>altacaine</i>	135	
ALTACE	63	

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

<i>altavera (28)</i>	127	AMZEEQ	80	ARISTADA INITIO.....	45
ALTRENO	80	ANAFRANIL.....	45	ARIXTRA	69
ALUNBRIG	14	<i>anagrelide</i>	89	<i>armodafinil</i>	46
ALVAIZ.....	69	ANALPRAM-HC.....	75, 107	ARMOUR THYROID.....	105
ALVESCO	140, 141	ANALPRAM-HC SINGLES		ARNUITY ELLIPTA	141
<i>alvimopan</i>	106	.....	107	AROMASIN.....	14
<i>alyacen 1/35 (28)</i>	127	ANAPROX DS.....	40	ARTHROTEC 50	40
<i>alyacen 7/7/7 (28)</i>	128	<i>anastrozole</i>	14	ARTHROTEC 75	40
ALYFTREK.....	141	ANCOBON	3	ARYNTA	46
<i>alyq</i>	141	ANDEMBRY		<i>ascomp with codeine</i>	36
<i>amantadine hcl</i>	4	AUTOINJECTOR.....	141	<i>asenapine maleate</i>	46
AMBIEN.....	45	ANDROGEL	99	<i>ashlyna</i>	128
AMBIEN CR.....	45	ANGELIQ	124	ASMANEX HFA	141
<i>ambrisentan</i>	141	ANNOVERA.....	126	ASMANEX TWISTHALER	
<i>amcinonide</i>	85	ANODYNE LPT	83	.....	141
<i>amethia</i>	128	ANORO ELLIPTA.....	141	<i>aspirin</i>	40
<i>amethyst (28)</i>	128	ANTIVERT	107	<i>aspirin childrens</i>	40
AMICAR.....	69	<i>anucort-hc</i>	107	<i>aspirin-dipyridamole</i>	69
<i>amikacin</i>	9	ANUSOL-HC.....	107	ASTAGRAF XL.....	14
<i>amiloride</i>	63	ANZUPGO.....	78	ATACAND.....	63
<i>amiloride-hydrochlorothiazide</i>		<i>apexicon e</i>	85	ATACAND HCT.....	63
.....	63	APIDRA SOLOSTAR U-100		<i>atazanavir</i>	4
<i>aminocaproic acid</i>	69	INSULIN.....	97	ATELVIA.....	120
<i>amiodarone</i>	62	APIDRA U-100 INSULIN..	97	<i>atenolol</i>	63
AMITIZA	107	APLENZIN	45	<i>atenolol-chlorthalidone</i>	63
<i>amitriptyline</i>	45	APOKYN	30	ATIVAN.....	46
<i>amitriptyline-chlordiazepoxide</i>		<i>apomorphine</i>	30	ATMEKSI	35
.....	45	<i>apraclonidine</i>	138	<i>atomoxetine</i>	46
AMJEVITA(CF)	121	<i>aprepitant</i>	107	ATORVALIQ.....	71
AMJEVITA(CF)		<i>apri</i>	128	<i>atorvastatin</i>	71
AUTOINJECTOR.....	121	APRISO.....	107	<i>atovaquone</i>	9
<i>amlodipine</i>	63	APTIOM.....	25	<i>atovaquone-proguanil</i>	9
<i>amlodipine-atorvastatin</i>	71	APTIVUS	4	ATRALIN.....	80
<i>amlodipine-benazepril</i>	63	AQNEURSA	149	<i>atropine</i>	134
<i>amlodipine-olmesartan</i>	63	AQVESME.....	89	ATROPINE SULFATE (PF)	
<i>amlodipine-valsartan</i>	63	ARAKODA	9	.....	134
<i>amlodipine-valsartan-hcthiiazid</i>		<i>aranelle (28)</i>	128	ATROVENT HFA.....	141
.....	63	ARANESP (IN		ATTRUBY	73
<i>ammonium lactate</i>	78	POLYSORBATE).....	114	AUBAGIO.....	60
<i>amnesteem</i>	80	ARAVA.....	121	<i>aubra</i>	128
<i>amoxapine</i>	45	ARAZLO.....	80	<i>aubra eq</i>	128
<i>amoxicil-clarithromy-</i>		ARBLI.....	63	AUDENZ (NATIONAL	
<i>lansopraz</i>	112	ARCALYST.....	114	STOCKPILE)	116
<i>amoxicillin</i>	11	AREXVY (PF).....	116	AUGMENTIN.....	11
<i>amoxicillin-pot clavulanate</i> ..	11	<i>arformoterol</i>	141	AUGMENTIN ES-600.....	11
<i>amphetamine</i>	45	ARICEPT	33	AUGTYRO.....	14
<i>amphetamine sulfate</i>	45	ARIKAYCE	9	AURANOFIN.....	121
<i>ampicillin</i>	11	ARIMIDEX	14	<i>aurovela 1.5/30 (21)</i>	128
AMPYRA.....	33	<i>aripiprazole</i>	45	<i>aurovela 1/20 (21)</i>	128
AMRIX.....	35	ARISTADA.....	46	<i>aurovela 24 fe</i>	128

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

<i>aurovela fe 1.5/30 (28)</i>	128	BACTRIM DS.....	11	BETASERON.....	60
<i>aurovela fe 1-20 (28)</i>	128	BAFIERTAM.....	60	<i>betaxolol</i>	63, 134
AURYXIA	148	<i>bal-care dha</i>	150	<i>bethanechol chloride</i>	148
AUSTEDO	33	BALCOLTRA	128	BETHKIS	9
AUSTEDO XR.....	33	<i>balsalazide</i>	107	BETIMOL	134
AUSTEDO XR TITRATION		BALVERSA.....	14	BETOPTIC S.....	134
KT(WK1-4).....	33	<i>balziva (28)</i>	128	BEVESPI AEROSPHERE .	141
AUVELITY.....	46	BANZEL	25	<i>bexarotene</i>	14
AUVI-Q.....	138, 139	BAQSIMI	96	BEXSERO	117
AVALIDE	63	BARACLUDGE.....	4	BEYAZ.....	128
AVAPRO	63	BASAGLAR KWIKPEN U-		<i>bicalutamide</i>	14
<i>avar</i>	80	100 INSULIN.....	97	BIDIL	63
AVERI.....	128	BAXDELA.....	11	BIJUVA.....	124
<i>aviane</i>	128	<i>bayer low dose aspirin</i>	40	BIKTARVY	4
<i>avidoxy</i>	12	<i>b-complex with vitamin c</i>	150	<i>bimatoprost</i>	136
AVIDOXY DK	12	BD MICROTAINER		BIMZELX	75
AVMAPKI-FAKZYNJA	14	LANCET	97	BIMZELX AUTOINJECTOR	
AVODART	147	BD SPECIALTY USE		.....	75
AVONEX.....	60	NEEDLES	97	BINOSTO.....	120
AVTOZMA.....	121	BELBUCA	37	<i>bisacodyl</i>	107
AVTOZMA		BELSOMRA	46	<i>bismuth subcit k-metronidz-tcn</i>	
AUTOINJECTOR.....	121	<i>benazepril</i>	63	.....	112
<i>ayuna</i>	128	<i>benazepril-hydrochlorothiazide</i>		<i>bisoprolol fumarate</i>	63
AYVAKIT.....	14	.....	63	BISOPROLOL FUMARATE	
AZASAN.....	14	BENICAR	63	.....	63
AZASITE	133	BENICAR HCT	63	<i>bisoprolol-hydrochlorothiazide</i>	
<i>azathioprine</i>	14	BENLYSTA	121	.....	63
<i>azelaic acid</i>	80	BENZAMYCIN	80	<i>blisovi 24 fe</i>	128
<i>azelastine</i>	92, 135	<i>benzepril</i>	80	<i>blisovi fe 1.5/30 (28)</i>	128
<i>azelastine-fluticasone</i>	141	BENZEPRO		<i>blisovi fe 1/20 (28)</i>	128
AZELEX	80	(MICROSPHERES).....	80	BLUJEP A.....	13
AZILECT	30	BENZNIDAZOLE	9	BONJESTA	107
AZILSARTAN		<i>benzonatate</i>	140	BONSITY	120
MEDOXOMIL	63	<i>benztropine</i>	30	BOOSTRIX TDAP.....	117
<i>azithromycin</i>	8	<i>bepotastine besilate</i>	135	<i>bosentan</i>	141
AZOPT	136	BEPREVE	135	BOSULIF	14, 15
AZOR.....	63	<i>beser</i>	85	BOTOX	117
AZSTARYS	46	BESER KIT	85	BRAFTOVI.....	15
AZULFIDINE	107	BESIFLOXACIN	133	BREKIYA	31
AZULFIDINE EN-TABS ..	107	BESIVANCE.....	133	BRENZAVVY	102
<i>azurette (28)</i>	128	BESREMI.....	116	BREO ELLIPTA	141
B		BETADINE OPHTHALMIC		<i>breyana</i>	141
<i>b complex 1 (with folic acid)</i>		PREP	133	BREZTRI AEROSPHERE.	141
.....	149	<i>betaine</i>	107	<i>briellyn</i>	128
<i>b complex-vitamin c-folic acid</i>		<i>betamethasone dipropionate</i> 85		BRILINTA	69
.....	149	<i>betamethasone valerate</i>	85	<i>brimonidine</i>	80, 138
<i>bacitracin</i>	133	<i>betamethasone, augmented</i> .85,		<i>brimonidine-timolol</i>	136
<i>bacitracin-polymyxin b</i>	133	86		BRINSUPRI	141
<i>baclofen</i>	35	BETAPACE	62	<i>brinzolamide</i>	136
BACTRIM.....	11	BETAPACE AF	62	<i>brivaracetam</i>	25

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

BRIVIACT	25	<i>calcitriol</i>	75, 99	CARNITOR (SUGAR-FREE)	90
BRIXADI	37	<i>calcium acetate(phosphat bind)</i>	148	CAROSPIR.....	64
BROMFED DM	140	CALQUENCE		<i>carteolol</i>	134
<i>bromfenac</i>	136	(ACALABRUTINIB MAL)		<i>cartia xt</i>	64
<i>bromocriptine</i>	30	.....	15	<i>carvedilol</i>	64
<i>brompheniramine-pseudoeph-</i>		CAMBIA	40	<i>carvedilol phosphate</i>	64
<i>dm</i>	140	<i>camila</i>	124	CASODEX	15
BROMSITE.....	136	<i>camrese</i>	128	CATAPRES-TTS-1	64
BRONCHITOL	141	<i>camrese lo</i>	128	CATAPRES-TTS-2	64
BROVANA	141	CAMZYOS	73	CATAPRES-TTS-3	64
BRUKINSA	15	CANASA.....	107	CAYA CONTOURED	124
BRYHALI.....	86	<i>candesartan</i>	63	CAYSTON	9
BRYNOVIN.....	102	<i>candesartan-</i>		<i>caziant (28)</i>	128
BUCAPSOL	46	<i>hydrochlorothiazid</i>	63	<i>cefaclor</i>	7
<i>budesonide</i>	107, 141	<i>capecitabine</i>	15	<i>cefadroxil</i>	7
<i>budesonide-formoterol</i>	141	CAPEX.....	86	<i>cefdinir</i>	7
<i>bumetanide</i>	63	CAPLYTA.....	46, 47	<i>cefixime</i>	7, 8
BUPHENYL.....	89	CAPRELSA.....	15	<i>cefpodoxime</i>	8
<i>buprenorphine</i>	37	CAPSINAC	40	<i>cefprozil</i>	8
<i>buprenorphine hcl</i>	37	<i>captopril</i>	64	<i>cefuroxime axetil</i>	8
<i>buprenorphine-naloxone</i>	40	<i>captopril-hydrochlorothiazide</i>		CELEBREX	40
<i>bupropion hcl</i>	46	.....	64	<i>celecoxib</i>	40
BUPROPION HCL	46	CAPVAXIVE.....	117	CELEXA	47
<i>bupropion hcl (smoking deter)</i>		CARAC	78	CELLCEPT	15
.....	92	CARAFATE.....	112	CELONTIN	25
<i>buspirone</i>	46	CARBAGLU	89	CENTANY	83
<i>butalbital-acetaminop-caf-cod</i>		<i>carbamazepine</i>	25	CENTANY AT.....	83
.....	37	CARBAMAZEPINE	25	<i>cephalexin</i>	8
<i>butalbital-acetaminophen</i>	37	CARBATROL.....	25	CEQUA	135
<i>butalbital-acetaminophen-caff</i>		<i>carbidopa</i>	30	CERDELGA.....	99
.....	37	<i>carbidopa-levodopa</i>	30	<i>cetirizine</i>	139
<i>butalbital-aspirin-caffeine</i>	37	CARBIDOPA-LEVODOPA 30		CETRAXAL.....	93
<i>butorphanol</i>	40	<i>carbidopa-levodopa-</i>		<i>cevimeline</i>	90
BUTRANS	37	<i>entacapone</i>	30	CHANTIX	92
BYLVAY	107	<i>carbinoxamine maleate</i>	139	CHANTIX STARTING	
BYNFEZIA	15	CARBINOXAMINE		MONTH BOX	92
BYQLOVI.....	137	MALEATE.....	139	<i>charlotte 24 fe</i>	128
BYSTOLIC	63	<i>carbzah</i>	139	<i>chateal eq (28)</i>	128
C		CARDIZEM	64	CHEMET	90
<i>cabergoline</i>	99	CARDIZEM CD.....	64	<i>chlordiazepoxide hcl</i>	47
CABLIVI.....	69	CARDIZEM LA.....	64	<i>chlordiazepoxide-clidinium</i> 105	
CABOMETYX.....	15	CARDURA	64	<i>chlorhexidine gluconate</i>	93
CABTREO	80	CARDURA XL	64	<i>chloroquine phosphate</i>	9
CADUET.....	71	<i>carglumic acid</i>	90	<i>chlorpromazine</i>	47
CAFERGOT.....	31	<i>carisoprodol</i>	35	<i>chlorthalidone</i>	64
<i>caffeine citrate</i>	89	<i>carisoprodol-aspirin-codeine</i>		<i>chlorzoxazone</i>	35
<i>calcipotriene</i>	75	.....	35	CHOLBAM	107
CALCIPOTRIENE.....	75	CARNITOR.....	90	<i>cholestyramine (with sugar)</i> .71	
<i>calcipotriene-betamethasone</i> 75				<i>cholestyramine light</i>	72
<i>calcitonin (salmon)</i>	99				

