

2024 Prescription Drug Formulary

Basic/Basic Plus



PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated October 1, 2023 and is subject to change.

Coverage is subject to the definitions, limitations, exclusions and parameters set forth in your official plan benefit documents. Please refer to your Certificate or Benefit Book for more information.

Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

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QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

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- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
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If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.



MEDICAL MUTUAL®

Basic/Basic Plus Formulary

What is the Basic/Basic Plus formulary?

The Basic/Basic Plus formulary is a list of medications covered by your plan. The formulary includes five tiers:

1. Generic (lowest out-of-pocket cost)
2. Preferred brand
3. Non-preferred brand
4. Specialty (highest out-of-pocket cost)
5. Preventive (\$0 out-of-pocket cost)

Refer to your Certificate or Benefit Book for information about your cost share, including copays, coinsurance and/or deductibles. Not all tiers apply to all plans.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), those preferred pharmacies may offer lower cost sharing to help you save money. Check your benefit materials for more details.

Your plan may exclude certain medications. Please refer to your Certificate or Benefit Book for more information.

How do I use the Basic/Basic Plus formulary?

Covered medications are organized two ways in the Basic/Basic Plus formulary:

1. By condition
2. By name

If you know what your medication is used to treat, you can look it up by condition in the front of the document. If you don't know what condition it is used to treat, you can look for it in the alphabetical Index at the back of the document.

What do I do if my medication requires prior authorization or step therapy, or has a quantity limit?

You, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process for medications that require prior authorization or step therapy, or that have a quantity limit. After contacting Express Scripts, your doctor will receive a form to fill out and fax back to Express Scripts. Express Scripts will send you and your doctor a letter confirming if coverage has been approved (usually within three business days of receiving the necessary information).

- If you ordered your prescription through mail order, Express Scripts will automatically send it to you once coverage is approved.
- If you tried to fill your prescription at a retail pharmacy, you will need to return to the pharmacy to pick up your medication.

Does the Basic/Basic Plus formulary include generic and brand medications?

Yes. The Basic/Basic Plus formulary includes a variety of generic and brand medications to help you pay less out of pocket.

Generic medications are shown in this document in *lower-case italic letters*. Generics are approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as their brand-name counterparts. In addition, the FDA requires generics to be just as safe and strong as their brand-name counterparts so you get the same medical benefit.

Brand medications are shown in this document in ALL CAPITAL LETTERS.

Does the Basic/Basic Plus formulary include specialty medications?

Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Many plans limit you to a 30-day supply for most specialty medications and/or require you to fill prescriptions for these medications through one of Medical Mutual's contracted specialty pharmacies, Accredo or Gentry.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), you may be required to use specific preferred pharmacies for specialty drugs.

Please check your Certificate or Benefit Book for more details about ordering specialty drugs.

Are there other limitations or coverage rules in addition to what are listed in this guide?

Yes. Medications listed as covered may be subject to additional coverage rules and to your plan's benefits. In addition, Medical Mutual may limit the dose and/or overall quantity of medications you are able to receive to protect your safety. These limits are developed from evidence-based clinical best practices and both national and state prescribing guidelines. If you require a dose or quantity beyond the limits allowed, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process.

How can I save money on my prescriptions?

Depending on your plan, you may have lower copays for drugs listed as Tier 1 and Tier 2. Even if you pay 100 percent of the cost of your drugs (until you meet your deductible), you may still pay less for generic drugs and plan-preferred brand drugs.

Generic drugs approved by the U.S. Food and Drug Administration (FDA) are just as safe and strong as the corresponding brand-name drugs.

When you visit your doctor or health provider, ask him or her to review this formulary at [MedMutual.com/2024BasicDrugs](https://www.medmutual.com/2024BasicDrugs) he or she can see what generic and/or plan-preferred

brand medications are covered by your plan, and which may help you save money.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), those preferred pharmacies may offer lower cost sharing to help you save money. Check your benefit materials for more details.

Do I have to use mail order for my maintenance medications?

Depending on your plan, you may be required to use mail order for your maintenance medications (those you take for three months or more). Check your Certificate or Benefit Book for details. (Note: If you are a member of a CLE-Care plan, you must fill mail-order medications through the MetroHealth Central Fill Pharmacy. Visit metrohealth.org/pharmacy for more information and to download a form.)

Even if you are not required to do so, you may save money on your maintenance medications if you order them through the mail. In addition, you may be able to enroll in Express Scripts' Extended Payment Program. This allows you to split your cost share into three equal monthly payments while still obtaining the full amount of your prescription (limitations may apply).

To get started using mail order, ask your provider to write a prescription for up to the maximum days' supply allowed by your plan, plus refills for up to one year, if appropriate. Then:

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit [MedMutual.com](https://www.MedMutual.com) and click "Member Forms" at the bottom of the page. Download and print the Prescription Drug Mail Order Form.
2. Ask your provider to call Express Scripts at 1-888-327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your member ID number (which is on your member Medical Mutual ID card).
3. Call the Rx Information number on your Medical Mutual ID card. A Member Services

representative can help you transfer your prescriptions to mail order.

When ordering through mail order, your medication should be delivered in about eight days (10-14 days if it's a new prescription). Please have a one-month supply of your medicine on hand when you place your order. You can check your order status by visiting the Express Scripts website through My Health Plan, or by calling the Rx Information number on your ID card.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	27
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	42
CARDIOVASCULAR, HYPERTENSION & LIPIDS	87
DERMATOLOGICALS/TOPICAL THERAPY	111
DIAGNOSTICS & MISCELLANEOUS AGENTS	128
EAR, NOSE & THROAT MEDICATIONS	134
ENDOCRINE/DIABETES	136
GASTROENTEROLOGY	167
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	181
IMMUNOLOGY	195
MUSCULOSKELETAL & RHEUMATOLOGY	195
OBSTETRICS & GYNECOLOGY	200
OPHTHALMOLOGY	214
RESPIRATORY, ALLERGY, COUGH & COLD	225
UROLOGICALS	236
VITAMINS, HEMATINICS & ELECTROLYTES	240
Index	250

List of Abbreviations

1: Generic

2: Preferred Brand

3: Non-preferred Brand

4: Specialty

5: ACA

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	3	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG	2	

Drug Name	Drug Tier	Requirements / Limits
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	QL
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	3	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	
SPORANOX ORAL CAPSULE 100 MG	3	QL
SPORANOX ORAL SOLUTION 10 MG/ML	3	QL
<i>terbinafine hcl oral tablet 250 mg</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	QL
VFEND IV INTRAVENOUS RECON SOLN 200 MG	3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL TABLET 200 MG, 50 MG	3	
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL
<i>voriconazole intravenous recon soln 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; QL
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
COMBIVIR ORAL TABLET 150-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	ACA
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA; LA; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EPIVIR HBV ORAL TABLET 100 MG	3	
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
EPZICOM ORAL TABLET 600-300 MG	3	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
FLUMADINE ORAL TABLET 100 MG	3	
<i>fosamprenavir oral tablet 700 mg</i>	1	
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; LA; QL
HEPSERA ORAL TABLET 10 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	5	ACA; QL
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; LA; QL
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3	
LIVTENCITY ORAL TABLET 200 MG	3	PA; LA; QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; LA; QL
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA; QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	5	ACA; QL
PIFELTRO ORAL TABLET 100 MG	3	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
REGEN-COV (EUA) INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML, 60 MG-60 MG/ ML	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; LA; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
<i>stavudine oral capsule 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; LA
SYMFI LO ORAL TABLET 400-300-300 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
SYMFI ORAL TABLET 600-300-300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	3	
TYBOST ORAL TABLET 150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	QL
VEMLIDY ORAL TABLET 25 MG	2	
VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA; LA; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
ZIAGEN ORAL TABLET 300 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML, 3 GRAM/30 ML	3	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	3	
<i>cefixime oral capsule 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
SUPRAX ORAL CAPSULE 400 MG	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	3	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	QL
<i>albendazole oral tablet 200 mg</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET 100 MG	3	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	3	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	LA; QL

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Drug Name	Drug Tier	Requirements / Limits
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN INJECTION SOLUTION 150 MG/ML	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	QL
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	3	
CYCLOSERINE ORAL CAPSULE 250 MG	3	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	LA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
HUMATIN ORAL CAPSULE 250 MG	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	QL
INVANZ INJECTION RECON SOLN 1 GRAM	3	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
KRINTAFEL ORAL TABLET 150 MG	3	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	QL
LINCOCIN INJECTION SOLUTION 300 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lincomycin injection solution 300 mg/ml</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	QL
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL
<i>mefloquine oral tablet 250 mg</i>	1	QL
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
NEBUPENT INHALATION RECON SOLN 300 MG	3	QL
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	