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

CHORIONIC	<i>clindacin etz</i>.....81	COMIRNATY 2025-26 (12Y
GONADOTROPIN,	CLINDACIN ETZ.....81	UP)(PF).....117
HUMAN.....99	<i>clindacin p</i>.....81	COMPACT SPACE
CIBINQO.....78	CLINDACIN PAC.....81	CHAMBER.....146
<i>ciclodan</i>.....84	CLINDAGEL.....81	COMPAZINE.....108
CICLODAN KIT.....84	<i>clindamycin hcl</i>.....9	COMPLERA.....4
<i>ciclopirox</i>.....84	<i>clindamycin pediatric</i>.....9	<i>complete natal dha</i>.....150
<i>ciclopirox-ure-camph-menth-</i>	<i>clindamycin phosphate</i> .81, 126	<i>compro</i>.....108
<i>euc</i>.....84	<i>clindamycin-benzoyl peroxide</i>	CONCERTA.....48
<i>cilostazol</i>.....69	.....81	CONDYLOX.....78
CILOXAN.....133	<i>clindamycin-tretinoin</i>.....81	<i>conjugated estrogens</i>.....124
CIMDUO.....4	CLINDESSE.....126	CONJUPRI.....64
<i>cimetidine</i>.....113	<i>clobazam</i>.....25	CONSENSI.....64
<i>cimetidine hcl</i>.....112	<i>clobetasol</i>.....86	<i>constulose</i>.....108
CIMZIA.....107	CLOBETASOL.....86, 137	CONZIP.....40
CIMZIA POWDER FOR	<i>clobetasol-emollient</i>.....86	COPAXONE.....60
RECONST.....107	CLOBEX.....86	COPIKTRA.....15
<i>cinacalcet</i>.....99	<i>clocortolone pivalate</i>.....86	CORDRAN TAPE LARGE
CINRYZE.....141	<i>clodan</i>.....86	ROLL.....86
CIPOTREX.....75	CLODAN KIT.....86	COREG.....64
CIPRO.....11	<i>clomipramine</i>.....47	COREG CR.....64
CIPRO HC.....94	<i>clonazepam</i>.....25	CORLANOR.....73, 74
<i>ciprofloxacin</i>.....11	<i>clonidine</i>.....64	<i>corphena</i>.....139
<i>ciprofloxacin hcl</i>.....11, 93, 133	<i>clonidine hcl</i>.....47, 64	CORTANE-B.....78
<i>ciprofloxacin-dexamethasone</i>	CLONIDINE HCL.....64	CORTEF.....94
.....94	<i>clopidogrel</i>.....70	CORTENEMA.....108
CIPROFLOXACIN-	<i>clorazepate dipotassium</i>.....47	CORTIFOAM.....108
FLUOCINOLONE.....94	<i>clotrimazole</i>.....3	<i>cortisone</i>.....94
<i>ciprofloxacin-hydrocortisone</i>	<i>clotrimazole-betamethasone</i> .84	CORTISPORIN-TC.....94
.....94	<i>clozapine</i>.....47	CORTROPHIN GEL.....94
<i>citalopram</i>.....47	CLOZARIL.....47	COSENTYX.....75
<i>citroma</i>.....107	COARTEM.....9	COSENTYX (2 SYRINGES)
<i>cladribine(multiple sclerosis)</i>	COBENFY.....47	.....75
.....60	COBENFY STARTER PACK	COSENTYX PEN.....75
<i>claravis</i>.....80	.....47	COSENTYX PEN (2 PENS)75
CLARINEX.....139	<i>codeine sulfate</i>.....37	COSENTYX UNOREADY
CLARINEX-D 12 HOUR..140	<i>codeine-butalbital-asa-caff</i> ..37	PEN.....75
<i>clarithromycin</i>.....8	<i>codeine-guaifenesin</i>.....140	COSOPT.....136
<i>classic prenatal</i>.....150	COLAZAL.....108	COSOPT (PF).....136
<i>clearlax</i>.....107	<i>colchicine</i>.....119	COTELLIC.....15
<i>clemastine</i>.....139	COLCRYS.....119	COTEMPLA XR-ODT.....48
<i>clemsza</i>.....139	<i>colesevelam</i>.....72	<i>covaryx</i>.....124
CLENPIQ.....107	COLESTID.....72	<i>covaryx h.s.</i>.....124
CLEOCIN.....126	<i>colestipol</i>.....72	COXANTO.....40
CLEOCIN HCL.....9	COMBIGAN.....136	COZAAR.....64
CLEOCIN PEDIATRIC.....9	COMBIPATCH.....124	CRENESSITY.....99
CLEOCIN T.....81	COMBIVENT RESPIMAT141	CREON.....108
CLIMARA.....124	COMETRIQ.....15	CRESEMBA.....3
CLIMARA PRO.....124	COMIRNATY 2025-2026(5-	CRESTOR.....72
<i>clindacin</i>.....81	11Y)(PF).....117	CREXONT.....30

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

CRINONE	124	<i>dasetta 7/7/7 (28)</i>	128	<i>dexamethasone sodium</i>
<i>cromolyn</i>	108, 135, 141	DAURISMO.....	15	<i>phosphate</i>
<i>crotan</i>	89	DAWNZERA	142	<i>dexchlorpheniramine maleate</i>
<i>cryselle (28)</i>	128	DAXXIFY	117	.....
CTEXTLI.....	108	DAYBUE	33	DEXCOM G6 RECEIVER ..
CUPRIMINE.....	121	DAYBUE STIX	33	DEXCOM G6 SENSOR.....
CUVPOSA	105	<i>daysee</i>	129	DEXCOM G6
CUVRIOR.....	90	DAYTRANA.....	48	TRANSMITTER
<i>cyanocobalamin (vitamin b-12)</i>		DAYVIGO	48	DEXCOM G7 15 DAY
.....	150	DDAVP	99	SENSOR.....
<i>cyclobenzaprine</i>	35	<i>deblitane</i>	124	DEXCOM G7 RECEIVER ..
CYCLOGYL	134	<i>deferasirox</i>	90	DEXCOM G7 SENSOR.....
CYCLOMYDRIL.....	138	<i>deferiprone</i>	90	DEXEDRINE SPANSULE ..
<i>cyclopentolate</i>	134	<i>deflazacort</i>	94	DEXILANT
<i>cyclophosphamide</i>	15	DELSTRIGO.....	4	<i>dexlansoprazole</i>
CYCLOPHOSPHAMIDE....	15	<i>demeclocycline</i>	12	<i>dexmethylphenidate</i>
<i>cycloserine</i>	9	DENAVIR.....	85	<i>dextroamphetamine sulfate</i> ...48
CYCLOSET	102	DENGVAIXIA (PF).....	117	<i>dextroamphetamine-</i>
<i>cyclosporine</i>	15, 135	<i>denta 5000 plus</i>	93	<i>amphetamine</i>
<i>cyclosporine modified</i>	15	<i>denta 5000 plus sensitive</i>	93	DHIVY
CYLTEZO(CF)	121	<i>dentagel</i>	93	DIACOMIT
CYLTEZO(CF) PEN.....	121	DEPAKOTE.....	25	<i>dialyrite 800</i>
<i>cyproheptadine</i>	139	DEPAKOTE ER.....	25	<i>diazepam</i>
<i>cyred</i>	128	DEPAKOTE SPRINKLES ..	26	<i>diazepam intensol</i>
<i>cyred eq</i>	128	DEPEN TITRATABS	121	<i>diazoxide</i>
CYSTADANE.....	108	DEPO-PROVERA.....	125	<i>dichlorphenamide</i>
CYSTADROPS	135	DEPO-TESTOSTERONE....	99	DICLEGIS
CYSTAGON	148	<i>dermacinrx lidocan</i>	83	DICLOFENAC EPOLAMINE
CYSTARAN	135	DERMA-SMOOTH/FS		.....
CYTOMEL.....	105	BODY OIL	86	<i>diclofenac potassium</i>
CYTOTEC	113	DERMA-SMOOTH/FS		<i>diclofenac sodium</i> ....40, 41, 78,
D		SCALP OIL	86	136
<i>dabigatran etexilate</i>	70	DERMAWERX SDS	86	DICLOFENAC
<i>dalfampridine</i>	33	DERMOTIC OIL	93	SUBMICRONIZED
DALIRESP	142	DESCOVY	4	<i>diclofenac-misoprostol</i>
<i>danazol</i>	99	<i>desipramine</i>	48	DICLOFEX DC.....
DANTRIUM	35	<i>desloratadine</i>	139	DICLOPR.....
<i>dantrolene</i>	35	DES LorATADINE.....	139	DICLOSAICIN.....
DANZITEN.....	15	<i>desmopressin</i>	99	DICLOTRAL
<i>dapagliflozin-saxagliptin</i>	102	DESMOPRESSIN	99	<i>dicloxacillin</i>
<i>dapsone</i>	9, 81	<i>desog-e.estradiol/e.estradiol</i>		<i>dicyclomine</i>
DAPSONE	81	.....	129	DICYCLOMINE
DAPTACEL (DTAP		<i>desonide</i>	86	DIFFERIN
PEDIATRIC) (PF).....	117	<i>desoximetasone</i>	86	DIFICID
DARAPRIM.....	9	DESOXYN.....	48	<i>diflorasone</i>
<i>darifenacin</i>	146	DESVENLAFAXINE	48	DIFLUCAN.....
DARTISLA	105	<i>desvenlafaxine succinate</i>	48	<i>diflunisal</i>
<i>darunavir</i>	4	<i>dexabliss</i>	94	<i>difluprednate</i>
<i>dasatinib</i>	15	<i>dexamethasone</i>	94	<i>digoxin</i>
<i>dasetta 1/35 (28)</i>	128	<i>dexamethasone intensol</i>	94	<i>dihydroergotamine</i>

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

DILANTIN.....	26	<i>drospirenone-e.estradiol-lm,fa</i>	EDURANT	4
DILANTIN EXTENDED	26	.....	EDURANT PED	4
DILANTIN INFATABS	26	<i>drospirenone-ethinyl estradiol</i>	<i>eemt</i>	125
DILANTIN-125	26	.....	<i>eemt hs</i>	125
DILAUDID	37	DROXIA	<i>efavirenz</i>	4
<i>diltiazem</i>	64, 65	<i>droxidopa</i>	<i>efavirenz-emtricitabin-tenofov</i> 4	
<i>dilt-xr</i>	65	DRYSOL DAB-O-MATIC ..	<i>efavirenz-lamivu-tenofov disop</i>	4
DIMENTHO.....	41	DUAKLIR PRESSAIR .....	.....	4
<i>dimethyl fumarate</i>	60	DUAVEE.....	<i>effe-k</i>	148
DIOVAN	65	DUETACT	EFFEXOR XR.....	49
DIOVAN HCT	65	<i>dulcolax (magnesium</i>	EFFIENT	70
DIPENTUM	108	<i>hydroxide)</i>	EFUDEX	79
<i>diphenoxylate-atropine</i>	105,	DULERA.....	EGRIFTA SV	116
106		<i>duloxetine</i>	EGRIFTA WR.....	116
DIPROLENE		DUOBRII	EKTERLY	142
(AUGMENTED).....	87	DUOPA	ELEPSIA XR.....	26
<i>dipyridamole</i>	70	DUPIXENT PEN	ELESTRIN	125
<i>disopyramide phosphate</i>	62	DUPIXENT SYRINGE.....	<i>eletriptan</i>	32
<i>disulfiram</i>	90	DURATUSS AC	ELIGARD.....	15
DITHOL	41	DUREX AVANTI BARE	ELIGARD (3 MONTH)	16
<i>divalproex</i>	26	REAL FEEL	ELIGARD (4 MONTH)	16
DIVIGEL.....	125	DUREX TROPICAL	ELIGARD (6 MONTH)	16
<i>dofetilide</i>	62	CONDOM	<i>elinest</i>	129
DOJOLVI.....	149	DUREZOL	ELIQUIS.....	70
<i>dolishale</i>	129	<i>dutasteride</i>	ELIQUIS DVT-PE TREAT	
DOLOBID.....	41	<i>dutasteride-tamsulosin</i>	30D START.....	70
DOLOTRANZ	83	DUVYZAT.....	ELIQUIS SPRINKLE	70
<i>donepezil</i>	33	DYANAVEL XR	<i>elite-ob</i>	150
DOPTELET (15 TAB PACK)		DYMISTA.....	ELLA.....	129
.....	70	DYRENIUM	ELMIRON.....	148
DOPTELET SPRINKLE.....	70	DYSPORT	<i>eltrombopag olamine</i>	70
DORAL	49	E	<i>eluryng</i>	126
DORYX.....	12	<i>e.e.s. 400</i>	ELYXYB.....	32
DORYX MPC	12	E.E.S. GRANULES.....	EMEND.....	108
<i>dorzolamide</i>	136	EASIVENT HOLDING	EMFLAZA	94
<i>dorzolamide-timolol</i>	136	CHAMBER	EMGALITY PEN.....	32
<i>dorzolamide-timolol (pf)</i>	136	EBGLYSS PEN.....	EMGALITY SYRINGE	32
<i>dotti</i>	125	EBGLYSS SYRINGE	EMPAVELI.....	90
DOVATO	4	EC-NAPROSYN.....	EMROSI	12
<i>doxazosin</i>	65	<i>econazole nitrate</i>	EMSAM	49
<i>doxepin</i>	49, 78	ECONAZOLE NITRATE....	<i>emtricitabine</i>	4
<i>doxercalciferol</i>	99	<i>econtra ez</i>	<i>emtricitabine-tenofovir (tdf)</i> ..	4
<i>doxycycline hyclate</i>	12	<i>econtra one-step</i>	<i>emtricitabine-tenofovir (tdf)</i> ..	4
DOXYCYCLINE HYCLATE		<i>ecotrin low strength</i>	EMTRIVA.....	4
.....	12	ECOZA.....	EMVERM.....	9
<i>doxycycline monohydrate</i>	12	EDARBI.....	<i>emzahn</i>	125
<i>doxylamine-pyridoxine (vit b6)</i>		EDARBYCLOR.....	<i>enalapril maleate</i>	65
.....	108	EDECIN.....	<i>enalapril-hydrochlorothiazide</i>	
DRIZALMA SPRINKLE.....	49	EDLUAR.....	.....	65
<i>dronabinol</i>	108	<i>ed-spaz</i>	ENBREL.....	121, 122

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

ENBREL MINI.....	121	ERYPED 200	8	<i>exemestane</i>	16
ENBREL SURECLICK	122	ERYPED 400	8	EXFORGE.....	65
ENBUMYST.....	65	<i>ery-tab</i>	8	EXFORGE HCT.....	65
ENDARI.....	90	ERY-TAB.....	8	EXJADE.....	90
<i>endocet</i>	37	<i>erythrocin (as stearate)</i>	8	EXODERM	84
ENGERIX-B (PF)	117	<i>erythromycin</i>	8, 133	EXXUA	50
ENGERIX-B PEDIATRIC		<i>erythromycin ethylsuccinate</i> ...8		<i>eye itch relief</i>	135
(PF).....	117	<i>erythromycin with ethanol</i> ...81		EYSUVIS	137
<i>enilloring</i>	127	<i>erythromycin-benzoyl peroxide</i>		<i>ezetimibe</i>	72
<i>enoxaparin</i>	70	.....	81	EZETIMIBE-	
<i>enpresse</i>	129	ERZOFRI	49, 50	ROSUVASTATIN	72
ENSACOVE.....	16	ESBRIET.....	142	<i>ezetimibe-simvastatin</i>	72
<i>enskyce</i>	129	<i>escitalopram oxalate</i>	50	F	
ENSPRYNG.....	16	ESCITALOPRAM OXALATE		FABHALTA.....	90
ENSTILAR.....	75	.....	50	FABIOR	81
<i>entacapone</i>	31	<i>eslicarbazepine</i>	26	<i>falmina (28)</i>	129
ENTADFI.....	147	<i>esomeprazole magnesium</i> ...113		<i>famciclovir</i>	5
<i>entecavir</i>	5	<i>estarylla</i>	129	<i>famotidine</i>	113
ENTRESTO	74	<i>estazolam</i>	50	FANAPT.....	50
ENTRESTO SPRINKLE	74	ESTRACE	125	FANAPT TITRATION PACK	
ENTYVIO PEN.....	108	<i>estradiol</i>	125	A	50
<i>enulose</i>	108	<i>estradiol-norethindrone acet</i>		FANAPT TITRATION PACK	
ENVARUSUS XR	16	.....	125	B	50
EOHILIA.....	108	ESTRING	125	FANAPT TITRATION PACK	
EPANED	65	ESTROGEL.....	125	C	50
EPCLUSA	5	<i>estrogens-methyltestosterone</i>		FARESTON	16
EPIDIOLEX	26	.....	125	FARXIGA	102
EPIDUO FORTE.....	81	<i>eszopiclone</i>	50	FASENRA.....	142
EPIFOAM	75	<i>ethacrynic acid</i>	65	FASENRA PEN	142
<i>epinastine</i>	135	<i>ethambutol</i>	9	FC2 FEMALE CONDOM .	124
<i>epinephrine</i>	139	<i>ethosuximide</i>	26	<i>febuxostat</i>	119
EPINEPHRINE	139	<i>etodolac</i>	41	<i>feirza</i>	129
EPIPEN	139	<i>etonogestrel-ethinyl estradiol</i>		<i>felbamate</i>	26
EPIPEN JR	139	.....	127	FELBATOL.....	26
EPIVIR	5	<i>etoposide</i>	16	<i>felodipine</i>	65
<i>eplerenone</i>	65	<i>etravirine</i>	5	FEMARA	16
EPOGEN	114	EUCRISA.....	79	FEMCAP	124
EPRONTIA	26	EULEXIN.....	16	FEMLYV.....	129
EPSOLAY.....	81	EURAX	89	FEMRING	125
EQUETRO	26	EVAMIST	125	<i>fenofibrate</i>	72
<i>ergocalciferol (vitamin d2)</i> .150		EVEKEO	50	FENOFIBRATE	72
<i>ergoloid</i>	49	<i>everolimus (antineoplastic)</i> ..16		<i>fenofibrate micronized</i>	72
ERGOMAR.....	32	<i>everolimus</i>		<i>fenofibrate nanocrystallized</i> .72	
<i>ergotamine-caffeine</i>	32	(immunosuppressive).....	16	<i>fenofibric acid</i>	72
ERIVEDGE.....	16	EVISTA.....	120	<i>fenofibric acid (choline)</i>	72
ERLEADA	16	EVOTAZ.....	5	<i>fenoprofen</i>	41
<i>erlotinib</i>	16	EVOXAC	90	FENOPROFEN	41
<i>errin</i>	125	EVRYSDI.....	33	FENOPRON	41
ERTACZO	84	EXELDERM	84	FENSOLVI.....	16
<i>ery pads</i>	81	EXELON PATCH.....	33	<i>fentanyl</i>	37, 38

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

<i>ferric citrate</i>	148	FLUMIST 2025-2026.....	117	FOSAMAX PLUS D.....	120
FERRIPROX.....	90	FLUMIST HOME 2025-2026		<i>fosamprenavir</i>	5
FERRIPROX (2 TIMES A		.....	117	<i>fosfomycin tromethamine</i>	13
DAY).....	90	<i>flunisolide</i>	142	<i>fosinopril</i>	65
<i>fesoterodine</i>	147	<i>fluocinolone</i>	87	<i>fosinopril-hydrochlorothiazide</i>	
FETZIMA.....	50	<i>fluocinolone acetonide oil</i>	94	.....	65
FEXMID.....	35	<i>fluocinolone and shower cap</i>	87	FOSRENOL.....	148
FIASP FLEXTOUCH U-100		<i>fluocinonide</i>	87	FOTIVDA.....	16
INSULIN.....	97	<i>fluocinonide-e</i>	87	FRAGMIN.....	70
FIASP PENFILL U-100		<i>fluoride (sodium)</i>	93, 150	FREESTYLE CONTROL....	96
INSULIN.....	97	<i>fluorometholone</i>	137	FREESTYLE FREEDOM....	96
FIASP PUMPCART.....	97	<i>fluorouracil</i>	79	FREESTYLE FREEDOM	
FIASP U-100 INSULIN.....	97	FLUOROURACIL.....	79	LITE.....	96
FIBRICOR.....	72	<i>fluoxetine</i>	50	FREESTYLE INSULINX....	96
<i>fidaxomicin</i>	8	<i>fluphenazine decanoate</i>	50	FREESTYLE INSULINX	
FILSPARI.....	74	<i>fluphenazine hcl</i>	50, 51	TEST STRIPS.....	96
FINACEA.....	81	<i>flurandrenolide</i>	87	FREESTYLE LIBRE 14 DAY	
<i>finasteride</i>	147	<i>flurazepam</i>	51	READER.....	96
<i> fingolimod</i>	60	<i>flurbiprofen</i>	41	FREESTYLE LIBRE 14 DAY	
FINTEPLA.....	26	<i>flurbiprofen sodium</i>	136	SENSOR.....	96
<i>finzala</i>	129	FLUTICASONE FUROATE		FREESTYLE LIBRE 2 PLUS	
FIORICET.....	38	.....	142	SENSOR.....	96
FIRAZYR.....	142	FLUTICASONE FUROATE-		FREESTYLE LIBRE 2	
FIRDAPSE.....	34	VILANTEROL.....	142	READER.....	96
FIRMAGON KIT W		<i>fluticasone propionate</i> ..	87, 142	FREESTYLE LIBRE 2	
DILUENT SYRINGE.....	16	FLUTICASONE		SENSOR.....	96
FIRVANQ.....	13	PROPIONATE.....	142	FREESTYLE LIBRE 3 PLUS	
<i>flac otic oil</i>	93	<i>fluticasone propion-salmeterol</i>		SENSOR.....	96
FLAREX.....	137	.....	142	FREESTYLE LIBRE 3	
<i>flavoxate</i>	147	FLUTICASONE PROPION-		READER.....	96
<i>flecainide</i>	62	SALMETEROL.....	142	FREESTYLE LIBRE 3	
FLECTOR.....	41	<i>fluvastatin</i>	72	SENSOR.....	96
FLEQSUVY.....	35	<i>fluvoxamine</i>	51	FREESTYLE TEST.....	96
FLEXICHAMBER.....	146	FLUZONE 2025-2026.....	117	<i>frovatriptan</i>	32
FLOLIPID.....	72	FLUZONE 2025-2026 (PF)	117	FRUZAQLA.....	16
<i>flotrex</i>	150	FLUZONE HIGH-DOSE		<i>full spectrum b-vitamin c</i>	150
FLUAD 2025-2026 (65 YR		2025-26 (PF).....	117	FULPHILA.....	114
UP)(PF).....	117	FML FORTE.....	137	FURADANTIN.....	13
FLUARIX 2025-2026 (PF)	117	FML LIQUIFILM.....	137	FUROSCIX.....	65
FLUBLOK 2025-2026 (PF)		FOCALIN.....	51	<i>furosemide</i>	65
.....	117	FOCALIN XR.....	51	<i>fyavolv</i>	125
FLUCELVAX 2025-2026..	117	<i>folic acid</i>	150	FYCOMPA.....	26
FLUCELVAX 2025-2026 (PF)		<i>folitab</i>	150	FYLNETRA.....	114
.....	117	<i>folivane-ob</i>	150	G	
<i>fluconazole</i>	3	<i>foltabs 800</i>	150	<i>g tussin ac</i>	140
<i>flucytosine</i>	3	<i>fondaparinux</i>	70	<i>gabapentin</i>	26, 27
<i>fludrocortisone</i>	94	<i>formoterol fumarate</i>	142	GABARONE.....	27
FLULAVAL 2025-2026 (PF)		FORTEO.....	120	GALAFOLD.....	100
.....	117	FORZINITY.....	90	<i>galantamine</i>	34
FLUMADINE.....	5	FOSAMAX.....	120	<i>galbriela</i>	129

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

<i>gallifrey</i>	125	GLYCATE	106	<i>heparin (porcine)</i>	70
GALZIN	148	<i>glycerol phenylbutyrate</i>	90	<i>heparin, porcine (pf)</i>	70
GARDASIL 9 (PF).....	117	<i>glycopyrrolate</i>	106	HEPLISAV-B (PF).....	117
GASTROCROM.....	108	GLYXAMBI	102	HERNEXEOS	17
<i>gatifloxacin</i>	133	GOCOVRI.....	31	HETLIOZ	51
GATTEX 30-VIAL	108	GOLYTELY.....	108	HETLIOZ LQ.....	51
<i>gavilax</i>	108	GOMEKLI.....	17	HIBERIX (PF).....	117
<i>gavilyte-c</i>	108	GONITRO	74	<i>homatropaire</i>	134
<i>gavilyte-g</i>	108	GRALISE	27	HORIZANT.....	34
<i>gavilyte-n</i>	108	<i>granisetron hcl</i>	109	HULIO(CF)	122
GAVRETO.....	16	GRANISOL.....	109	HULIO(CF) PEN.....	122
<i>gefitinib</i>	16	GRANIX	114	HUMALOG JUNIOR	
GELCLAIR	93	GRASTEK.....	117	KWIKPEN U-100	97
<i>gemfibrozil</i>	72	<i>griseofulvin microsize</i>	3	HUMALOG KWIKPEN	
<i>gemmily</i>	129	<i>griseofulvin ultramicrosize</i>	3	INSULIN	97, 98
GEMTESA	147	<i>guanfacine</i>	51, 65	HUMALOG MIX 50-50	
<i>generlac</i>	108	GVOKE	96	KWIKPEN.....	98
<i>gengraf</i>	16	GVOKE HYOPEN 2-PACK		HUMALOG MIX 75-25	
GENOTROPIN	116	.....	97	KWIKPEN.....	98
GENOTROPIN MINIQUICK		GVOKE PFS 2-PACK		HUMALOG MIX 75-25(U-	
.....	116	SYRINGE.....	97	100)INSULN	98
<i>gentamicin</i>	83, 133	GYNAZOLE-1	127	HUMALOG TEMPO PEN(U-	
GENTEEL VACUUM		H		100)INSULN	98
LANCING DEVICE	97	HADLIMA	122	HUMALOG U-100 INSULIN	
<i>gentle laxative (bisacodyl)</i> .	108	HADLIMA PUSH TOUCH	122	.....	98
<i>gentle laxative (mag hydrox)</i>		HADLIMA(CF).....	122	HUMATIN	9
.....	108	HADLIMA(CF)		HUMATROPE	116
<i>gentlelax</i>	108	PUSH TOUCH.....	122	HUMIRA (ONLY NDCS	
GENVOYA	5	HAEGARDA.....	142	STARTING WITH 00074)	
GEODON	51	<i>hailey</i>	129	.....	122
GILENYA	60	<i>hailey 24 fe</i>	129	HUMIRA PEN (ONLY NDCS	
GILOTRIF.....	16	<i>hailey fe 1.5/30 (28)</i>	129	STARTING WITH 00074)	
GIMOTI	108	<i>hailey fe 1/20 (28)</i>	129	.....	122
<i>glatiramer</i>	61	<i>halcinonide</i>	87	HUMIRA(CF) (ONLY NDCS	
<i>glatopa</i>	61	<i>halobetasol propionate</i>	87	STARTING WITH 00074)	
GLEEVEC.....	16	HALOBETASOL		.....	122
GLEOSTINE.....	16	PROPIONATE	87	HUMIRA(CF) PEN (ONLY	
<i>glimepiride</i>	102	<i>haloette</i>	127	NDCS STARTING WITH	
GLIMEPIRIDE	102	HALOG	87	00074).....	122
<i>glipizide</i>	102	<i>haloperidol</i>	51	HUMIRA(CF) PEN	
GLIPIZIDE.....	102	<i>haloperidol decanoate</i>	51	CROHNS-UC-HS (ONLY	
<i>glipizide-metformin</i>	102	<i>haloperidol lactate</i>	51	NDCS STARTING WITH	
GLOPERBA.....	119	HARLIKU	90	00074).....	122
GLUCAGON (HCL)		HARVONI.....	5	HUMIRA(CF) PEN PSOR-	
EMERGENCY KIT	96	HAVRIX (PF)	117	UV-ADOL HS (ONLY	
<i>glucagon emergency kit</i>		<i>heather</i>	125	NDCS STARTING WITH	
(<i>human</i>)	96	HEMADY	94	00074).....	122
<i>glutamine (sickle cell)</i>	90	HEMANGEOL.....	65	HUMULIN 70/30 U-100	
<i>glyburide</i>	102	HEMICLOR.....	65	INSULIN	98
<i>glyburide-metformin</i>	102	<i>hemmorex-hc</i>	109		