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Drug Name	Drug Tier	Requirements / Limits
PENTAM INJECTION RECON SOLN 300 MG	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
<i>pentamidine injection recon soln 300 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	LA
QUALAQUIN ORAL CAPSULE 324 MG	3	QL
<i>quinine sulfate oral capsule 324 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS RECON SOLN 600 MG	3	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
STROMEKTOL ORAL TABLET 3 MG	3	PA; QL
<i>tigecycline intravenous recon soln 50 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	LA; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	LA; QL
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TRECTOR ORAL TABLET 250 MG	3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
QUINOLONES		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	3	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	
BAXDELA ORAL TABLET 450 MG	2	QL
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin oral suspension,microcap sule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN- SOD.ACE,SUL- WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin- sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole- trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole- trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole- trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
<i>avidoxy oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	3	ST
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
LYMEPAK ORAL TABLET 100 MG	3	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
MINOCYCLINE ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	3	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
HIPREX ORAL TABLET 1 GRAM	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
MONUROL ORAL PACKET 3 GRAM	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL
VANCOGIN ORAL CAPSULE 125 MG, 250 MG	3	QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml</i>	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	3	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	QL
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	4	LA
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	3	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	3	
MESNEX ORAL TABLET 400 MG	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	LA; QL

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Drug Name	Drug Tier	Requirements / Limits
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; LA; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; LA; QL
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; LA; QL
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ALKERAN ORAL TABLET 2 MG	3	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; LA; QL
<i>anastrozole oral tablet 1 mg</i>	5	ACA
ARIMIDEX ORAL TABLET 1 MG	3	
AROMASIN ORAL TABLET 25 MG	3	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	4	LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection recon soln 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	LA
<i>bexarotene oral capsule 75 mg</i>	4	PA; LA
<i>bexarotene topical gel 1 %</i>	4	PA; LA
<i>bicalutamide oral tablet 50 mg</i>	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	3	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA; LA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	3	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL
<i>carboplatin intravenous recon soln 150 mg</i>	1	
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG, 50 MG	3	
CASODEX ORAL TABLET 50 MG	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	3	
CELLCEPT ORAL CAPSULE 250 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	ST
CELLCEPT ORAL TABLET 500 MG	3	ST
CISPLATIN INTRAVENOUS RECON SOLN 50 MG	3	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	
<i>clofarabine intravenous solution 1 mg/ml</i>	1	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; LA; QL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	3	
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
ELLENCEN INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
EMCYT ORAL CAPSULE 140 MG	2	
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	LA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	PA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; LA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; LA; QL
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>etoposide oral capsule 50 mg</i>	1	
EULEXIN ORAL CAPSULE 125 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	LA
<i>exemestane oral tablet 25 mg</i>	5	ACA
EXKIVITY ORAL CAPSULE 40 MG	4	PA; LA; QL
FARESTON ORAL TABLET 60 MG	3	
FEMARA ORAL TABLET 2.5 MG	3	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; LA; QL
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	4	PA; LA
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL
<i>gefitinib oral tablet 250 mg</i>	4	PA; LA; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEEVEC ORAL TABLET 100 MG, 400 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 400 MG	2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	LA

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Drug Name	Drug Tier	Requirements / Limits
HYCAMTIN INTRAVENOUS RECON SOLN 4 MG	4	LA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	LA
HYDREA ORAL CAPSULE 500 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; LA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; LA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>idarubicin intravenous solution 1 mg/ml</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG	4	PA; LA; QL
IMBRUVICA ORAL TABLET 560 MG	4	PA; LA
IMURAN ORAL TABLET 50 MG	3	ST
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
INQOVI ORAL TABLET 35-100 MG	4	PA; LA; QL
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	
IRESSA ORAL TABLET 250 MG	4	PA; LA; QL
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	LA
KISQALI FEMARACO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; LA; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; LA; QL
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	ST
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; LA
KRAZATI ORAL TABLET 200 MG	4	PA; LA; QL
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; LA; QL
<i>lapatinib oral tablet 250 mg</i>	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; LA; QL
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
LUMAKRAS ORAL TABLET 120 MG, 320 MG	4	PA; LA
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	4	LA
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; LA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
LYSODREN ORAL TABLET 500 MG	4	LA
LYTGOBI ORAL TABLET 4 MG	4	PA; LA
MATULANE ORAL CAPSULE 50 MG	4	LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; LA; QL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	
<i>melphalan oral tablet 2 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA; LA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	ST
MYLERAN ORAL TABLET 2 MG	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	ST
NEORAL ORAL SOLUTION 100 MG/ML	3	ST
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL
NILANDRON ORAL TABLET 150 MG	3	
<i>nilutamide oral tablet 150 mg</i>	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; LA; QL
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; LA; QL
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
<i>paraplatin intravenous solution 10 mg/ml</i>	1	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	2	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	LA
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	ST
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	ST
PURIXAN ORAL SUSPENSION 20 MG/ML	4	LA
QINLOCK ORAL TABLET 50 MG	4	PA; LA; QL
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	ST
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; LA; QL
REZUROCK ORAL TABLET 200 MG	3	PA; LA; QL
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	4	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; LA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; LA; QL
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	ST
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA; LA; QL
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	LA
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA; QL
<i>sorafenib oral tablet 200 mg</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	PA; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; LA; QL
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	4	LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	LA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; LA; QL
TAGRISSEO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; LA; QL
TARGRETIN ORAL CAPSULE 75 MG	4	PA; LA
TARGRETIN TOPICAL GEL 1 %	4	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	LA
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	2	
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	3	
TEPMETKO ORAL TABLET 225 MG	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	
TIBSOVO ORAL TABLET 250 MG	4	PA; LA
<i>topotecan intravenous recon soln 4 mg</i>	4	LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	LA
<i>toremifene oral tablet 60 mg</i>	1	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	4	LA

Drug Name	Drug Tier	Requirements / Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1)	4	PA; LA; QL
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; LA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	LA

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Drug Name	Drug Tier	Requirements / Limits
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; LA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA; LA; QL
<i>vinblastine intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; LA; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; LA; QL
VONJO ORAL CAPSULE 100 MG	4	PA; LA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; LA; QL
WELIREG ORAL TABLET 40 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XELODA ORAL TABLET 150 MG, 500 MG	4	ST; LA; QL
XERMELO ORAL TABLET 250 MG	4	PA; LA; QL
XOSPATA ORAL TABLET 40 MG	4	PA; LA; QL
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
YONSA ORAL TABLET 125 MG	4	PA; LA; QL
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	ST
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; LA; QL
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	
DIASTAT RECTAL KIT 2.5 MG	3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	3	ST
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	ST
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA; QL
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	3	ST
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	3	ST

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Drug Name	Drug Tier	Requirements / Limits
KEPPRA ORAL SOLUTION 100 MG/ML	3	ST
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	ST
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING , DOSE PK 25 MG (21) -50 MG (7)	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING , DOSE PK 50 MG (42) -100 MG (14)	3	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING , DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) - 100 MG (14)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) - 100 MG (7)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL
ONFI ORAL SUSPENSION 2.5 MG/ML	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	ST
<i>pregabalin oral solution 20 mg/ml</i>	1	ST
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	PA
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
SABRIL ORAL POWDER IN PACKET 500 MG	4	LA; QL
SABRIL ORAL TABLET 500 MG	4	LA; QL
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	ST
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	ST
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	ST
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	PA; QL
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL
<i>vigabatrin oral tablet 500 mg</i>	4	LA; QL
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL
<i>vigadrone oral tablet 500 mg</i>	4	LA; QL
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA