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

HUMULIN 70/30 U-100	HYSINGLA ER	38	INGREZZA INITIATION
KWIKPEN	HYZAAR	65	PK(TARDIV)
HUMULIN N NPH INSULIN	I		INGREZZA SPRINKLE
KWIKPEN	<i>ibandronate</i>	120	INLURIYO
HUMULIN N NPH U-100	IBRANCE	17	INLYTA
INSULIN	IBSRELA	109	INNOPRAN XL
HUMULIN R REGULAR U-	IBTROZI	17	INPEFA
100 INSULN	<i>ibu</i>	41	INQOVI
HUMULIN R U-500 (CONC)	<i>ibuprofen</i>	41, 42	INREBIC
KWIKPEN	<i>ibuprofen-famotidine</i>	42	INSPIRA
HYCAMTIN	<i>icatibant</i>	143	INSULIN GLARGINE U-300
HYCODAN (WITH	<i>iclevia</i>	129	CONC
HOMATROPINE)	ICLOFENAC CP	42	INSULIN GLARGINE-YFGN
<i>hydralazine</i>	ICLUSIG	17	.....
<i>hydravex</i>	<i>icosapent ethyl</i>	72	INSULIN LISPRO
HYDREA	IDHIFA	17	INSULIN LISPRO
<i>hydrochlorothiazide</i>	ILEVRO	136	PROTAMIN-LISPRO
<i>hydrocodone bitartrate</i>	ILUMYA	75	INSULIN SYRINGE-
<i>hydrocodone-acetaminophen</i>	<i>imatinib</i>	17	NEEDLE U-100
<i>hydrocodone-</i>	IMBRUVICA	17	INTELENCE
<i>chlorpheniramine</i>	IMCIVREE	89	INTRAROSA
<i>hydrocodone-homatropine</i>	<i>imipramine hcl</i>	51	<i>introvale</i>
<i>hydrocodone-ibuprofen</i>	<i>imipramine pamoate</i>	51	INTUNIV ER
<i>hydrocortisone</i>	<i>imiquimod</i>	79	INVEGA
<i>hydrocortisone acetate</i>	IMITREX	32	INVEGA HAFYERA
<i>hydrocortisone butyrate</i>	IMITREX STATDOSE PEN32		INVEGA SUSTENNA
<i>hydrocortisone sod succinate</i>	IMITREX STATDOSE		INVEGA TRINZA
.....	REFILL	32	INVELTYS
<i>hydrocortisone valerate</i>	IMKELDI	17	INVOKAMET
<i>hydrocortisone-acetic acid</i>	IMPAVIDO	9	INVOKAMET XR
<i>hydrocortisone-pramoxine</i>	IMPOYZ	88	INVOKANA
<i>hydromorphone</i>	IMULDOSA	75	INZIRQO
<i>hydroxychloroquine</i>	IMURAN	17	IOPIDINE
<i>hydroxyurea</i>	IMVEXXY MAINTENANCE		IPOL
<i>hydroxyzine hcl</i>	PACK	125	<i>ipratropium bromide</i>
<i>hydroxyzine pamoate</i>	IMVEXXY STARTER PACK		<i>ipratropium-albuterol</i>
HYFTOR .....	.....	125	IQIRVO
HYMPAVZI PEN	INBRIJA	31	<i>irbesartan</i>
<i>hyoscyamine sulfate</i>	<i>incassia</i>	125	<i>irbesartan-hydrochlorothiazide</i>
<i>hyosyne</i>	INCRELEX	90	.....
HYPER-SAL	INCRUSE ELLIPTA	143	IRESSA
HYRIMOZ PEN CROHN'S-	<i>indapamide</i>	66	ISENTRESS
UC STARTER	INDERAL LA	66	ISENTRESS HD
HYRIMOZ PEN PSORIASIS	INDERAL XL	66	<i>isibloom</i>
STARTER	INDOCIN	42	<i>isoniazid</i>
HYRIMOZ(CF)	<i>indomethacin</i>	42	ISORDIL
HYRIMOZ(CF) PEDI	INDOMETHACIN	42	ISORDIL TITRADOSE
CROHN STARTER	INFANRIX (DTAP) (PF)	117	<i>isosorbide dinitrate</i>
HYRIMOZ(CF) PEN	INGREZZA	34	<i>isosorbide mononitrate</i>
HYRNUO			<i>isosorbide-hydralazine</i>

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

<i>isotretinoin</i>	81	KALETRA	5	K-PHOS NO 2	148
<i>isradipine</i>	66	<i>kalliga</i>	130	KRAZATI.....	18
ISTALOL	134	KALYDECO	143	KRINTAFEL.....	9
ISTURISA.....	100	KAPSPARGO SPRINKLE ..	66	KRISTALOSE.....	109
ITOVEBI.....	17	KARBINAL ER	139	<i>kurvelo (28)</i>	130
<i>itraconazole</i>	3	<i>kariva (28)</i>	130	KUVAN.....	100
<i>ivabradine</i>	74	KATERZIA	66	<i>kymbee</i>	95
<i>ivermectin</i>	9, 82	KAZANO	103	KYZATREX.....	100
IWILFIN.....	17	<i>kelnor 1/35 (28)</i>	130	L	
IYUZEH (PF).....	136	KENALOG.....	88	<i>l norgest/e.estradiol-e.estrad</i>	
J		KEPPRA.....	27	.....	130
JADENU	90	KEPPRA XR	27	<i>labetalol</i>	66
JADENU SPRINKLE	90	<i>keralyt</i>	78	LABETALOL.....	66
<i>jaimiess</i>	129	KERALYT RX.....	78	<i>lacosamide</i>	27
JAKAFI.....	17	KERALYT SCALP	78	<i>lactulose</i>	109
JALYN	147	KERENDIA.....	66	LAMICTAL	27
JANUMET	103	KESIMPTA PEN	61	LAMICTAL ODT	27
JANUMET XR.....	103	<i>ketoconazole</i>	3, 84	LAMICTAL ODT STARTER	
JANUVIA.....	103	<i>ketodan</i>	84	(BLUE).....	27
JARDIANCE.....	103	<i>ketodan kit</i>	84	LAMICTAL ODT STARTER	
JASCAYD.....	143	<i>ketoprofen</i>	42	(GREEN).....	27
<i>jasmiel (28)</i>	129	<i>ketorolac</i>	42, 136	LAMICTAL ODT STARTER	
JATENZO	100	<i>ketotifen fumarate</i>	135	(ORANGE).....	27
JAVADIN.....	66	KEVEYIS.....	34	LAMICTAL STARTER	
<i>javygtor</i>	100	KEVZARA.....	122	(BLUE) KIT	27
JAYPIRCA.....	17	KHINDIVI.....	95	LAMICTAL STARTER	
<i>jaythari</i>	94	KINERET	122	(GREEN) KIT	27
<i>jencycla</i>	125	KINRIX (PF).....	118	LAMICTAL STARTER	
JENTADUETO	103	<i>kionex</i>	148	(ORANGE) KIT	27
JENTADUETO XR.....	103	KIRSTY.....	98	LAMICTAL XR.....	27
<i>jinteli</i>	125	KIRSTY PEN.....	98	LAMICTAL XR STARTER	
JOENJA.....	90	KISQALI	18	(BLUE).....	27
<i>jolessa</i>	129	KITABIS PAK	9	LAMICTAL XR STARTER	
JORNAY PM	52	KLARON	84	(GREEN).....	27
JOURNAVX	42	<i>klayesta</i>	84	LAMICTAL XR STARTER	
<i>joyeaux</i>	129	KLISYRI (250 MG)	18	(ORANGE).....	27
JUBLIA	84	KLONOPIN.....	27	<i>lamivudine</i>	5
<i>juleber</i>	129	<i>klor-con</i>	148	<i>lamivudine-zidovudine</i>	5
JULUCA.....	5	<i>klor-con 10</i>	148	<i>lamotrigine</i>	27
<i>junel 1.5/30 (21)</i>	129	<i>klor-con 8</i>	148	LAMPIT	9
<i>junel 1/20 (21)</i>	129	<i>klor-con m10</i>	148	LANCETS	97
<i>junel fe 1.5/30 (28)</i>	129	<i>klor-con m15</i>	148	LANCING DEVICE	97
<i>junel fe 1/20 (28)</i>	129	<i>klor-con m20</i>	148	LANOXIN	69
<i>junel fe 24</i>	130	KLOXXADO	42	<i>lanreotide</i>	18
JUXTAPID.....	72	<i>kobee</i>	150	<i>lansoprazole</i>	113
JYLAMVO.....	17	KOMZIFTI.....	18	<i>lanthanum</i>	148
JYNARQUE.....	100	KONVOMEF	113	LANTUS SOLOSTAR U-100	
JYNNEOS (PF).....	118	KORLYM.....	100	INSULIN	98
K		KOSELUGO	18	LANTUS U-100 INSULIN ..	98
<i>kaitlib fe</i>	130	<i>kourzeq</i>	93	<i>lapatinib</i>	18

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

<i>larin 1.5/30 (21)</i>	130	<i>levoxyl</i>	105	LOESTRIN FE 1/20 (28-DAY)	130
<i>larin 1/20 (21)</i>	130	LEVSIN.....	106	.....	130
<i>larin 24 fe</i>	130	LEVSIN/SL	106	<i>lofena</i>	42
<i>larin fe 1.5/30 (28)</i>	130	LEXAPRO.....	52	<i>lofexidine</i>	42
<i>larin fe 1/20 (28)</i>	130	<i>lexette</i>	88	<i>lojaimiess</i>	130
LASIX	66	LIALDA	109	LOKELMA.....	148
LASIX ONYU.....	66	LIBRAX (WITH		LOMOTIL	106
<i>latanoprost</i>	136	CLIDINIUM)	106	<i>lomustine</i>	18
LATUDA	52	LICART.....	42	LONSURF.....	18
<i>laxative (bisacodyl)</i>	109	<i>lidocaine</i>	83	LOPID	72
LAZCLUZE	18	<i>lidocaine hcl</i>	83	<i>lopinavir-ritonavir</i>	5
LEDIPASVIR-SOFOSBUVIR		<i>lidocaine-prilocaine</i>	83	LOPRESSOR	66
.....	5	<i>lidocan iii</i>	83	LOPROX (AS OLAMINE) ..	84
<i>leflunomide</i>	123	<i>lidocan iv</i>	83	LOPROX KIT	84
<i>lenalidomide</i>	18	<i>lidocan v</i>	83	<i>lorazepam</i>	52
LENVIMA	18	LIDODERM.....	83	<i>lorazepam intensol</i>	52
LEQEMBI IQLIK	34	<i>lidopin</i>	83	LORBRENA.....	19
LEQSELVI.....	123	LIDO-PRILO CAINE PACK		LOREEV XR.....	52
LESCOL XL	72	.....	83	<i>loryna (28)</i>	130
<i>lessina</i>	130	LIFEMS NALOXONE.....	42	<i>losartan</i>	66
LETAIRIS	143	LIFYORLI.....	18	<i>losartan-hydrochlorothiazide</i>	
<i>letrozole</i>	18	LIKMEZ.....	9	.....	66
<i>leucovorin calcium</i>	13, 14	<i>linezolid</i>	10	LOTEMAX.....	138
LEUKERAN	18	LINZESS	109	LOTEMAX SM.....	138
LEUKINE.....	114	<i>liomny</i>	105	LOTENSIN.....	66
<i>leuprolide</i>	18	<i>liothyronine</i>	105	LOTENSIN HCT.....	66
<i>levabuterol hcl</i>	143	LIPITOR.....	72	<i>loteprednol etabonate</i>	138
LEVALBUTEROL		LIPOFEN.....	72	LOTREL	66
TARTRATE	143	<i>liraglutide</i>	103	LOTRONEX.....	109
LEVAMLODIPINE	66	<i>lisdexamfetamine</i>	52	<i>lovastatin</i>	72
LEVBID	106	<i>lisinopril</i>	66	LOVAZA.....	72
<i>levetiracetam</i>	27	<i>lisinopril-hydrochlorothiazide</i>		LOVENOX.....	70
LEVETIRACETAM	28	.....	66	<i>low-ogestrel (28)</i>	130
<i>levobunolol</i>	134	LITFULO	90	<i>loxapine succinate</i>	52
<i>levocarnitine</i>	90	<i>lithium carbonate</i>	52	<i>lo-zumandimine (28)</i>	130
<i>levocarnitine (with sugar)</i>	90	<i>lithium citrate</i>	52	<i>lubiprostone</i>	109
<i>levocetirizine</i>	139	LITHOBID	52	LUCEMYRA.....	42
<i>levofloxacin</i>	11, 133	LITHOSTAT	90	<i>ludent fluoride</i>	150
<i>levonest (28)</i>	130	LIVALO	72	<i>luizza</i>	130
<i>levonorgest-eth.estradiol-iron</i>		LIVDELZI.....	109	LULICONAZOLE	85
.....	130	LIVMARLI	109	LUMAKRAS.....	19
<i>levonorgestrel</i>	130	LIVTENCITY	5	LUMIGAN	136
<i>levonorgestrel-ethinyl estrad</i>		LO LOESTRIN FE.....	130	LUMRYZ	53
.....	130	LODINE	42	LUMRYZ STARTER PACK	
<i>levonorg-eth estrad triphasic</i>		LODOCO	74	.....	53
.....	130	LODOSYN.....	31	LUNESTA.....	53
<i>levorphanol tartrate</i>	38	LOESTRIN 1.5/30 (21).....	130	LUPKYNIS	19
<i>levo-t</i>	105	LOESTRIN 1/20 (21).....	130	LUPRON DEPOT	19
<i>levothyroxine</i>	105	LOESTRIN FE 1.5/30 (28-		LUPRON DEPOT (3	
LEVOTHYROXINE.....	105	DAY).....	130	MONTH).....	19

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

LUPRON DEPOT (4 MONTH).....	19	MAVENCLAD (6 TABLET PACK).....	61	MESNEX.....	14
LUPRON DEPOT (6 MONTH).....	19	MAVENCLAD (7 TABLET PACK).....	61	MESTINON	35
LUPRON DEPOT-PED	19	MAVENCLAD (8 TABLET PACK).....	61	MESTINON TIMESPAN	35
LUPRON DEPOT-PED (3 MONTH).....	19	MAVENCLAD (9 TABLET PACK).....	61	METADATE CD.....	53
<i>lurasidone</i>	53	MAVYRET	5	<i>metaxalone</i>	35
<i>lurbiro</i>	42	MAXALT	32	METAXALONE	35
<i>lutera (28)</i>	130	MAXALT-MLT	32	<i>metformin</i>	103
LUTRATE DEPOT (3 MONTH).....	19	MAXIDEX.....	138	<i>methadone</i>	38
LUZU	85	MAXITROL.....	137	<i>methadose</i>	38
LYBALVI	53	<i>maxi-tuss ac</i>	140	<i>methamphetamine</i>	53
<i>lyleq</i>	125	MAYZENT	61	<i>methazolamide</i>	136
<i>lyllana</i>	125	MAYZENT STARTER(FOR 1MG MAINT)	61	<i>methenamine hippurate</i>	13
LYNKUET	127	MAYZENT STARTER(FOR 2MG MAINT)	61	<i>methenamine mandelate</i>	13
LYNPARZA.....	19	<i>meclizine</i>	109	<i>methimazole</i>	95
LYRICA	28	<i>meclofenamate</i>	42	METHITEST.....	100
LYRICA CR.....	28	MEDROL	95	<i>methocarbamol</i>	35
LYSODREN.....	19	MEDROL (PAK)	95	<i>methotrexate sodium</i>	19
LYTGOBI	19	<i>medroxyprogesterone</i>	126	<i>methotrexate sodium (pf)</i>	19
LYUMJEV KWIKPEN U-100 INSULIN.....	98	<i>mefenamic acid</i>	42	<i>methoxsalen</i>	79
LYUMJEV KWIKPEN U-200 INSULIN.....	98	<i>mefloquine</i>	10	<i>methscopolamine</i>	106
LYUMJEV TEMPO PEN(U-100)INSULN.....	98	<i>megestrol</i>	19	<i>methsuximide</i>	28
LYUMJEV U-100 INSULIN	98	MEKINIST	19	<i>methyldopa</i>	66
<i>lyza</i>	126	MEKTOVI.....	19	<i>methylergonovine</i>	133
M		<i>meleya</i>	126	METHYLIN	53
MACROBID	13	<i>meloxicam</i>	42	<i>methylphenidate</i>	53
<i>magnesium citrate</i>	109	MELOXICAM	42	<i>methylphenidate hcl</i>	53, 54
MALARONE	10	<i>meloxicam submicronized</i>	42	METHYLPHENIDATE HCL	54
MALARONE PEDIATRIC .	10	<i>memantine</i>	34	<i>methylprednisolone</i>	95
<i>malathion</i>	89	MEMANTINE.....	34	<i>methyltestosterone</i>	100
<i>maraviroc</i>	5	<i>memantine-donepezil</i>	34	<i>metoclopramide hcl</i>	110
MARINOL	109	MENEST	126	<i>metolazone</i>	67
<i>marlissa (28)</i>	130	MENOSTAR	126	<i>metoprolol succinate</i>	67
MARPLAN	53	MENQUADFI (PF).....	118	<i>metoprolol ta-hydrochlorothiaz</i>	67
MATULANE	19	MENVEO A-C-Y-W-135-DIP (PF).....	118	<i>metoprolol tartrate</i>	67
<i>matzim la</i>	66	<i>mepredine</i>	38	METOPROLOL TARTRATE	67
MAVENCLAD (10 TABLET PACK).....	61	<i>meprobamate</i>	35	METROCREAM.....	82
MAVENCLAD (4 TABLET PACK).....	61	MEPRON	10	METROGEL	82
MAVENCLAD (5 TABLET PACK).....	61	<i>mercaptopurine</i>	19	<i>metronidazole</i>	10, 82, 127
		MERILOG.....	98	METRONIDAZOLE.....	10
		MERILOG SOLOSTAR.....	98	<i>metyrosine</i>	67
		<i>mesalamine</i>	109, 110	<i>mexiletine</i>	62
		<i>mesalamine with cleansing wipe</i>	110	<i>mibelas 24 fe</i>	130
				MICARDIS.....	67
				MICARDIS HCT.....	67
				MICONAZOLE NITRATE-ZINC OX-PET.....	85
				<i>miconazole-3</i>	127

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

MICORT-HC	110	<i>morphine concentrate</i>	38	NAPRELAN CR	43
MICROCHAMBER	146	MOTEGRITY	110	NAPROSYN.....	43
<i>microgestin 1.5/30 (21)</i>	130	MOTOFEN.....	106	<i>naproxen</i>	43
<i>microgestin 1/20 (21)</i>	130	MOTPOLY XR.....	28	<i>naproxen sodium</i>	43
<i>microgestin fe 1.5/30 (28)</i> ..	131	MOUNJARO.....	103	<i>naproxen-esomeprazole</i>	43
<i>microgestin fe 1/20 (28)</i>	131	MOVANTIK	110	<i>naratriptan</i>	32
<i>midazolam</i>	54	MOVIPREP	110	NARCAN	43
<i>midodrine</i>	90	MOXATAG.....	11	NARDIL	54
MIEBO (PF).....	135	<i>moxifloxacin</i>	11, 133	<i>nasal allergy</i>	143
MIFEPREX	127	MRESVIA (PF).....	118	NATACYN.....	133
<i>mifepristone</i>	100, 127	MS CONTIN	39	NATAZIA	131
<i>migergot</i>	32	MULPLETA.....	70	<i>nateglinide</i>	103
<i>miglitol</i>	103	MULTAQ.....	62	NATESTO	100
<i>miglustat</i>	100	<i>multi-vitamin with fluoride</i>	150	NATROBA.....	89
MIGRANAL	32	<i>multivit-fluoride (metafolin)</i>	150	NAYZILAM.....	28
<i>mili</i>	131	.....	150	<i>nebivolol</i>	67
<i>milk of magnesia</i>	110	<i>mupirocin</i>	84	NEBUPENT	10
<i>milk of magnesia concentrated</i>	110	<i>mupirocin calcium</i>	84	<i>nebusal</i>	143
.....	110	<i>mvc-fluoride</i>	150	NEBUSAL.....	143
<i>millipred</i>	95	<i>my choice</i>	131	<i>necon 0.5/35 (28)</i>	131
<i>millipred dp</i>	95	<i>my way</i>	131	<i>nefazodone</i>	54
<i>milnacipran</i>	123	MYALEPT	100	NEFFY	139
<i>mimvey</i>	126	MYCAPSSA	19	NEMLUVIO	20
MINIVELLE	126	<i>mycophenolate mofetil</i>	20	<i>neomycin</i>	10
<i>minocycline</i>	12	<i>mycophenolate sodium</i>	20	<i>neomycin-bacitracin-poly-hc</i>	137
MINOCYCLINE.....	12	MYDAYIS	54	.....	137
<i>minoxidil</i>	67	MYDRIACYL.....	134	<i>neomycin-bacitracin-</i>	133
<i>minzoya</i>	131	MYFEMBREE	127	<i>polymyxin</i>	133
MIPLYFFA	34	MYFORTIC	20	<i>neomycin-polymyxin b-</i>	137
<i>mirabegron</i>	147	MYHIBBIN.....	20	<i>dexameth</i>	137
MIRCERA.....	114	MYLERAN	20	<i>neomycin-polymyxin-</i>	133
<i>mirtazapine</i>	54	<i>mynatal</i>	150	<i>gramicidin</i>	133
MIRVASO	82	<i>mynatal plus</i>	150	<i>neomycin-polymyxin-hc 94</i>	137
<i>misoprostol</i>	113	<i>mynatal-z</i>	150	<i>neo-polycin</i>	133
MITIGARE	119	MYOBLOC	118	<i>neo-polycin hc</i>	137
M-M-R II (PF).....	118	MYQORZO.....	74	NEORAL	20
<i>m-natal plus</i>	150	MYRBETRIQ	147	NEO-SYNALAR.....	84
MNEXSPIKE 2025-2026 (PF)	118	MYSOLINE	28	NEO-SYNALAR KIT	84
.....	118	MYTESI.....	106	NERLYNX	20
<i>modafinil</i>	54	N		NESINA	103
MODEYSO	19	<i>nabumetone</i>	42	<i>neuac</i>	82
<i>moexipril</i>	67	<i>nadolol</i>	67	NEUAC KIT.....	82
<i>molindone</i>	54	<i>naftifine</i>	85	NEULASTA	114
<i>mometasone</i>	88, 143	NAFTIN	85	NEULASTA ONPRO	114
<i>mondoxyne nl</i>	12, 13	NALFON.....	42	NEUPOGEN.....	115
<i>mono-lynyah</i>	131	NALOCET	39	NEUPRO	31
<i>montelukast</i>	143	<i>naloxone</i>	42, 43	NEURONTIN.....	28
MORGIDOX 1X 50	13	<i>naltrexone</i>	43	NEVANAC.....	136
MORGIDOX 1X100.....	13	NAMENDA XR.....	34	<i>nevirapine</i>	5
<i>morphine</i>	38	NAMZARIC.....	34	<i>new day</i>	131

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

<i>newgen</i>	150	<i>norethindrone acetate</i>	126	NUVARING.....	127
NEXAVAR	20	<i>norethindrone ac-eth estradiol</i>	126, 131	NUVAXOVID 2025-2026 (PF).....	118
NEXICLON XR.....	67	<i>norethindrone-e.estradiol-iron</i>	131	NUVESSA.....	127
NEXIUM.....	113	NORGESIC.....	36	NUVIGIL	54
NEXIUM PACKET	113	NORGESIC FORTE	36	NUZYRA	13
NEXLETOL	72	<i>norgestimate-ethinyl estradiol</i>	131	<i>nylia 1/35 (28)</i>	131
NEXLIZET.....	73	NORITATE	82	<i>nylia 7/7/7 (28)</i>	131
NEXTSTELLIS.....	131	NORLIQVA.....	67	NYMALIZE	67
NGENLA	116	NORPACE	62	NYPOZI	115
<i>niacin</i>	73	NORPACE CR.....	62	<i>nystatin</i>	3, 85
NIACOR.....	73	NORTHERA	91	<i>nystatin-triamcinolone</i>	85
<i>nicardipine</i>	67	<i>nortrel 0.5/35 (28)</i>	131	<i>nystop</i>	85
NICODERM CQ.....	92	<i>nortrel 1/35 (21)</i>	131	NYVEPRIA.....	115
<i>nicorette</i>	92	<i>nortrel 1/35 (28)</i>	131	O	
NICORETTE.....	92	<i>nortrel 7/7/7 (28)</i>	131	<i>ocella</i>	131
<i>nicotine</i>	92	<i>nortriptyline</i>	54	<i>octreotide acetate</i>	20
<i>nicotine (polacrilex)</i>	92	NORVASC.....	67	<i>octreotide,microspheres</i>	20
NICOTROL NS.....	92	NORVIR.....	5	OCUFLOX	133
<i>nifedipine</i>	67	NOURIANZ.....	31	ODACTRA.....	118
<i>nikki (28)</i>	131	NOVAREL.....	100	ODEFSEY	5
NILOTINIB D-TARTRATE	20	NOVOLIN 70-30 FLEXPEN U-100.....	98	ODOMZO.....	20
<i>nilotinib hcl</i>	20	NOVOLIN N FLEXPEN	98	OFEV.....	143
<i>nilutamide</i>	20	NOVOLIN R FLEXPEN.....	98	<i>ofloxacin</i>	11, 94, 133
<i>nimodipine</i>	67	NOVOLOG FLEXPEN U-100 INSULIN.....	98	OGSIVEO.....	20
NINLARO.....	20	NOVOLOG MIX 70-30 U-100 INSULN	98	OHTUVAYRE	143
<i>nintedanib</i>	143	NOVOLOG MIX 70- 30FLEXPEN U-100	98	OJEMDA	20
<i>nisoldipine</i>	67	NOVOLOG PENFILL U-100 INSULIN	98	OJJAARA.....	20
<i>nitazoxanide</i>	10	NOVOLOG U-100 INSULIN ASPART.....	99	<i>olanzapine</i>	54
<i>nitisinone</i>	90	NOXAFIL	3	<i>olanzapine-fluoxetine</i>	54
<i>nitro-bid</i>	74	NOXIPAK.....	88	<i>olmesartan</i>	67
NITRO-DUR.....	74	<i>np thyroid</i>	105	<i>olmesartan-amlodipin- hcthiazid</i>	67
<i>nitrofurantoin</i>	13	NUBEQA	20	<i>olmesartan- hydrochlorothiazide</i>	67
NITROFURANTOIN.....	13	NUCALA	143	<i>olopatadine</i>	93
<i>nitrofurantoin macrocrystal</i> .	13	NUCORT.....	88	OLPRUVA	91
<i>nitrofurantoin monohyd/m- crist</i>	13	NUCYNTA	43	OLUMIANT.....	123
<i>nitroglycerin</i>	74, 110	NUCYNTA ER	43	OMECLAMOX-PAK.....	113
NITROLINGUAL.....	74	NUEDEXTA	34	<i>omega-3 acid ethyl esters</i>	73
NITROMIST	74	NULEV	106	<i>omeprazole</i>	113
NITROSTAT.....	74	NULIBRY	34	<i>omeprazole-sodium bicarbonate</i>	113
NITYR.....	91	NUPLAZID.....	54	OMLONTI.....	136
NIVESTYM	115	NURTEC ODT.....	32	OMNARIS.....	143
<i>nizatidine</i>	113			OMNIPOD 5 (G6/LIBRE 2 PLUS).....	97
<i>nora-be</i>	126			OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	97
NORDITROPIN FLEXPRO	116				
<i>norelgestromin-ethin.estradiol</i>	127				
<i>norethindrone (contraceptive)</i>	126				