ANTIPARKINSONISM AGENTS

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Drug Name	Drug Tier	Requirements / Limits
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; LA; QL
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
COMTAN ORAL TABLET 200 MG	3	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	LA
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
LODOSYN ORAL TABLET 25 MG	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET 25- 100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50- 200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
XADAGO ORAL TABLET 100 MG, 50 MG	3	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	PA; QL
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	PA; QL
MAXALT ORAL TABLET 10 MG	3	PA; QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	PA; QL
<i>migergot rectal suppository 2-100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
RELPAK ORAL TABLET 20 MG, 40 MG	3	PA; QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL
TREXIMET ORAL TABLET 85-500 MG	3	PA; QL
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	PA; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	PA; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	PA; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	PA; QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	PA; LA; QL
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA; LA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA; QL
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; LA
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; LA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)	4	PA; LA; QL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; LA; QL
KEVEYIS ORAL TABLET 50 MG	4	PA; LA
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
NAMENDA ORAL TABLET 10 MG, 5 MG	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA; LA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	4	PA; LA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; LA; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; LA; QL
XENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; LA
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (30)	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<i>atracurium intravenous solution 10 mg/ml</i>	1	
BACLOFEN ORAL SOLUTION 5 MG/5 ML	3	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	2	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	3	
DANTRIUM ORAL CAPSULE 25 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dantrolene intravenous recon soln 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	
MESTINON ORAL TABLET 60 MG	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 100 mg/ml</i>	1	
METHOCARBAMOL ORAL TABLET 1,000 MG	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)	3	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
ROBAXIN INJECTION SOLUTION 100 MG/ML	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG	3	
SOMA ORAL TABLET 250 MG, 350 MG	3	PA
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; QL
ALLZITAL ORAL TABLET 25-325 MG	3	PA
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; QL
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	4	
BUPAP ORAL TABLET 50-300 MG	3	PA
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	3	PA; QL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	PA; QL
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA; QL
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA; QL
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; QL
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	PA; QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	3	PA; QL
DILAUDID ORAL LIQUID 1 MG/ML	3	PA; QL
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA; QL
<i>diskets oral tablet,soluble 40 mg</i>	1	PA; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	PA
ESGIC ORAL TABLET 50-325-40 MG	3	PA
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION PREFILLED PUMP RESERVOIR 5-0.04 MCG/ML-%, 5-0.075 MCG/ML-%	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %, 4 MCG/ML- 0.125 %	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF) INTRAVENOUS PREFILLED PUMP RESERVOIR 2,500 MCG/50 ML (50 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,500 MCG/50 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION 25 MCG/ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML, 50 MCG/ML	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/5 ML (10 MCG/ML)	3	PA; QL
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	3	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
FIORICET ORAL CAPSULE 50-300-40 MG	3	PA
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA; QL
<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; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	PA; QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; QL
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL
<i>hydromorphone rectal suppository 3 mg</i>	1	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	3	PA; QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	PA; QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	PA; QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA; QL
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA; QL
<i>meperidine oral tablet 50 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>methadone intravenous syringe 10 mg/ml</i>	1	PA; QL
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>methadone oral tablet,soluble 40 mg</i>	1	PA; QL
<i>methadose oral tablet,soluble 40 mg</i>	1	PA; QL
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA; QL
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA; QL
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	3	PA; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	PA; QL
<i>morphine injection syringe 4 mg/ml, 8 mg/ml</i>	1	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	3	PA; QL
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA; QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3	PA; QL
<i>oxycodone oral capsule 5 mg</i>	1	PA; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA; QL
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL
<i>vtol lq oral solution 50-325-40 mg/15 ml</i>	1	
XTAMPZA ER ORAL CAP,SPRINKL,ER1 2HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
<i>zebutal oral capsule 50-325-40 mg</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	3	ST
<i>aspirin childrens oral tablet,chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	5	ACA; OTC
<i>aspirin,buffd-calcium carb-mag oral tablet 325 mg</i>	5	ACA; OTC
<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
BAYER ASPIRIN ORAL TABLET 325 MG	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>bayer aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE 81 MG	5	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>bufferin oral tablet 325 mg</i>	5	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	PA; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
DAYPRO ORAL TABLET 600 MG	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; QL
<i>diclofenac potassium oral capsule 25 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
KETOROLAC NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	3	ST; QL
<i>ketorolac oral tablet 10 mg</i>	1	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
LODINE ORAL TABLET 400 MG	3	ST
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	2	QL
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	ST; QL
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	PA; QL
NALMEFENE INJECTION SOLUTION 1 MG/ML	3	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	QL
NALTREX ORAL CAPSULE 4.5 MG	3	
<i>naltrexone oral tablet 50 mg</i>	1	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN 30 MG/30 ML (1 MG/ML)	3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; QL
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
QDOLO ORAL SOLUTION 5 MG/ML	3	PA; QL
RELAFEN DS ORAL TABLET 1,000 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	ST
<i>tolmetin oral tablet 600 mg</i>	1	ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA; QL
TRAMADOL ORAL TABLET 100 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL
<i>tri-buffered aspirin oral tablet 325 mg</i>	5	ACA; OTC
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 380 MG	4	LA
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE 720 MG/2.4 ML, 960 MG/3.2 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 300 MG, 400 MG	2	
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 300 MG, 400 MG	2	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	
ADDYI ORAL TABLET 100 MG	3	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	2	

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST; QL
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; QL
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
CITALOPRAM ORAL CAPSULE 30 MG	3	ST; QL
<i>citalopram oral solution 10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	2	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	ST
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
EVEKEO ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	
EVEKEO ORAL TABLET 10 MG, 5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	ST; QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	ST; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; LA; QL
HETLIOZ ORAL CAPSULE 20 MG	4	PA; LA; QL
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	3	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	PA
KETAMINE SUBLINGUAL TROCHE 100 MG	3	

Drug Name	Drug Tier	Requirements / Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACK ET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	ST
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	3	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SOLUTION 1 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	ST
NARDIL ORAL TABLET 15 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	ST
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	PA; QL
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
QUILLICHEW ER ORAL TABLET, CHEW, IR - ER. BIPHASIC 24HR 20 MG, 30 MG, 40 MG	2	ST
QUILLIVANT XR ORAL SUSPENSION, EXTENDED REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	2	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST
<i>ramelteon oral tablet 8 mg</i>	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	
ROZEREM ORAL TABLET 8 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	QL
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	3	ST; QL
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; LA
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon oral capsule 20 mg</i>	4	PA; LA; QL
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED RELEASE SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6)	3	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; LA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	ST; QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	3	
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	ST

Drug Name	Drug Tier	Requirements / Limits
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZOLPIDEM ORAL CAPSULE 7.5 MG	3	ST; QL
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	4	LA
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution 3 mg/ml</i>	1	
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	ST
<i>bretylum tosylate injection solution 50 mg/ml</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG	3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	ST
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER ORAL CAPSULE 250 MG	3	PA
DIBENZYLINE ORAL CAPSULE 10 MG	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDECRIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>eprosartan oral tablet 600 mg</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML)	3	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	4	PA; LA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	3	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	3	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
INSPIRA ORAL TABLET 25 MG, 50 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
LABETALOL IN NAACL (ISO-OSMOT) INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>labetalol intravenous solution 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	ST
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyl dopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NORLIQVA ORAL SOLUTION 1 MG/ML	3	ST
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiamid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	4	LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	4	LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; QL
<i>papaverine injection solution 30 mg/ml</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	
<i>propranolol intravenous solution 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML	3	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
SODIUM EDECRIN INTRAVENOUS RECON SOLN 50 MG	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG	3	ST
TENORETIC 50 ORAL TABLET 50-25 MG	3	ST
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
THALITONE ORAL TABLET 15 MG	3	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	4	PA; LA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL
VALSARTAN ORAL SOLUTION 4 MG/ML	3	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	ST
CARDIAC GLYCOSIDES		
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	LA
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	4	LA
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	
ANGIOMAX INTRAVENOUS RECON SOLN 250 MG	3	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION 50 MG/50 ML (1 MG/ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DELA YED REL,BIPHASIC 81-40 MG	3	PA
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	LA
<i>bivalirudin intravenous recon soln 250 mg</i>	1	
BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML)	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	

Drug Name	Drug Tier	Requirements / Limits
CABLIVI INJECTION KIT 11 MG	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	4	LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	4	LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	LA
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	3	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	PA
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	4	LA
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>eptifibatide intravenous solution 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	4	LA
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG)	4	LA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	

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Drug Name	Drug Tier	Requirements / Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI- XA UNIT/0.3 ML	4	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	4	PA; LA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801- 1,500 UNIT	4	LA
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220- 400 UNIT	4	LA
HEMOFIL M MID INTRAVENOUS RECON SOLN 401- 800 UNIT	4	LA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	4	LA
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NAACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lock flush intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	3	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	4	LA
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	LA
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800- 1240 UNIT), 500 UNIT (400-620 UNIT)	3	
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	

Drug Name	Drug Tier	Requirements / Limits
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	4	
MEPHYTON ORAL TABLET 5 MG	3	QL
MULPLETA ORAL TABLET 3 MG	4	PA; LA; QL
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	4	LA
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	4	LA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	PA; LA
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; LA
<i>protamine intravenous solution 10 mg/ml</i>	1	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	4	LA
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	4	LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
<i>tirofiban-0.9% sodium chloride intravenous solution 5 mg/100 ml (50 mcg/ml)</i>	1	
TRANEXAMIC ACID IN NAACL,ISO-OS INTRAVENOUS PIGGYBACK 1,000 MG/100 ML (10 MG/ML)	3	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	3	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	

LIPID/CHOLESTEROL LOWERING AGENTS

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Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	ST; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	5	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-80 MG	3	ST; QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam oral tablet 625 mg</i>	1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	3	ST
COLESTID ORAL GRANULES 5 GRAM	3	ST
COLESTID ORAL PACKET 5 GRAM	3	ST
COLESTID ORAL TABLET 1 GRAM	3	ST
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	4	PA; LA
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	3	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	ST
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	5	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	5	ACA; QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL
LOPID ORAL TABLET 600 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	5	ACA; QL
LOVAZA ORAL CAPSULE 1 GRAM	3	PA
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	5	ACA; QL
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	5	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	5	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRICOR ORAL TABLET 145 MG, 48 MG	3	ST
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 135 MG, 45 MG	3	ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACK ET 1,000 MG, 500 MG	3	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; LA; QL
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	3	
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; LA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	

Drug Name	Drug Tier	Requirements / Limits
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	ST; QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4	PA; LA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	ST; QL
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3	
OVACE PLUS TOPICAL CREAM 10 %	3	
OVACE PLUS TOPICAL LOTION 9.8 %	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3	
OVACE TOPICAL CLEANSER 10 %	3	
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
<i>selenium sulfide</i> <i>topical lotion 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>selenium sulfide</i> <i>topical shampoo</i> <i>2.25 %, 2.3 %</i>	1	
SELRX TOPICAL SHAMPOO 2.3 %	3	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET 6 MG	4	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
<i>sulfacetamide</i> <i>sodium topical</i> <i>cleanser 10 %</i>	1	
<i>sulfacetamide</i> <i>sodium topical</i> <i>cleanser, gel 10 %</i>	1	
<i>sulfacetamide</i> <i>sodium topical</i> <i>shampoo 10 %, 9.8</i> <i>%</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TACLONEX TOPICAL OINTMENT 0.005- 0.064 %	3	ST; QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
AMELUZ TOPICAL GEL 10 %	3	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
CONDYLOX TOPICAL GEL 0.5 %	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream 5 %</i>	1	QL
DRYSOL DAB-O- MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EFUDEX TOPICAL CREAM 5 %	3	ST
ELIDEL TOPICAL CREAM 1 %	3	ST; QL
EUCRISA TOPICAL OINTMENT 2 %	3	ST; QL
FLUROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HYFTOR TOPICAL GEL 0.2 %	4	PA; LA
<i>iodine-sodium iodide topical tincture 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule, liqd- filled, rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL
PANRETIN TOPICAL GEL 0.1 %	3	PA
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.1 %	3	ST; QL
<i>prudoxin topical cream 5 %</i>	1	QL
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
REGRANEX TOPICAL GEL 0.01 %	2	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
TOLAK TOPICAL CREAM 4 %	3	

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Drug Name	Drug Tier	Requirements / Limits
UVADEX INJECTION SOLUTION 20 MCG/ML	2	
VALCHLOR TOPICAL GEL 0.016 %	4	LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM 5 %	3	QL
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
<i>adapalene topical cream 0.1 %</i>	1	PA
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump 0.3 %</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
ADAPALENE TOPICAL LOTION 0.1 %	3	PA
<i>adapalene topical solution 0.1 %</i>	1	PA
<i>adapalene topical swab 0.1 %</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1	PA
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	3	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
ATRALIN TOPICAL GEL 0.05 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>avita topical cream 0.025 %</i>	1	PA
AVITA TOPICAL GEL 0.025 %	3	PA
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>brimonidine topical gel with pump 0.33 %</i>	1	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLEOCIN T TOPICAL LOTION 1 %	3	ST; QL
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
<i>clindacin topical foam 1 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	ST; QL
<i>clindamycin phosphate topical foam 1 %</i>	1	QL
<i>clindamycin phosphate topical gel 1 %</i>	1	QL
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	ST; QL
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL
<i>clindamycin phosphate topical solution 1 %</i>	1	QL
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	PA
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	PA

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Drug Name	Drug Tier	Requirements / Limits
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	PA
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	3	ST; QL
FABIOR TOPICAL FOAM 0.1 %	3	PA
FINACEA TOPICAL FOAM 15 %	2	ST
FINACEA TOPICAL GEL 15 %	3	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
METROCREAM TOPICAL CREAM 0.75 %	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1	
NORITATE TOPICAL CREAM 1 %	3	ST
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	2	ST
PACNEX TOPICAL CLEANSER 7 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	3	PA
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
RHOFADE TOPICAL CREAM 1 %	3	PA
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMADAN TOPICAL KIT 9-4.5 %	3	ST
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST
<i>tazarotene topical cream 0.1 %</i>	1	PA
TAZAROTENE TOPICAL FOAM 0.1 %	3	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA

Drug Name	Drug Tier	Requirements / Limits
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
WINLEVI TOPICAL CREAM 1 %	3	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA
TOPICAL ANESTHETICS		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	1	
BUPIVACAINE-EPINEPHRINE BITART INJECTION CARTRIDGE 0.5 %-1:200,000	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
COCAINE NASAL SOLUTION 4 %	3	
<i>dermacinrx lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	3	
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
<i>lidocort topical cream 3-0.5 %</i>	1	
NUMBRINO NASAL SOLUTION 4 %	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i>	1	
XARACOLL IMPLANT IMPLANT 100 MG	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 2 %-1:200,000	3	

TOPICAL ANTIBACTERIALS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL
<i>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	QL
KLARON TOPICAL SUSPENSION 10 %	3	ST
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL
<i>mupirocin topical ointment 2 %</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>clotrimazole topical cream 1 %</i>	1	QL
<i>clotrimazole topical solution 1 %</i>	1	QL
<i>clotrimazole- betamethasone topical cream 1-0.05 %</i>	1	QL
<i>clotrimazole- betamethasone topical lotion 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL
ECOZA TOPICAL FOAM 1 %	3	QL

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Drug Name	Drug Tier	Requirements / Limits
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
EXTINA TOPICAL FOAM 2 %	3	QL
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	ST
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	QL
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL

Drug Name	Drug Tier	Requirements / Limits
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL
LOPROX TOPICAL SHAMPOO 1 %	3	QL
LULICONAZOLE TOPICAL CREAM 1 %	3	PA; QL
LUZU TOPICAL CREAM 1 %	3	PA; QL
MENTAX TOPICAL CREAM 1 %	3	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25- 15-81.35 %	3	QL
<i>naftifine topical cream 1 %, 2 %</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL 1 %, 2 %	3	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
<i>nystop topical powder 100,000 unit/gram</i>	1	QL
<i>oxiconazole topical cream 1 %</i>	1	QL
OXISTAT TOPICAL LOTION 1 %	3	QL
SULCONAZOLE TOPICAL CREAM 1 %	3	QL
SULCONAZOLE TOPICAL SOLUTION 1 %	3	QL
<i>tavaborole topical solution with applicator 5 %</i>	1	ST
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL
XOLEGEL TOPICAL GEL 2 %	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>penciclovir topical cream 1 %</i>	1	
XERESE TOPICAL CREAM 5-1 %	3	
ZOVIRAX TOPICAL CREAM 5 %	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>beseer topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical lotion 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST; QL
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST; QL
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
CLODERM TOPICAL CREAM 0.1 %	3	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST; QL
CORDRAN TOPICAL LOTION 0.05 %	3	ST; QL
CORDRAN TOPICAL OINTMENT 0.05 %	3	ST; QL
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 %	3	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	ST
<i>desonide topical lotion 0.05 %</i>	1	ST
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	ST
<i>desrx topical gel 0.05 %</i>	1	ST
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL
<i>fluocinonide topical ointment 0.05 %</i>	1	QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>flurandrenolide topical cream 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST; QL
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	3	ST
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	3	ST
HALOG TOPICAL OINTMENT 0.1 %	3	ST
HALOG TOPICAL SOLUTION 0.1 %	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 %	3	ST; QL
IMPOYZ TOPICAL CREAM 0.025 %	3	ST; QL
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL
LEXETTE TOPICAL FOAM 0.05 %	3	ST
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	3	ST; QL
LOCOID TOPICAL LOTION 0.1 %	3	ST; QL
LUXIQ TOPICAL FOAM 0.12 %	3	ST
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical cream 0.05 %</i>	1	ST; QL
<i>nolix topical lotion 0.05 %</i>	1	ST; QL
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
OLUX-E TOPICAL FOAM 0.05 %	3	ST; QL
PANDEL TOPICAL CREAM 0.1 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
<i>scalacort topical lotion 2 %</i>	1	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TOPICAL CREAM 0.025 %	3	ST
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEMOVATE TOPICAL OINTMENT 0.05 %	3	ST; QL
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	3	ST
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<i>tritocin topical ointment 0.05 %</i>	1	ST
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST
VANOS TOPICAL CREAM 0.1 %	3	ST; QL
VERDESO TOPICAL FOAM 0.05 %	3	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
NATROBA TOPICAL SUSPENSION 0.9 %	3	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	

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Drug Name	Drug Tier	Requirements / Limits
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	3	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	PA
BUPHENYL ORAL TABLET 500 MG	3	PA
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; LA
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; LA
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	PA; LA
EXSERVAN ORAL FILM 50 MG	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; LA
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; LA
JOENJA ORAL TABLET 70 MG	4	PA; LA; QL
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	4	LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine intravenous solution 200 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LITHOSTAT ORAL TABLET 250 MG	3	
METOPIRONE ORAL CAPSULE 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; LA
OXBRYTA ORAL TABLET 300 MG, 500 MG	4	PA; LA; QL
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	4	PA; LA; QL
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; LA; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; LA
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	4	LA
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; LA
RILUTEK ORAL TABLET 50 MG	3	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium benzoate-sodium phenylacetate intravenous solution 10-10 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA; LA
SYPRINE ORAL CAPSULE 250 MG	3	PA
TAVNEOS ORAL CAPSULE 10 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA; LA
THIOLA ORAL TABLET 100 MG	4	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
<i>tiopronin oral tablet 100 mg</i>	4	PA; LA
<i>trientine oral capsule 250 mg</i>	1	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; LA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; LA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	LA
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE 200 MG-6 MG / 7 ML, 400 MG-12 MG / 14 ML	3	