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

OMNIPOD 5 G6-G7 PODS	ORGOVYX.....20	PALFORZIA (LEVEL 1)..118
(GEN 5).....97	ORIAHNN.....127	PALFORZIA (LEVEL 2)..118
OMNIPOD 5	ORLISSA.....100	PALFORZIA (LEVEL 3)..118
INTRO(G6/LIBRE2PLUS)	ORKAMBI.....143	PALFORZIA (LEVEL 4)..118
.....96	ORLADEYO.....143	PALFORZIA (LEVEL 5)..118
OMNIPOD DASH INTRO	ORLYNVAH.....10	PALFORZIA (LEVEL 6)..118
KIT (GEN 4).....97	<i>ormalvi</i>.....34	PALFORZIA (LEVEL 7)..118
OMNIPOD DASH PODS	<i>orphenadrine citrate</i>.....36	PALFORZIA (LEVEL 8)..118
(GEN 4).....97	<i>orphenadrine-asa-caffeine</i> ...36	PALFORZIA (LEVEL 9)..118
OMNITROPE.....116	<i>orphengesic forte</i>.....36	PALFORZIA (LEVEL 10)..118
OMVOH.....110	<i>orquidea</i>.....126	PALFORZIA INITIAL (1-3
OMVOH PEN.....110	ORSERDU.....21	YRS).....118
ONAPGO.....31	ORUDIS.....43	PALFORZIA INITIAL (4-17
<i>ondansetron</i>.....110	<i>oscimin</i>.....106	YRS).....118
ONDANSETRON.....110	<i>oscimin sl</i>.....106	PALFORZIA LEVEL 11
<i>ondansetron hcl</i>.....110	<i>oseltamivir</i>.....5	MAINTENANCE.....118
<i>onelax magnesium citrate</i> ...110	OSPHERA.....127	<i>paliperidone</i>.....55
ONEXTON.....82	OTEZLA.....123	PALSONIFY.....21
ONFI.....28	OTEZLA STARTER.....123	PALYNZIQ.....100
ONGENTYS.....31	OTEZLA XR.....123	PANCREAZE.....110
ONTRALFY.....36	OTEZLA XR INITIATION	PANDEL.....88
ONUREG.....20	.....123	PANRETIN.....79
ONYDA XR.....54	OTOVEL.....94	<i>pantoprazole</i>.....113
ONZETRA XSAIL.....32	OTULFI.....75, 76	<i>paricalcitol</i>.....100
<i>opcicon one-step</i>.....131	OVIDE.....89	PARNATE.....55
OPFOLDA.....100	OVIDREL.....100	<i>paroex oral rinse</i>.....93
OPILL.....126	<i>oxaprozin</i>.....43	<i>paroxetine hcl</i>.....55
OPIPZA.....54	OXAPROZIN.....43	<i>paroxetine</i>
OPSUMIT.....143	<i>oxazepam</i>.....54	<i>mesylate(menop.sym)</i>.....55
OPSYNVI.....143	<i>oxcarbazepine</i>.....28	PAXIL.....55
OPTICHAMBER DIAMOND	OXERVATE.....135	PAXIL CR.....55
VHC.....146	<i>oxiconazole</i>.....85	PAXLOVID.....5, 6
<i>option-2</i>.....131	OXISTAT.....85	<i>pazopanib</i>.....21
OPVEE.....43	OXLUMO.....148	PEDIARIX (PF).....118
OPZELURA.....79	OXTELLAR XR.....28	PEDVAX HIB (PF).....118
ORACEA.....13	<i>oxybutynin chloride</i>.....147	<i>peg 3350-electrolytes</i>.....110
<i>oral saline laxative</i>.....110	OXYBUTYNIN CHLORIDE	<i>peg3350-sod sul-nacl-kcl-asb-c</i>
ORALAIR.....118	.....147	.....110
ORAPRED ODT.....95	<i>oxycodone</i>.....39	PEGASYS.....116
ORAVIG.....3	OXYCODONE.....39	<i>peg-electrolyte soln</i>.....111
ORENCIA.....123	<i>oxycodone-acetaminophen</i> ...39	PEMAZYRE.....21
ORENCIA CLICKJECT...123	OXYCONTIN.....39	PEN NEEDLE.....97
ORENITRAM.....67	<i>oxymorphone</i>.....39	PENBRAYA (PF).....118
ORENITRAM MONTH 1	OXYTROL.....147	<i>penciclovir</i>.....85
TITRATION KT.....67	OZEMPIC.....103	<i>penicillamine</i>.....123
ORENITRAM MONTH 2	OZOBAX.....36	<i>penicillin v potassium</i>.....11
TITRATION KT.....67	OZOBAX DS.....36	PENMENVY MEN A-B-C-W-
ORENITRAM MONTH 3	P	Y (PF).....118
TITRATION KT.....67	<i>pacerone</i>.....62	PENTACEL (PF).....118
ORFADIN.....91	PALFORZIA (LEVEL 0)..118	<i>pentamidine</i>.....10

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

PENTASA.....	111	PLENVU	111	PREMPHASE.....	126
<i>pentazocine-naloxone</i>	43	PLIAGLIS	83	PREMPRO	126
<i>pentoxifylline</i>	70	PNEUMOVAX-23	118	<i>prenatabs fa</i>	151
PEPCID.....	113	<i>pnv-dha</i>	150	<i>prenatabs rx</i>	151
<i>perampanel</i>	28	<i>pnv-omega</i>	150	<i>prenatal</i>	151
PERCOCET	39	<i>pnv-select</i>	150	<i>prenatal complete</i>	151
PERFOROMIST	143	POCKET CHAMBER.....	146	<i>prenatal complete</i>	151
PERIDEX	93	<i>podofilox</i>	79	<i>prenatal multi-dha (algal oil)</i>	151
<i>perindopril erbumine</i>	67	POKONZA.....	148	<i>prenatal multivitamins</i>	151
<i>periogard</i>	93	<i>polycin</i>	133	<i>prenatal one daily</i>	151
<i>permethrin</i>	89	<i>polyethylene glycol 3350</i>	111	<i>prenatal plus</i>	151
<i>perphenazine</i>	55	<i>polymyxin b sulf-trimethoprim</i>	134	<i>prenatal plus (calcium carb)</i>	151
<i>perphenazine-amitriptyline</i> ..	55	<i>pomalidomide</i>	21	<i>prenatal vit no.179-iron-folic</i>	151
PERSERIS.....	55	POMALYST	21	<i>prenatal vitamin</i>	151
PERTZYE	111	PONVORY.....	61	<i>prenatal vitamin with minerals</i>	151
PHEBURANE.....	91	PONVORY 14-DAY STARTER PACK.....	61	<i>prenatal-u</i>	151
<i>phenazopyridine</i>	148	<i>portia 28</i>	131	PRESTALIA.....	68
<i>phenelzine</i>	55	<i>posaconazole</i>	3	PRETOMANID.....	10
<i>phenobarbital</i>	28	<i>potassium chloride</i>	149	PREVACID.....	113
<i>phenoxybenzamine</i>	67	POTASSIUM CHLORIDE.....	149	PREVACID SOLUTAB.....	113
<i>phenylephrine hcl</i>	138	<i>potassium citrate</i>	148	<i>prevalite</i>	73
PHENYTEK.....	28	<i>powderlax</i>	111	PREVIDENT	93
<i>phenytoin</i>	28	<i>pr natal 400</i>	150	PREVIDENT 5000 ENAMEL PROTECT	93
<i>phenytoin sodium extended</i> ..	28	<i>pr natal 400 ec</i>	150	PREVIDENT 5000 ORTHO DEFENSE.....	93
PHEXX.....	127	<i>pr natal 430</i>	151	PREVIDENT 5000 PLUS ...	93
<i>philith</i>	131	<i>pr natal 430 ec</i>	151	PREVIDENT 5000 SENSITIVE.....	93
<i>phosphate laxative</i>	111	PRADAXA.....	71	PREVNAR 20 (PF)	118
PHOSPHOLINE IODIDE..	134	PRALUENT PEN.....	73	PREVYMIS	6
PHYRAGO.....	21	<i>pramipexole</i>	31	PREZCOBIX.....	6
<i>phytonadione (vitamin k1)</i>	70	PRAMOSONE	76	PREZISTA	6
PIASKY	91	<i>prasugrel hcl</i>	71	PRIFTIN	10
PIFELTRO	6	<i>pravastatin</i>	73	PRILOSEC	113
<i>pilocarpine hcl</i>	93, 134, 135	<i>praziquantel</i>	10	<i>primaquine</i>	10
<i>pimecrolimus</i>	79	<i>prazosin</i>	67	<i>primidone</i>	29
<i>pimozide</i>	55	PRECISION XTRA MONITOR	96	PRIMIDONE.....	29
<i>pimtrea (28)</i>	131	PRED FORTE	138	PRIMLEV.....	39
<i>pindolol</i>	67	PRED MILD.....	138	PRIMSOL.....	13
<i>pioglitazone</i>	103	<i>prednicarbate</i>	88	PRIORIX (PF).....	118
<i>pioglitazone-glimepiride</i>	103	<i>prednisolone</i>	95	PRISTIQ	55
<i>pioglitazone-metformin</i>	104	<i>prednisolone acetate</i>	138	PROAIR RESPICLICK.....	143
PIQRAY	21	<i>prednisolone sodium</i> <i>phosphate</i>	95, 138	<i>probenecid</i>	119
<i>pirfenidone</i>	143	<i>prednisone</i>	95	<i>probenecid-colchicine</i>	119
PIRFENIDONE.....	143	<i>prednisone intensol</i>	95	PROCARDIA XL.....	68
<i>piroxicam</i>	43	<i>pregabalin</i>	28, 29	<i>procentra</i>	55
<i>pitavastatin calcium</i>	73	PREGNYL.....	100		
PIVYA.....	11	PREMARIN	126		
PLAN B ONE-STEP	131				
PLAQUENIL	10				
PLAVIX	70				
PLEGRIDY	61				

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

<i>prochlorperazine</i>	111	<i>pyridostigmine bromide</i>	36	RAYALDEE.....	100
<i>prochlorperazine maleate</i> ..	111	PYRIDOSTIGMINE		REBIF (WITH ALBUMIN) .	61
PROCRIPT	115	BROMIDE.....	36	REBIF REBIDOSE	61, 62
PROCTOFOAM HC	111	<i>pyrimethamine</i>	10	REBIF TITRATION PACK.	62
<i>procto-med hc</i>	111	PYRUKYND.....	91	<i>reclipsen (28)</i>	131
<i>proctosol hc</i>	111	PYZCHIVA.....	76	RECOMBIVAX HB (PF)...	119
<i>proctozone-hc</i>	111	PYZCHIVA		RECORLEV	100
PROCYSBI	148	AUTOINJECTOR	76	RECTIV.....	111
PROFINAC	43	Q		REDEMPLO.....	73
<i>progesterone</i>	126	QBRELIS	68	REGLAN.....	111
<i>progesterone micronized</i>	126	QBREXZA	79	RELAFEN DS	43
PROGLYCEM	97	QELBREE	56	RELENZA DISKHALER	6
PROGRAF	21	QFITLIA	71	RELEUKO	115
<i>prolate</i>	39	QFITLIA PEN.....	71	RELEXXII.....	56
PROLATE.....	39	QINLOCK	21	RELGAABI.....	29
PROLENSA	136	QLOSI	135	RELION NOVOLIN 70/30 ..	99
PROMACTA.....	71	QNASL.....	144	RELION NOVOLIN N	99
<i>promethazine</i>	139	QUADRACEL (PF)	119	RELION NOVOLIN R.....	99
<i>promethazine-codeine</i>	140	QUAZEPAM.....	56	RELISTOR	111
<i>promethazine-dm</i>	140	QUESTRAN.....	73	RELPAK.....	32
<i>promethazine-phenylephrine</i>		QUESTRAN LIGHT.....	73	RELTONE.....	111
.....	140	<i>quetiapine</i>	56	REMERON.....	56
<i>promethgan</i>	139	QUETIAPINE	56	REMERON SOLTAB	56
PROMETRIUM	126	QUILLICHEW ER.....	56	<i>rena-vite</i>	151
<i>propafenone</i>	62	QUILLIVANT XR.....	56	REVELA	149
<i>proparacaine</i>	135	<i>quinapril</i>	68	<i>repaglinide</i>	104
<i>propranolol</i>	68	<i>quinapril-hydrochlorothiazide</i>		REPATHA PUSHTRONEX	73
<i>propylthiouracil</i>	96	.....	68	REPATHA SURECLICK ...	73
PROQUAD (PF)	119	<i>quinidine gluconate</i>	62	REPATHA SYRINGE	73
PROSCAR.....	147	<i>quinidine sulfate</i>	62	RESTASIS.....	135
PROTONIX.....	113, 114	<i>quinine sulfate</i>	10	RESTASIS MULTIDOSE..	135
<i>protriptyline</i>	55	QUINIXIL	88	RESTORIL	56
PROVERA	126	QULIPTA.....	32	RETACRIT.....	115
PROVIGIL	55	QUVIVIQ.....	56	RETEVMO.....	21
PROZAC	55	QVAR REDIHALER.....	144	RETIN-A	82
<i>prucalopride</i>	111	R		RETIN-A MICRO PUMP ...	82
<i>prudoxin</i>	79	<i>rabeprazole</i>	114	RETROVIR	6
<i>pruradik</i>	89	RABEPRAZOLE	114	REVATIO.....	144
PULMICORT.....	143	RADICAVA ORS STARTER		REVCovi	91
PULMICORT FLEXHALER		KIT SUSP.....	34	REVLIMID.....	21
.....	144	RAGWITEK.....	119	REVUFORJ.....	21
<i>pulmosal</i>	144	RALDESY.....	56	REXTOVY	43
PULMOZYME.....	144	<i>raloxifene</i>	120	REXULTI.....	56
<i>purelax</i>	111	<i>ramelteon</i>	56	REYATAZ	6
<i>purevita folic acid</i>	151	<i>ramipril</i>	68	REZDIFFRA	91
PURIXAN	21	<i>ranitidine hcl</i>	114	REZLIDHIA.....	21
PYLERA	114	<i>ranolazine</i>	74	REZUROCK.....	21
<i>pyquvi</i>	95	<i>rasagiline</i>	31	REZVOGLAR KWIKPEN ..	99
<i>pyrazinamide</i>	10	RASUVO (PF)	123	RHAPSIDO	91
PYRIDIDIUM.....	148	RAVICTI.....	91	RHOFADE	82