SMOKING DETERRENTS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	5	ACA
CHANTIX ORAL TABLET 1 MG	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	5	ACA
<i>quit 2 buccal gum 2 mg</i>	5	ACA; OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum 4 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal lozenge 4 mg</i>	5	ACA; OTC; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	5	ACA
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	

Drug Name	Drug Tier	Requirements / Limits
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	ST
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA; QL
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	3	PA
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; LA
CORTROSYN INJECTION RECON SOLN 0.25 MG	3	
<i>cosyntropin injection recon soln 0.25 mg</i>	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	PA
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	4	PA; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	4	PA; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	3	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	PA
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	4	PA; LA; QL
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	1	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	3	ST; OTC; QL
ACCU-CHEK COMPACT PLUS TEST STRIP	3	ST; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	ST; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	3	ST; OTC; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	ST; OTC; QL
ADVANCED GLUC METER TEST STRIP STRIP	3	ST; OTC; QL
ADVOCATE REDI-CODE PLUS STRIP	3	ST; OTC; QL
AGAMATRIX AMP TEST STRIPS STRIP	3	ST; OTC; QL
ASSURE 4 STRIPS STRIP	3	ST; OTC; QL
ASSURE PLATINUM TEST STRIP STRIP	3	ST; OTC; QL
ASSURE PRISM MULTI STRIP STRIP	3	ST; OTC; QL
BIONIME RIGHTEST TEST STRIPS STRIP	3	ST; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
BLOOD GLUCOSE TEST STRIP	3	ST; OTC; QL
CARESENS N TEST STRIPS STRIP	3	ST; OTC; QL
CARETOUCH TEST STRIP STRIP	3	ST; OTC; QL
CLEVER CHOICE MICRO TEST STRIP STRIP	3	ST; OTC; QL
CLEVER CHOICE PRO STRIP	3	ST; OTC; QL
CLEVER CHOICE TALK TEST STRIP	3	ST; OTC; QL
CLEVER CHOICE TEST STRIPS STRIP	3	ST; OTC; QL
CLEVER CHOICE VOICE PLUS TEST STRIP	3	ST; OTC; QL
CONTOUR NEXT TEST STRIPS STRIP	3	ST; OTC; QL
CONTOUR TEST STRIPS STRIP	3	ST; OTC; QL
DIATRUE PLUS TEST STRIP STRIP	3	ST; OTC; QL
EASY PLUS II TEST STRIP	3	ST; OTC; QL
EASY STEP STRIP	3	ST; OTC; QL
EASY TALK GLUCOSE TEST STRIP	3	ST; OTC; QL
EASY TALK PLUS II TEST STRIP STRIP	3	ST; OTC; QL
EASY TOUCH BLU LINK TEST STRIP STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH TEST STRIP STRIP	3	ST; OTC; QL
EASY TRAK GLUCOSE TEST STRIP	3	ST; OTC; QL
EASY TRAK II TEST STRIP STRIP	3	ST; OTC; QL
EASYGLUCO TEST STRIP	3	ST; OTC; QL
EASYMAX STRIP	3	ST; OTC; QL
ELEMENT COMPACT TEST STRIPS STRIP	3	ST; OTC; QL
ELEMENT TEST STRIPS STRIP	3	ST; OTC; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	ST; OTC; QL
EMBRACE EVO TEST STRIPS STRIP	3	ST; OTC; QL
EMBRACE PRO TEST STRIPS STRIP	3	ST; OTC; QL
EMBRACE TALK TEST STRIPS STRIP	3	ST; OTC; QL
EVENCARE G2 STRIP	3	ST; OTC; QL
EVENCARE G3 TEST STRIP	3	ST; OTC; QL
EVENCARE MINI GLUCOSE TEST STR STRIP	3	ST; OTC; QL
EVENCARE PROVIEW TEST STRIP STRIP	3	ST; OTC; QL
EVOLUTION TEST STRIPS STRIP	3	ST; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
EZ SMART PLUS TEST STRIP	3	ST; OTC; QL
EZ SMART TEST STRIP	3	ST; OTC; QL
FORA 6 CONNECT GLUCOSE STRIP STRIP	3	ST; OTC; QL
FORA D15G STRIPS STRIP	3	ST; OTC; QL
FORA D20 STRIP	3	ST; OTC; QL
FORA D40-G31 TEST STRIPS STRIP	3	ST; OTC; QL
FORA G20 STRIP	3	ST; OTC; QL
FORA G30-PREMIUM V10 TEST STRP STRIP	3	ST; OTC; QL
FORA GD50 TEST STRIPS STRIP	3	ST; OTC; QL
FORA GTEL GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
FORA TEST STRIP STRIP	3	ST; OTC; QL
FORA TN'G ADVAN PRO TEST STRIP STRIP	3	ST; OTC; QL
FORA TN'G VOICE TEST STRIPS STRIP	3	ST; OTC; QL
FORA V10 STRIP	3	ST; OTC; QL
FORA V10-V12-D10-D20 STRIPS STRIP	3	ST; OTC; QL
FORA V12 GLUCOSE STRIP	3	ST; OTC; QL
FORA V20 STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
FORACARE GD20 STRIP	3	ST; OTC; QL
FORACARE GD40 TEST STRIPS STRIP	3	ST; OTC; QL
FORTISCARE G1 TEST STRIP STRIP	3	ST; OTC; QL
FORTISCARE GLUCOSE TEST STRIPS STRIP	3	ST; OTC; QL
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL
FREESTYLE LITE STRIPS STRIP	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS STRIP	3	OTC; QL
FREESTYLE TEST STRIP	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
GE333 BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
GENSTRIP TEST STRIP STRIP	3	ST; OTC; QL
GLUCO NAVII TEST STRIP STRIP	3	ST; OTC; QL
GLUCOCARD 01 SENSOR PLUS STRIP	3	ST; OTC; QL
GLUCOCARD EXPRESSION STRIP	3	ST; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD SHINE TEST STRIPS STRIP	3	ST; OTC; QL
GLUCOCARD VITAL SENSOR STRIP	3	ST; OTC; QL
GLUCOCARD VITAL TEST STRIPS STRIP	3	ST; OTC; QL
GLUCOCOM GLUCOSE STRIP	3	ST; OTC; QL
GM100 STRIP	3	ST; OTC; QL
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
HARMONY GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
HEALTHPRO TEST STRIPS STRIP	3	ST; OTC; QL
IGLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
INFINITY TEST STRIPS STRIP	3	ST; OTC; QL
INFINITY VOICE TEST STRIP STRIP	3	ST; OTC; QL
MICRO BLOOD GLUCOSE STRIP	3	ST; OTC; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	ST; OTC; QL
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	ST; OTC; QL
MYGLUCOHEALTH STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
NEUTEK 2TEK TEST STRIPS STRIP	3	ST; OTC; QL
NOVA MAX GLUCOSE TEST STRIP	3	ST; OTC; QL
ON CALL EXPRESS TEST STRIP STRIP	3	ST; OTC; QL
ON CALL PLUS TEST STRIP STRIP	3	ST; OTC; QL
ON CALL VIVID TEST STRIP STRIP	3	ST; OTC; QL
ONETOUCH ULTRA TEST STRIP	2	OTC; QL
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC; QL
OPTIUM EZ STRIP	3	OTC; QL
OPTIUM TEST STRIP	3	OTC; QL
OPTUMRX STRIP	3	ST; OTC; QL
PHARMACIST CHOICE STRIP	3	ST; OTC; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
PRECISION PCX PLUS TEST STRIP	3	OTC; QL
PRECISION PCX TEST STRIP	3	OTC; QL
PRECISION POINT OF CARE TEST STRIP	3	OTC; QL
PRECISION Q-I-D TEST STRIP	3	OTC; QL
PRECISION XTRA TEST STRIP	2	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
PREMIER TEST STRIP STRIP	3	ST; OTC; QL
PREMIUM V10 STRIP	3	ST; OTC; QL
PRO VOICE V8-V9 TEST STRIP STRIP	3	ST; OTC; QL
PRODIGY NO CODING STRIP	3	ST; OTC; QL
QUINTET AC STRIP	3	ST; OTC; QL
REFUAH PLUS STRIP	3	ST; OTC; QL
RELION CONFIRM-MICRO STRIP	3	ST; OTC; QL
RELION PRIME TEST STRIPS STRIP	3	ST; OTC; QL
RELION ULTIMA STRIP	3	ST; OTC; QL
REVEAL TEST STRIP STRIP	3	ST; OTC; QL
RIGHTEST GS550 TEST STRIPS STRIP	3	ST; OTC; QL
RIGHTEST GT333 TEST STRIP STRIP	3	ST; OTC; QL
SMART SENSE TEST STRIPS STRIP	3	ST; OTC; QL
SMARTEST TEST STRIP	3	ST; OTC; QL
SOLUS V2 TEST STRIPS STRIP	3	ST; OTC; QL
SURE-TEST EASYPLUS MINI STRIP	3	ST; OTC; QL
TELCARE TEST STRIPS STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
TEST N'GO TEST STRIP	3	ST; OTC; QL
TRUE METRIX GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
TRUETEST TEST STRIPS STRIP	3	ST; OTC; QL
TRUETRACK TEST STRIP	3	ST; OTC; QL
ULTRATRAK STRIP	3	ST; OTC; QL
ULTRATRAK ULTIMATE STRIP	3	ST; OTC; QL
UNISTRIP1 TEST STRIP STRIP	3	ST; OTC; QL
VIVAGUARD INO TEST STRIP STRIP	3	ST; OTC; QL
WAVESENSE JAZZ STRIP	3	ST; OTC; QL
WAVESENSE PRESTO STRIP	3	ST; OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	

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Drug Name	Drug Tier	Requirements / Limits
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
EUA PATIENT ASSESSMENT	5	ACA
FLEXICHAMBER SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
2TEK GLUCOSE/BLOOD PRESSURE KIT	3	OTC
ACCU-CHEK GUIDE GLUCOSE METER	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
ADVANCED GLUCOSE METER	3	OTC
ADVOCATE REDI-CODE PLUS	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	3	OTC
AGAMATRIX AMP GLUC MONITOR SYS	3	OTC
AGAMATRIX CONTROL HIGH SOLUTION	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	3	OTC
ASSURE PLATINUM GLUCOSE METER	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	OTC
ASSURE PRISM MULTI METER	3	OTC
AT HOME A1C DEVICE	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
BIGFOOT UNITY KIT	3	QL
BIONIME RIGHTEST GM300 SYSTEM KIT	3	OTC
BIOTEL CARE BGM-4 METER	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BLOOD-GLUCOSE METER	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CARESENS N	3	OTC
CARESENS N VOICE	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	OTC
CARETOUCH GLUCOSE MONITORING KIT	3	OTC
CEQR SIMPLICITY DEVICE 2 UNIT	2	
CLEVER CHEK BLOOD GLUCOSE	3	OTC
CLEVER CHOICE GLUCOSE MONITOR	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC
CLEVER CHOICE MICRO	3	OTC
CLEVER CHOICE PRO	3	OTC
CLEVER CHOICE TALK GLUCOSE SYS	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
CONTOUR NEXT EZ METER	3	OTC
CONTOUR NEXT GEN METER KIT	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	3	OTC
CONTOUR NEXT LINK 2.4 KIT	3	OTC
CONTOUR NEXT LINK KIT	3	OTC
CONTOUR NEXT METER	3	OTC
CONTOUR NEXT ONE METER	3	OTC
DEXCOM G6 RECEIVER	2	PA; QL
DEXCOM G6 SENSOR DEVICE	2	PA; QL
DEXCOM G6 TRANSMITTER DEVICE	2	PA; QL
DEXCOM G7 RECEIVER	2	PA

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 SENSOR DEVICE	2	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION	3	OTC
DIATRUE PLUS BLOOD GLUCOSE MET	3	OTC
EASY PLUS II HIGH CONTROL SOLUTION	3	OTC
EASY STEP BLOOD GLUCOSE METER	3	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC
EASY TALK HIGH CONTROL SOLUTION	3	OTC
EASY TALK PLUS II LOW CONTROL SOLUTION	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	3	OTC
EASY TOUCH BLU LINK GLUC SYST	3	OTC
EASY TOUCH GLUCOSE MONITOR	3	OTC
EASY TRAK II BLOOD GLUCOSE MTR	3	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
EASY TRAK LOW CONTROL SOLUTION	3	OTC
EASYGLUCO MONITORING SYSTEM KIT	3	OTC
EASYMAX 15 LEVEL 2 SOLUTION	3	OTC
EASYMAX NG KIT	3	OTC
EASYMAX NORMAL CONTROL SOLUTION	3	OTC
EASYMAX V SPEAKING GLUCOSE SYS	3	OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ELEMENT COMPACT GLUCOSE METER	3	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	OTC
ELEMENT COMPACT V GLUCOSE MTR	3	OTC
ELEMENT NORMAL CONTROL SOLUTION	3	OTC
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	3	OTC

Drug Name	Drug Tier	Requirements / Limits
EMBRACE BLOOD GLUCOSE SYSTEM	3	OTC
EMBRACE EVO LEVEL 1 SOLUTION	3	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION	3	OTC
EMBRACE PRO GLUCOSE METER	3	OTC
EMBRACE TALK BLOOD GLUCOSE SYS KIT	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	OTC
EVENCARE G2	3	OTC
EVENCARE G3 GLUCOSE METER KIT	3	OTC
EVENCARE MINI MONITOR SYSTEM	3	OTC
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
EVERSENSE SMART TRANSMITTER DEVICE	3	PA; QL
EVOLUTION BLOOD GLUCOSE METER KIT	3	OTC
EVOLUTION NORMAL CONTROL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
EZ SMART PLUS SYSTEM KIT	3	OTC
EZ SMART SYSTEM KIT	3	OTC
FORA D10 KIT	3	OTC
FORA D15 GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA D20 KIT	3	OTC
FORA D40D GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA G20 KIT	3	OTC
FORA G30A	3	OTC
FORA GD50 BLOOD GLUCOSE SYSTEM	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
FORA NORMAL CONTROL SOLUTION	3	OTC
FORA PREMIUM V10 GLUCOSE METER	3	OTC
FORA TEST N'GO VOICE METER	3	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE	3	OTC

Drug Name	Drug Tier	Requirements / Limits
FORA TN'G VOICE METER	3	OTC
FORA TN'GO ADVANCE MONITOR DEVICE	3	OTC
FORA V10 KIT	3	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	3	OTC
FORA V20 KIT	3	OTC
FORA V30A KIT	3	OTC
FORACARE GD20 GLUCOSE METER	3	OTC
FORACARE GD40A GLUCOSE METER	3	OTC
FORACARE GD40B GLUCOSE METER	3	OTC
FORACARE GDH LOW CONTROL SOLUTION	3	OTC
FORTISCARE NORMAL SOLUTION	3	OTC
FORTISCARE T1 BLOOD GLUC SYS	3	OTC
FREESTYLE CONTROL SOLUTION	2	OTC
FREESTYLE FLASH SYSTEM KIT	2	OTC
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL
FREESTYLE LITE METER KIT	2	OTC
FREESTYLE PRECISION NEO METER	3	OTC
FREESTYLE SIDEKICK II KIT	2	OTC
FREESTYLE SYSTEM KIT KIT	2	OTC
GE100 BLOOD GLUCOSE SYSTEM KIT	3	OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION	3	OTC
GE333 BLOOD GLUCOSE SYSTEM	3	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC

Drug Name	Drug Tier	Requirements / Limits
GLUCO NAVII GLUCOSE MONITOR KIT	3	OTC
GLUCOCARD 01 METER KIT	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	OTC
GLUCOCARD EXPRESSION	3	OTC
GLUCOCARD SHINE CONNEX METER	3	OTC
GLUCOCARD SHINE EXPRESS METER	3	OTC
GLUCOCARD SHINE METER	3	OTC
GLUCOCARD SHINE XL METER	3	OTC
GLUCOCARD VITAL KIT	3	OTC
GLUCOCOM BLOOD GLUCOSE KIT	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	3	OTC
GLUCOSE CONTROL SOLUTION	3	OTC
GM100 KIT	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	PA; QL
GUARDIAN 4 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN CONNECT TRANSMITTER DEVICE	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN SENSOR 3 DEVICE	3	PA; QL
HEALTHPRO GLUCOSE MONITOR	3	OTC
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	OTC
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	3	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	3	OTC
INFINITY STARTER KIT KIT	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
INFINITY VOICE GLUCOSE MONITOR	3	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	PA
JAZZ WIRELESS 2 METER KIT KIT	3	OTC
LANCETS 33 GAUGE	2	OTC; QL
LANCING DEVICE	2	OTC
MEDISENSE COMBO PACK	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	2	
MICRODOT BLOOD GLUCOSE SYSTEM	3	OTC
MINIMED MIO ADVANCE INF SET23" INFUSION SET	2	
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	