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

RHOPRESSA.....	136	RYALTRIS	144	SEROQUEL	57
<i>ribavirin</i>	6	RYBELSUS.....	104	SEROQUEL XR.....	57
RIDAURA.....	123	RYCLORA.....	140	SEROSTIM	116
<i>rifabutin</i>	10	RYDAPT	21	<i>sertraline</i>	57
<i>rifampin</i>	10	RYKINDO.....	57	<i>setlakin</i>	132
<i>rilpivirine hcl</i>	6	RYTARY.....	31	<i>sevelamer carbonate</i>	149
<i>riluzole</i>	91	RYVENT.....	140	<i>sevelamer hcl</i>	149
<i>rimantadine</i>	6	RYZNEUTA	115	SEYSARA.....	13
RINVOQ	123	S		<i>sf 93</i>	
RINVOQ LQ.....	123	SABRIL.....	29	<i>sf 5000 plus</i>	93
RIOMET.....	104	<i>sacubitril-valsartan</i>	74	<i>sharobel</i>	126
<i>risedronate</i>	91, 120	SAFYRAL.....	131	<i>shewise</i>	132
RISPERDAL	56	<i>sajazir</i>	144	SHINGRIX (PF).....	119
RISPERDAL CONSTA	56	SALAGEN (PILOCARPINE)		SIGNIFOR.....	22
<i>risperidone</i>	57	.....	93	SIGNIFOR LAR.....	22
<i>risperidone microspheres</i>	57	<i>salsalate</i>	43	SIKLOS	22
RITALIN.....	57	SAMSCA.....	100	<i>sildenafil (pulm.hypertension)</i>	
RITEFLO AEROCHAMBER		SANCUSO	111	.....	144
.....	146	SANDIMMUNE	21	SILENOR	57
<i>ritonavir</i>	6	SANDOSTATIN	21	SILIQ.....	76
<i>rivaroxaban</i>	71	SANDOSTATIN LAR		<i>silodosin</i>	147
<i>rivastigmine</i>	34	DEPOT	22	SILVADENE.....	78
<i>rivastigmine tartrate</i>	34	SANTYL	89	<i>silver sulfadiazine</i>	78
<i>rivelsa</i>	131	SAPHRIS.....	57	SIMBRINZA	137
RIVFLOZA	148	<i>sapropterin</i>	100	SIMLANDI(CF).....	123
<i>rizatriptan</i>	32	SAVAYSA	71	SIMLANDI(CF)	
ROBINUL	106	SAVELLA.....	123	AUTOINJECTOR	123
ROBINUL FORTE	106	<i>saxagliptin</i>	104	<i>simliya (28)</i>	132
ROCKLATAN	137	<i>saxagliptin-metformin</i>	104	<i>simpesse</i>	132
<i>roflumilast</i>	144	<i>scalacort</i>	88	SIMPONI.....	123, 124
ROLVEDON.....	115	SCALACORT DK	88	<i>simvastatin</i>	73
ROMVIMZA.....	21	SCSEMBLIX.....	22	SINEMET.....	31
<i>ropinirole</i>	31	<i>scopolamine base</i>	111	SINGULAIR.....	144
<i>rosadan</i>	82	SDAMLO	68	<i>sirolimus</i>	22
ROSDAN.....	82	SECUADO	57	SIRTURO	10
<i>rosuvastatin</i>	73	SEGLUROMET	104	SITAGLIPTIN.....	104
<i>rosyrah</i>	131	SELARSDI.....	76	SITAGLIPTIN-METFORMIN	
ROSZET.....	73	<i>selegiline hcl</i>	31	.....	104
ROTARIX.....	119	<i>selenium sulfide</i>	76	SIVEXTRO	10
ROTATEQ VACCINE	119	SELZENTRY	6	SKYCLARYS	34
ROWASA.....	111	SEMGLEE(INSULIN		SKYRIZI	76, 111
<i>roweepra</i>	29	GLARGINE-YFGN).....	99	SKYTROFA	116
ROXICODONE	39	SEMGLEE(INSULIN		SLYND.....	132
ROXYBOND	39	GLARG-YFGN)PEN	99	<i>smoothlax</i>	111
ROZEREM.....	57	<i>se-natal 19</i>	151	SOAAZ.....	68
ROZLYTREK	21	<i>se-natal 19 chewable</i>	151	<i>sodium chloride</i>	91, 144
RUBRACA.....	21	SENSIPAR	101	<i>sodium fluoride 5000 plus</i>	93
RUCONEST.....	144	SEPHIENCE	101	<i>sodium fluoride-pot nitrate</i> ...93	
<i>rufinamide</i>	29	SEREVENT DISKUS	144	<i>sodium oxybate</i>	57
RUKOBIA.....	6	SERNIVO.....	88	<i>sodium phenylbutyrate</i>	91

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

<i>sodium polystyrene sulfonate</i>	<i>st joseph aspirin</i>	SUPREP BOWEL PREP KIT
..... 149	<i>st. joseph aspirin</i>.....	..... 112
<i>sodium,potassium,mag sulfates</i>	STARJEMZA.....	SURE RESULT TAC PAK..88
..... 111	STEGLATRO.....	SUTAB.....
SOFDRA.....	STEGLUJAN.....	SUTENT.....
SOFOSBUVIR-	STELARA.....	<i>syeda</i>
VELPATASVIR.....	STEQEYMA.....	<i>symax fastabs</i>
SOGROYA.....	STIMUFEND.....	<i>symax-sl</i>
SOHONOS.....	STIOLTO RESPIMAT.....	<i>symax-sr</i>
<i>solifenacin</i>	STIVARGA.....	SYMBICORT.....
SOLIQUA 100/33.....	<i>stop smoking aid</i>	SYMBRAVO.....
SOLOSEC.....	STRENSIQ.....	SYMDEKO.....
SOLTAMOX.....	<i>stress formula with iron(sulf)</i>	SYMFI.....
SOLU-CORTEF.....	..... 151	SYMPAZAN.....
SOLU-CORTEF ACT-O-	STRIBILD.....	SYMPROIC.....
VIAL (PF).....	STRIVERDI RESPIMAT ..	SYMTUZA.....
<i>soluvita a,c,d with fluoride</i> .	STROMECTOL.....	SYNALAR.....
151	SUBLOCADE.....	SYNALAR CREAM KIT ...
SOMA.....	SUBOXONE.....	88
SOMATULINE DEPOT.....	<i>subvenite</i>	SYNALAR OINTMENT KIT
22	..... 29	..... 88
SOMAVERT.....	SUBVENITE.....	SYNALAR TS.....
101	..... 29	88
SOOLANTRA.....	<i>subvenite starter (blue) kit</i> ... 29	SYNAREL.....
82	<i>subvenite starter (green) kit</i> . 29	SYNDROS.....
<i>sorafenib</i>	<i>subvenite starter (orange) kit</i> 29	SYNJARDY.....
22	SUCRAID.....	SYNJARDY XR.....
SORILUX.....	<i>sucralfate</i>	104
76	..... 114	SYNTHROID.....
<i>sotalol</i>	SUFLAVE.....	105
62	..... 112	SYPRINE.....
<i>sotalol af</i>	SULAR.....	91
62	..... 68	T
SOTYKTU.....	SULCONAZOLE.....	TABLOID.....
76	..... 85	..... 22
SOTYLIZE.....	<i>sulfacetamide sodium</i>	TABRECTA.....
62	..... 138	..... 22
SOVALDI.....	<i>sulfacetamide sodium (acne)</i> 84	TACLONEX.....
6	<i>sulfacetamide sodium-sulfur</i> .82	..... 77
SOVUNA.....	<i>sulfacetamide-prednisolone</i> 138	<i>tacrolimus</i>
10	<i>sulfadiazine</i>	22, 79
SPACE CHAMBER.....	<i>sulfamethoxazole-trimethoprim</i>	<i>tadalafil</i>
146	..... 12	..... 147
SPEVIGO.....	SULFAMYLON.....	<i>tadalafil (pulm. hypertension)</i>
76	..... 84	..... 144
SPIKEVAX 2025-2026(12Y	<i>sulfasalazine</i>	TADLIQ.....
UP)(PF).....	..... 112	..... 144
119	<i>sulfatrim</i>	TAFINLAR.....
SPIKEVAX 2025-26 (6M-	<i>sulindac</i>.....	..... 22
11Y) (PF).....	..... 44	<i>tafluprost (pf)</i>
119	<i>sumatriptan</i>.....	..... 137
<i>spinosad</i>.....	..... 32	TAGRISSO.....
89	<i>sumatriptan succinate</i>.....	..... 22
SPIRIVA RESPIMAT.....	..... 32	TAKE ACTION.....
144	<i>sumatriptan-naproxen</i>.....	..... 132
SPIRIVA WITH	<i>sunitinib malate</i>	TAKHZYRO.....
HANDIHALER.....	..... 22	..... 144, 145
144	SUNLENCA.....	TALICIA.....
<i>spironolactone</i>.....	..... 6	..... 114
68	SUNOSI.....	TALTZ AUTOINJECTOR ..
<i>spironolacton-</i>	<i>super b-50 complex</i>	77
<i>hydrochlorothiaz</i>.....	..... 151	TALTZ AUTOINJECTOR (2
68	<i>super quints</i>	PACK).....
SPORANOX.....	..... 151	..... 77
3	SUPPRELIN LA.....	TALTZ SYRINGE.....
SPRAVATO.....	..... 22	..... 77
57		TALZENNA.....
<i>sprintec (28)</i>.....		..... 22
132		TAMIFLU.....
SPRITAM.....		..... 6
29		
SPRIX.....		
43		
SPRYCEL.....		
22		
<i>sps (with sorbitol)</i>		
149		
<i>ssd</i>		
78		

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

<i>tamoxifen</i>	22	<i>tetracaine hcl</i>	135	TOLECTIN 600.....	44
<i>tamsulosin</i>	147	TETRACAINE HCL (PF)..	135	<i>tolectin ds</i>	44
<i>tanlor</i>	36	<i>tetracycline</i>	13	<i>tolmetin</i>	44
<i>tapentadol</i>	44	TEXACORT.....	88	TOLSURA.....	3
TAPENTADOL.....	44	TEZRULY.....	68	<i>tolterodine</i>	147
TAPERDEX.....	95	TEZSPIRE.....	145	<i>tolvaptan</i>	101
TARGADOX.....	13	THALITONE.....	68	<i>tolvaptan (polycys kidney dis)</i>	
TARGRETIN.....	22	THALOMID.....	23	.....	101
<i>tarina 24 fe</i>	132	THEO-24.....	145	TONMYA.....	36
<i>tarina fe 1/20 (28)</i>	132	<i>theophylline</i>	145	TOPAMAX.....	29
<i>taron-c dha</i>	151	THIOLA.....	91	TOPICORT.....	88
TARPEYO.....	95	THIOLA EC.....	91	<i>topiramate</i>	29
TASCENSO ODT.....	62	<i>thioridazine</i>	57, 58	TOPROL XL.....	68
TASIGNA.....	23	<i>thiothixene</i>	58	<i>toremifene</i>	23
<i>tasimelteon</i>	57	THYQUIDITY.....	105	<i>torpenz</i>	23
TASMAR.....	31	<i>tiadylt er</i>	68	<i>torsemide</i>	68
<i>tavaborole</i>	85	<i>tiagabine</i>	29	TOSYMRA.....	33
TAVALISSE.....	71	TIAZAC.....	68	TOUJEO MAX U-300	
TAVNEOS.....	91	TIBSOVO.....	23	SOLOSTAR.....	99
TAYTULLA.....	132	<i>ticagrelor</i>	71	TOUJEO SOLOSTAR U-300	
<i>tazarotene</i>	82	TIGLUTIK.....	91	INSULIN.....	99
TAZAROTENE.....	82	TIKOSYN.....	62	<i>tovet emollient</i>	88
TAZORAC.....	82	<i>tilia fe</i>	132	TOVET KIT.....	88
TECFIDERA.....	62	<i>timolol</i>	134	TOVIAZ.....	147
TEGRETOL.....	29	<i>timolol maleate</i>	68, 134	TRACLEER.....	145
TEGRETOL XR.....	29	<i>timolol maleate (pf)</i>	134	TRADJENTA.....	104
TEKTURNA.....	68	TIMOPTIC OCUDOSE (PF)		<i>tramadol</i>	44
<i>telmisartan</i>	68	.....	134	TRAMADOL.....	44
<i>telmisartan-amlodipine</i>	68	<i>tinidazole</i>	10	<i>tramadol-acetaminophen</i>	44
<i>telmisartan-hydrochlorothiazid</i>		<i>tiopronin</i>	91	<i>trandolapril</i>	68
.....	68	<i>tiotropium bromide</i>	145	<i>trandolapril-verapamil</i>	68
<i>temazepam</i>	57	TIROSINT.....	105	<i>tranexamic acid</i>	127
TEMBEXA.....	7	TIROSINT-SOL.....	105	TRANSDERM-SCOP.....	112
<i>temozolomide</i>	23	TIVICAY.....	7	<i>tranylcypromine</i>	58
<i>tencon</i>	39	TIVICAY PD.....	7	TRAVATAN Z.....	137
TENIVAC (PF).....	119	<i>tizanidine</i>	36	<i>travoprost</i>	137
<i>tenofovir disoproxil fumarate</i>	7	TIZANIDINE.....	36	<i>trazodone</i>	58
TENORMIN.....	68	TLANDO.....	101	TRELEGY ELLIPTA.....	145
TEPMETKO.....	23	TOBI.....	10	TRELSTAR.....	23
<i>terazosin</i>	68	TOBI PODHALER.....	10	TREMFYA.....	77
<i>terbinafine hcl</i>	3	TOBRADEX.....	137	TREMFYA ONE-PRESS.....	77
<i>terbutaline</i>	145	TOBRADEX ST.....	137	TREMFYA PEN.....	77
<i>terconazole</i>	127	<i>tobramycin</i>	10, 134	TREMFYA PEN	
<i>teriflunomide</i>	62	<i>tobramycin in 0.225 % nacl</i>	10	INDUCTION PK(2PEN)..	77
<i>teriparatide</i>	120	TOBRAMYCIN WITH		TRESIBA FLEXTOUCH U-	
TESTIM.....	101	NEBULIZER.....	11	100.....	99
<i>testosterone</i>	101	<i>tobramycin-dexamethasone</i>	137	TRESIBA FLEXTOUCH U-	
<i>testosterone cypionate</i>	101	<i>tobramycin-lotepred</i>	137	200.....	99
<i>testosterone enanthate</i>	101	TOBREX.....	134	TRESIBA U-100 INSULIN.....	99
<i>tetrabenazine</i>	34	<i>tolcapone</i>	31	<i>tretinoin</i>	83