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Drug Name	Drug Tier	Requirements / Limits
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
MYGLUCOHEALTH KIT	3	OTC
NOVA MAX GLUCOSE CONTROL SOLUTION	3	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE	3	OTC
NOVA MAX PLUS GLUC-KETON METER KIT	3	OTC
NOVAMAX PLUS GLU-KET SOLUTION	3	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	
ON CALL EXPRESS CONTROL SOLUTION	3	OTC
ON CALL EXPRESS METER KIT	3	OTC
ON CALL PLUS CONTROL SOLUTION	3	OTC
ON CALL PLUS METER KIT	3	OTC
ON CALL VIVID CONTROL SOLUTION	3	OTC
ON CALL VIVID METER KIT	3	OTC
ON CALL VIVID PAL METER KIT	3	OTC
ONETOUCH ULTRA CONTROL SOLUTION	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO REFLECT METER	2	OTC
OPTUMRX KIT	3	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	ST; OTC
PHARMACIST CHOICE GLUCOSE SYS	3	OTC
PIP BLOOD GLUCOSE MONITOR	3	OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	OTC
POGO AUTOMATIC BLOOD GLUC SYS	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
PREMIER BLU GLUCOSE METER	3	OTC
PREMIER CLASSIC GLUCOSE METER	3	OTC
PREMIER COMPACT GLUCOSE METER KIT	3	OTC
PREMIER VOICE GLUCOSE METER	3	OTC
PREMIUM BLOOD GLUCOSE MONITOR	3	OTC
PREMIUM V10	3	OTC

Drug Name	Drug Tier	Requirements / Limits
PRESTO PRO BLOOD GLUCOSE METER	3	OTC
PRO VOICE V8 GLUCOSE MONITOR	3	OTC
PRO VOICE V9 GLUCOSE MONITOR	3	OTC
PRODIGY AUTOCODE METER KIT	3	OTC
PRODIGY AUTOCODE MONITOR SYST	3	OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION	3	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	3	OTC
PRODIGY POCKET METER KIT	3	OTC
PRODIGY VOICE GLUCOSE METER KIT	3	OTC
QUINTET BLOOD GLUCOSE METER	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	OTC
REFUAH PLUS GLUCOSE MONITOR KIT	3	OTC
RELION ALL-IN-ONE METER KIT	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
RELION CONFIRM KIT	3	OTC
RELION MICRO GLUCOSE MONITOR KIT	3	OTC
RELION PRIME METER	3	OTC
REVEAL BLOOD GLUCOSE METER KIT	3	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	3	OTC
RIGHTEST GM550 SYSTEM KIT	3	OTC
RIGHTEST GT333 GLUCOSE METER	3	OTC
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	2	OTC
SMART SENSE MONITORING SYSTEM	3	OTC
SMARTEST CONTROL SOLUTION	3	OTC
SMARTEST EJECT KIT	3	OTC
SMARTEST PERSONA STARTER KIT	3	OTC
SMARTEST PRONTO STARTER KIT	3	OTC
SMARTEST PROTEGE KIT	3	OTC
SOLUS V2 AUDIBLE METER	3	OTC

Drug Name	Drug Tier	Requirements / Limits
SOLUS V2 AUDIBLE METER KIT	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
SURE-TEST EASYPLUS MINI METER	3	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TELCARE CONTROL SOLUTION	3	OTC
TEMPO SMART BUTTON DEVICE	3	
TEMPO WELCOME KIT KIT	3	
TEST N'GO BLOOD GLUCOSE SYSTEM	3	OTC
TRUE METRIX AIR GLUCOSE METER	3	OTC
TRUE METRIX GLUCOSE METER	3	OTC
TRUE METRIX GO GLUCOSE METER	3	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	3	OTC
TRUETRACK SMART SYSTEM KIT	3	OTC
TRUSTEEL INFUSION SET 23" INFUSION SET	2	
ULTIMA MONITOR	3	OTC
ULTRATRAK GLUCOSE METER	3	OTC
ULTRATRAK ULTIMATE	3	OTC
UNISTRIP LOW CONTROL SOLUTION	3	OTC
VARISOFT INFUSION SET 23" INFUSION SET	2	
V-GO 20 DEVICE	2	PA
V-GO 30 DEVICE	2	PA
V-GO 40 DEVICE	2	PA
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
VIVAGUARD INO GLUCOSE METER	3	OTC
VIVAGUARD INO SMART GLUC METER	3	OTC
WAVESENSE AMP KIT	3	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
WAVESENSE PRESTO	3	OTC
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR FLEXTOUCH U100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST

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Drug Name	Drug Tier	Requirements / Limits
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULI N GLARGINE- YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
SEMGLEE(INSULI N GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL
TOUJEO MAX U- 300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U- 200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL
MISCELLANEOUS HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	4	PA; LA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA; QL
<i>cetrotelix subcutaneous kit 0.25 mg</i>	4	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	LA; QL
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>clomid oral tablet 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA; LA; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	PA
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA
<i>desmopressin injection solution 4 mcg/ml</i>	4	LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	ST
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	4	ST; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; QL
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	4	ST; LA
GALAFOLD ORAL CAPSULE 123 MG	4	PA; LA; QL
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	4	ST; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	ST; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	ST; LA

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Drug Name	Drug Tier	Requirements / Limits
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	PA; LA; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; LA; QL
KORLYM ORAL TABLET 300 MG	4	PA; LA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	PA; LA; QL
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	LA
METHITEST ORAL TABLET 10 MG	2	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
<i>miglustat oral capsule 100 mg</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	PA; QL
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	3	QL
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	4	LA; QL
ORLISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	LA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; LA; QL
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML	3	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	LA; QL
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	
RECORLEV ORAL TABLET 150 MG	4	PA; LA
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL
TESTOPEL IMPLANT PELLETT 75 MG	4	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL
TLANDO ORAL CAPSULE 112.5 MG	3	PA; QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SYRINGE 2 UNIT/2 ML (1 UNIT/ML)	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
<i>vasopressin intravenous solution 20 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; QL
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL
ZAVESCA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ACTOPLUS MET ORAL TABLET 15- 850 MG	3	QL
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL
ALOGLIPTIN- PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25- 45 MG	3	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	3	
BRENZAVVY ORAL TABLET 20 MG	3	PA
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL
CYCLOSET ORAL TABLET 0.8 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	QL
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
INPEFA ORAL TABLET 200 MG	3	PA; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST; QL
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RIOMET ER ORAL SUSPENSION,EXT ENDED REL RECON 500 MG/5 ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	1	QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
THYROID HORMONES		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	

Drug Name	Drug Tier	Requirements / Limits
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	3	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML), 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	PA
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	3	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	3	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	4	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	QL
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	3	QL
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	QL
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL
RENAGEL ORAL TABLET 800 MG	3	QL
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	QL
RENVELA ORAL TABLET 800 MG	3	QL
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	QL
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	QL
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>alvimopan oral capsule 12 mg</i>	1	
ANA-LEX KIT RECTAL KIT 2-2 %	3	
ANTIVERT ORAL TABLET 50 MG	3	PA
ANTIVERT ORAL TABLET,CHEWABLE 25 MG	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	ST
AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	ST
AZULFIDINE ORAL TABLET 500 MG	3	ST
<i>balsalazide oral capsule 750 mg</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>betaine oral powder 1 gram/scoop</i>	4	PA
BONJESTA ORAL TABLET,IR,DELA YED REL,BIPHASIC 20-20 MG	3	PA; QL
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; LA; QL
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	4	PA; LA; QL
CHENODAL ORAL TABLET 250 MG	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	2	
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	5	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	5	ACA
COLAZAL ORAL CAPSULE 750 MG	3	ST
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	4	PA; LA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; QL
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	PA; QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	3	
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)-80 MG (2)	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	3	QL
ENTEREG ORAL CAPSULE 12 MG	3	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	PA; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fleet laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; LA; QL
<i>gavilax oral powder 17 gram/dose</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	5	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	5	ACA; OTC
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
KINEVAC INJECTION RECON SOLN 5 MCG	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	3	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	ST
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	5	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	5	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>natura-lax oral powder 17 gram/dose</i>	5	ACA; OTC
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	3	
OSMOPREP ORAL TABLET 1.5 GRAM	5	ACA
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	5	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	5	ACA
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>purelax oral powder 17 gram/dose</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	

Drug Name	Drug Tier	Requirements / Limits
REGLAN ORAL TABLET 10 MG, 5 MG	3	ST
RELISTOR ORAL TABLET 150 MG	2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SINCALIDE INJECTION RECON SOLN 5 MCG	3	

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; LA; QL
<i>smoothlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	5	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	5	ACA

Drug Name	Drug Tier	Requirements / Limits
SYMPROIC ORAL TABLET 0.2 MG	2	PA
SYNDROS ORAL SOLUTION 5 MG/ML	3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
URSO 250 ORAL TABLET 250 MG	3	
URSO FORTE ORAL TABLET 500 MG	3	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE	4	PA; LA
women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg	5	ACA; OTC
ZELNORM ORAL TABLET 6 MG	3	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZUPLENZ ORAL FILM 4 MG, 8 MG	3	QL
ULCER THERAPY		

Drug Name	Drug Tier	Requirements / Limits
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg	1	ST; QL
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	ST
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	ST; QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	ST
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	3	
PROTONIX INTRAVENOUS RECON SOLN 40 MG	3	
PYLERA ORAL CAPSULE 140-125-125 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	ST
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