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

<i>tretinoin (antineoplastic)</i>	23	TRUMENBA.....	119	USTEKINUMAB-AEKN.....	77
<i>tretinoin microspheres</i>	83	TRUQAP	23	USTEKINUMAB-TTWE....	77,
TREXALL.....	23	TRUSTEX-RIA NON-LUB		78	
TREXIMET.....	33	CONDOMS	124	UZEDY	58
TREZIX.....	39	TRUVADA	7	V	
<i>triamcinolone acetonide</i> 88, 89,		TRYNGOLZA.....	73	VABRINTY (1 MONTH)....	23
93, 145		TRYPTYR.....	135	VABRINTY (3 MONTH)....	23
<i>triamterene</i>	68	TRYVIO.....	74	VABRINTY (4 MONTH)....	23
<i>triamterene-hydrochlorothiazid</i>		TUDORZA PRESSAIR	145	VABRINTY (6 MONTH)....	23
.....	68	TUKYSA.....	23	VAGIFEM.....	126
<i>triazolam</i>	58	<i>tulana</i>	126	<i>valacyclovir</i>	7
TRIBENZOR	68	TURALIO	23	VALCHLOR	79
<i>tricon</i>	151	<i>turqoz (28)</i>	132	VALCYTE	7
<i>triderm</i>	89	TUXARIN ER.....	140	<i>valganciclovir</i>	7
<i>trientine</i>	91	TWINRIX (PF).....	119	VALIUM	58
TRIENTINE	91	TWIRLA	127	<i>valproic acid</i>	30
<i>tri-estarylla</i>	132	TWYNEO.....	83	<i>valproic acid (as sodium salt)</i>	
<i>trifluoperazine</i>	58	TYBLUME.....	132	.....	30
<i>trifluridine</i>	134	<i>tydemy</i>	132	<i>valsartan</i>	69
<i>trihexyphenidyl</i>	31	TYENNE	124	<i>valsartan-hydrochlorothiazide</i>	
TRIJARDY XR.....	104	TYENNE AUTOINJECTOR		.....	69
TRIKAFTA	145	.....	124	VALTOCO	30
<i>tri-legest fe</i>	132	TYKERB	23	VALTREX	7
TRILEPTAL.....	29	TYMLOS.....	120	<i>valtya</i>	132
<i>tri-linyah</i>	132	TYRVAYA	135	<i>vanadom</i>	36
<i>tri-lo-estarylla</i>	132	TYVASO.....	145	VANCOCIN	13
<i>tri-lo-marzia</i>	132	TYVASO DPI	145	<i>vancomycin</i>	13
<i>tri-lo-mili</i>	132	TYVASO REFILL KIT.....	145	<i>vandazole</i>	127
<i>trilona</i>	89	TYVASO STARTER KIT .	145	VANFLYTA.....	23
<i>tri-lo-sprintec</i>	132	U		VANOS	89
<i>trimethobenzamide</i>	112	UBRELVY	33	VANRAFIA	74
<i>trimethoprim</i>	13	UCERIS.....	112	VAQTA (PF).....	119
<i>tri-mili</i>	132	UDENYCA	115	<i>varenicline tartrate</i>	92
<i>trimipramine</i>	58	UDENYCA AUTOINJECTOR		VARIVAX (PF).....	119
<i>trinatal rx 1</i>	151	.....	115	VAROPHEN (DICLOFENAC)	
<i>trinate</i>	151	UDENYCA ONBODY	115	.....	44
TRINTELLIX.....	58	ULESFIA.....	89	VARUBI.....	112
TRIPTODUR	23	ULORIC	119	VASCEPA.....	73
<i>tri-sprintec (28)</i>	132	ULTRAVATE	89	VASERETIC	69
TRIUMEQ.....	7	UMECLIDINIUM-		VASOTEC.....	69
TRIUMEQ PD.....	7	VILANTEROL.....	145	VAXELIS (PF).....	119
<i>tri-vitamin with fluoride</i>	151	<i>unithroid</i>	105	VAXNEUVANCE (PF)	119
<i>tri-vylibra</i>	132	UPTRAVI.....	68	VCF CONTRACEPTIVE	
<i>tri-vylibra lo</i>	132	UROCIT-K 10.....	148	FILM.....	127
TROKENDI XR.....	29, 30	UROCIT-K 15.....	148	VCF CONTRACEPTIVE GEL	
<i>tropicamide</i>	134	UROXATRAL	147	.....	127
<i>trospium</i>	147	URSO FORTE.....	112	VECAMYL	74
TRUDHESA.....	33	<i>ursodiol</i>	112	VECTICAL	78
TRULANCE.....	112	USTEKINUMAB.....	77	<i>velivet triphasic regimen (28)</i>	
TRULICITY	104	USTEKINUMAB-AAUZ	77	.....	132

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

VELPHORO.....	149	VOGELXO.....	101, 102	WHYTEDEDERM TRILASIL	
VELSIPITY.....	112	<i>volnea (28)</i>	132	PAK.....	89
VELTASSA.....	149	VONJO.....	24	WINLEVI.....	83
VEMLIDY.....	7	VOQUEZNA.....	114	WINREVAIR.....	145
VENCLEXTA.....	23	VOQUEZNA DUAL PAK.....	114	<i>wixela inhub</i>	145
VENCLEXTA STARTING		VOQUEZNA TRIPLE PAK		<i>women's gentle laxative(bisac)</i>	
PACK.....	23	.....	114	.....	112
<i>venlafaxine</i>	58, 59	VORANIGO.....	24	<i>wymzya fe</i>	133
VENLAFAXINE BESYLATE		<i>voriconazole</i>	4	WYNZORA.....	78
.....	58	VORTEX HOLDING		X	
VENTOLIN HFA.....	145	CHAMBER.....	146	XACIATO.....	127
<i>venxxiva</i>	91	VOSEVI.....	7	XADAGO.....	31
VEOZAH.....	127	VOTRIENT.....	24	XALATAN.....	137
<i>verapamil</i>	69	VOWST.....	112	XALKORI.....	24
VEREGEN.....	79	VOXZOGO.....	102	XANAX.....	59
VERKAZIA.....	135	VOYDEYA.....	91	<i>xarah fe</i>	133
VERQUVO.....	74	VOYXACT.....	24	XARELTO.....	71
VERSACLOZ.....	59	VRAYLAR.....	59	XARELTO DVT-PE TREAT	
VERZENIO.....	23	VTAMA.....	78	30D START.....	71
VESICARE.....	147	VUITY.....	135	XATMEP.....	24
<i>vestura (28)</i>	132	VUMERITY.....	62	XCOPRI.....	30
VEVYE.....	135	VUSION.....	85	XCOPRI MAINTENANCE	
VFEND.....	3	VYALEV.....	31	PACK.....	30
V-GO 20.....	97	<i>vyfemla (28)</i>	132	XCOPRI TITRATION PACK	
V-GO 30.....	97	VYKAT XR.....	91, 92	.....	30
V-GO 40.....	97	VYLEESI.....	59	XDEMVY.....	135
VIBERZI.....	112	<i>vylibra</i>	132	XELJANZ.....	124
VICTOZA 2-PAK.....	104	VYNDAMAX.....	74	XELJANZ XR.....	124
VICTOZA 3-PAK.....	104	VYNDAQEL.....	74	<i>xelria fe</i>	133
<i>vienna</i>	132	VYSCOXIA.....	44	XELSTRYM.....	59
<i>vigabatrin</i>	30	VYTORIN 10-10.....	73	XENAZINE.....	34
<i>vigadrone</i>	30	VYTORIN 10-20.....	73	XENLETA.....	11
VIGAFYDE.....	30	VYTORIN 10-40.....	73	XEOMIN.....	119
VIGAMOX.....	134	VYTORIN 10-80.....	73	XERESE.....	85
VIIBRYD.....	59	VYVANSE.....	59	XERMELLO.....	24
VIJOICE.....	23	VYVGART HYTRULO.....	36	XHANCE.....	145
<i>vilazodone</i>	59	VYZULTA.....	137	XIFAXAN.....	11
VIMPAT.....	30	W		XIGDUO XR.....	104, 105
VIOKACE.....	112	WAINUA.....	34	XIIDRA.....	135
<i>viorele (28)</i>	132	WAKIX.....	59	XILAPAK.....	89
VIRACEPT.....	7	<i>warfarin</i>	71	XIMINO.....	13
VIREAD.....	7	WAYRILZ.....	24	XOFLUZA.....	7
VISTOGARD.....	14	WELCHOL.....	73	XOLAIR.....	145, 146
VITRAKVI.....	24	WELIREG.....	24	XOLREMDI.....	115
VIVELLE-DOT.....	126	WELLBUTRIN SR.....	59	XOPENEX HFA.....	146
VIVITROL.....	44	WELLBUTRIN XL.....	59	XOSPATA.....	24
VIVJOA.....	4	<i>wera (28)</i>	133	XPHOZAH.....	149
VIVLODEX.....	44	<i>westab plus</i>	151	XPOVIO.....	24
VIZIMPRO.....	24	WEZLANA.....	78	XROMI.....	24
VIZZ.....	135	WHYTEDEDERM TDPAK.....	89	XTAMPZA ER.....	39

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

XTANDI.....	24	ZELSUVMI.....	79	ZOLINZA.....	25
<i>xulane</i>	127	<i>zelvysia</i>	102	<i>zolmitriptan</i>	33
XULTOPHY 100/3.6	99	ZEMBRACE SYMTOUCH.....	33	ZOLMITRIPTAN.....	33
XURIDEN.....	92	ZEMPLAR	102	ZOLOFT	59, 60
XYOSTED	102	<i>zenatane</i>	83	<i>zolpidem</i>	60
XYREM	59	ZENPEP	112	ZOLPIDEM.....	60
<i>xyvona</i>	39	<i>zenzedi</i>	59	ZOLYMBUS	137
XYWAV.....	59	ZENZEDI.....	59	ZOMACTON	116
Y		ZEPATIER.....	7	ZOMIG.....	33
YASMIN (28)	133	ZEPOSIA.....	35	ZONALON.....	79
YAZ (28).....	133	ZEPOSIA STARTER KIT (28-		ZONEGRAN	30
YESINTEK	78	DAY).....	35	ZONISADE	30
YEZTUGO	7	ZEPOSIA STARTER PACK		<i>zonisamide</i>	30
YONSA.....	24	(7-DAY).....	35	ZONTIVITY.....	71
YORVIPATH.....	102	ZERVIAE	136	ZORTRESS	25
YOSPRALA.....	71	ZESTORETIC	69	ZORVOLEX.....	44
YUFLYMA(CF).....	124	ZESTRIL	69	ZORYVE.....	78
YUFLYMA(CF) AI		ZETIA	73	<i>zovia 1-35 (28)</i>	133
CROHN'S-UC-HS.....	124	ZIAGEN	7	ZOVIRAX.....	85
YUFLYMA(CF)		ZIANA.....	83	ZTALMY	30
AUTOINJECTOR.....	124	ZICLOPRO	44	ZTLIDO.....	83
YUPELRI.....	146	<i>zidovudine</i>	7	ZUBSOLV.....	44
YUSIMRY(CF) PEN	124	ZIEXTENZO.....	116	<i>zumandimine (28)</i>	133
YUTREPIA	146	ZILBRYSQ	36	ZUNVEYL	35
<i>yuvafem</i>	126	<i>zileuton</i>	146	ZURNAI	44
Z		ZILXI.....	83	ZURZUVAE.....	60
<i>zafemy</i>	127	ZIMHI	44	ZYBIC	44
<i>zafirlukast</i>	146	ZIOPTAN (PF).....	137	ZYCLARA	79, 80
<i>zaleplon</i>	59	<i>ziprasidone hcl</i>	59	ZYDELIG.....	25
ZANAFLEX.....	36	ZIPSOR	44	ZYKADIA.....	25
<i>zarah</i>	133	ZIRGAN.....	134	ZYLET	137
ZARONTIN	30	ZITHROMAX	8	ZYLOPRIM.....	119
ZARXIO.....	115	ZITHROMAX TRI-PAK	8	ZYMFENTRA.....	112
<i>zatean-pn dha</i>	151	ZITHROMAX Z-PAK	8	ZYPITAMAG.....	73
<i>zatean-pn plus</i>	151	ZITUVIMET	105	ZYPREXA.....	60
ZAVZPRET	33	ZITUVIMET XR.....	105	ZYPREXA RELPREVV	60
ZCORT.....	95	ZITUVIO.....	105	ZYPREXA ZYDIS	60
ZEJULA	24	ZOCOR	73	ZYTIGA	25
ZELAPAR.....	31	ZOKINVY.....	92	ZYVOX.....	11
ZELBORAF	24	ZOLADEX.....	25		

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

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-882-8633. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-882-8633. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-882-8633。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-882-8633。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-882-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-882-8633. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-882-8633 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-882-8633. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-882-8633 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-882-8633. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-882-8633. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-882-8633 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-882-8633. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-882-8633. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-882-8633. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-882-8633. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-882-8633 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

PAGE INTENTIONALLY LEFT BLANK