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

BIOTECHNOLOGY DRUGS

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA; QL
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	LA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	4	LA
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	4	PA; LA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	4	PA; LA; QL
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	3	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	3	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; LA
SOGROYA 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)	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; LA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 95 MG	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg</i>	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; LA; QL
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; LA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; LA; QL
PONVORY ORAL TABLET 20 MG	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	4	PA; LA; QL
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; LA; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYOVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	5	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	5	ACA
ASCENIV INTRAVENOUS SOLUTION 10 %	4	LA
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	
BABYBIG INTRAVENOUS RECON SOLN 100 MG	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50- 50-25 MCG/0.5 ML	5	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	4	PA; LA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	5	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	5	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	5	ACA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	5	ACA
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	5	ACA
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20) , 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20) , 4 GRAM/20 ML (20 %)	4	PA; LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20) , 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	2	
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10) , 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10) , 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10)	4	PA; LA
IMOGAM RABIES- HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	5	ACA
IPOLETT INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	5	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
MODERNA COVID BIVAL(6M UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	5	ACA
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	3	
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
ODACTRA SUBLINGUAL TABLET 12 SQ- HDM	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; LA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; LA; QL
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; LA; QL
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; LA; QL
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; LA; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; LA; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; LA; QL
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1)	4	PA; LA; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; LA; QL
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; LA; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; LA; QL
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; LA; QL
PEDIARIX (PF) INTRAMUSCULA R SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	5	ACA
PEDVAX HIB (PF) INTRAMUSCULA R SOLUTION 7.5 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	5	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	5	ACA
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	5	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RAGWITEK SUBLINGUAL TABLET 12 AMBA 1 UNIT	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	5	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	5	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	5	ACA; QL
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	5	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	3	
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	
COLCHICINE (GOUT) ORAL CAPSULE 0.6 MG	3	
<i>colchicine (gout) oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL
BONIVA ORAL TABLET 150 MG	3	ST; QL
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	4	PA; LA; QL
EVISTA ORAL TABLET 60 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	LA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	LA
<i>ibandronate oral tablet 150 mg</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
<i>raloxifene oral tablet 60 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	4	PA; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ARAVA ORAL TABLET 10 MG, 20 MG	3	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; LA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	4	PA; LA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; LA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral tablet 250 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML, 7.5 MG/0.3 ML	3	ST
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)- 25 MG(8)-50 MG(42)	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON- ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65- 80 MM	5	ACA
DUREX AVANTI BARE REAL FEEL	5	ACA; OTC
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	5	ACA; LA
TRUSTEX LUBRICATED CONDOMS DEVICE	5	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1- 0.5 MG	3	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	
<i>camila oral tablet 0.35 mg</i>	5	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CRINONE VAGINAL GEL 4 %	3	
CRINONE VAGINAL GEL 8 %	4	LA
<i>deblitane oral tablet 0.35 mg</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ENDOMETRIN VAGINAL INSERT 100 MG	4	LA
<i>errin oral tablet 0.35 mg</i>	5	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
ESTRADIOL IMPLANT PELLETT 6 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	ST; QL
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	5	ACA
<i>hydroxyprogest(pf)(p reg presv) intramuscular oil 250 mg/ml (1 ml)</i>	1	QL
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	PA; QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	PA; QL
<i>incassia oral tablet 0.35 mg</i>	5	ACA
<i>jencycla oral tablet 0.35 mg</i>	5	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>lyza oral tablet 0.35 mg</i>	5	ACA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	3	QL
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nora-be oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	3	
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	5	ACA
<i>tulana oral tablet 0.35 mg</i>	5	ACA
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	5	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA

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Drug Name	Drug Tier	Requirements / Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ST
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
OSPHENA ORAL TABLET 60 MG	3	PA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	5	ACA; OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	5	ST; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
VEOZAH ORAL TABLET 45 MG	3	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>after pill oral tablet 1.5 mg</i>	5	ACA; OTC; QL
AFTERA ORAL TABLET 1.5 MG	3	OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	5	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	5	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	5	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)</i>	5	ST; ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)</i>	3	ST
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>curae oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>cyred eq oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	5	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	5	ACA
<i>econtra ez oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>elinest oral tablet 0.3-30 mg-mcg</i>	5	ACA
ELLA ORAL TABLET 30 MG	5	ACA; QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	5	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	5	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>femynor oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	3	ST
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>her style oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	5	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	5	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	5	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	5	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>larissia oral tablet 0.1-20 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	5	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	5	ST; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	ST
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	ST

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	ST
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	ST
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	5	ACA
LOSEASONIQUE ORAL TABLETS, DOSE PACK, 3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	3	ST
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	5	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	ST
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	ST
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>my choice oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>my way oral tablet 1.5 mg</i>	5	ACA; OTC; QL
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	5	ST; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>new day oral tablet 1.5 mg</i>	5	ACA; OTC; QL
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	5	ST; ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA

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

Drug Name	Drug Tier	Requirements / Limits
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	5	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	ST
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	5	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	ST
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	3	ST
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
SLYND ORAL TABLET 4 MG (28)	5	ST; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>syeda oral tablet 3-0.03 mg</i>	5	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	OTC; QL
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	ST
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	5	ST; ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	5	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	3	ST
YAZ (28) ORAL TABLET 3-0.02 MG	3	ST
<i>zarah oral tablet 3-0.03 mg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	5	ACA
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	1	QL
<i>methylergonovine oral tablet 0.2 mg</i>	1	QL
<i>oxytocin injection solution 10 unit/ml</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	

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Drug Name	Drug Tier	Requirements / Limits
CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPTHALMIC (EYE) DROPS 0.3 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML	3	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	LA
CYCLOPLEGIC MYDRIATICS		

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Drug Name	Drug Tier	Requirements / Limits
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE OPTHALMIC (EYE) DROPS, EMULSION 0.01 %	3	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
ATROPINE SULFATE (PF) OPTHALMIC (EYE) DROPPERETTE 1 %	3	
CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
ISOPTO ATROPINE OPTHALMIC (EYE) DROPS 1 %	3	
MYDRIACYL OPTHALMIC (EYE) DROPS 1 %	3	
PHENYLEPH-TROPICAMIDE IN WATER OPTHALMIC (EYE) DROPS 2.5-1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		

Drug Name	Drug Tier	Requirements / Limits
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPTHALMOLOGICS		
AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPTHALMIC (EYE) DROPS 0.5 %	3	
ALOCRIAL OPTHALMIC (EYE) DROPS 2 %	3	
ALOMIDE OPTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS 0.25-0.4 %	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTADROPS OPTHALMIC (EYE) DROPS 0.37 %	4	LA
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	LA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPTHALMIC (EYE) DROPS 0.3-0.4 %	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
IHEEZO (PF) OPTHALMIC (EYE) DROPPERETTE,G EL 3 %	3	

Drug Name	Drug Tier	Requirements / Limits
KLARITY-A (AZITHRO-CHONDR)(PF) OPTHALMIC (EYE) DROPS 1-0.25 %	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT OPTHALMIC (EYE) INSERT 5 MG	3	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	3	
OXERVATE OPTHALMIC (EYE) DROPS 0.002 %	4	PA; LA
PHOTREXA CROSS-LINKING KIT OPTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PHOTREXA VISCOUS OPTHALMIC (EYE) DROPS, VISCOUS 0.146 %	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	ST
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	ST
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	ST
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.3 %	3	ST
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.1 %	3	ST
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	ST
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	ST
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	ST
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>miostat intraocular solution 0.01 %</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	ST
TIMOLOL-BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH- MOXIFLOX(PF)- NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSIO N 3.5MG/ML- 10,000 UNIT/ML- 0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
PREDNISOLONE SOD PH- MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE- MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.3-0.1 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	

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Drug Name	Drug Tier	Requirements / Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION ON 0.3-0.05 %	3	
<i>tobramycin- dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
TRIAMCINOLON- MOXIFLOX- WATR(PF) INTRAOCULAR SUSPENSION 9 MG-0.6 MG /0.6 ML	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION ON 0.3-0.5 %	3	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION ON 0.2 %	3	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	ST
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION ON 0.25 %	3	PA; QL
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION ON 0.1 %	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION ON 0.25 %	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION ON 0.1 %	3	ST
ILUVIEN INTRAOCULAR IMPLANT 0.19 MG	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION ON 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	ST
LOTEMAX OPTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
MAXIDEX OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	4	LA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE 1 %	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPTHALMIC (EYE) DROPPERETTE 0.1 %	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	3	
EPINEPHRINE INJECTION 0.15 MG AUTO-INJECTOR (IMPAX, LINEAGE GENERIC) 0.15 MG/0.15 ML	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine injection auto-injector (mylan generic) 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	3	
RACEPINEPH IN SOD CHL,ISO (PF) INJECTION SYRINGE 1 MG/ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	

COUGH & COLD THERAPY

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Drug Name	Drug Tier	Requirements / Limits
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaitussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
<i>pe-guai oral drops 1.5-20 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
<i>r-tanna oral tablet 9-25 mg</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
TUZISTRA XR ORAL SUSPENSION, EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	PA
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ADCIRCA ORAL TABLET 20 MG	4	PA; LA; QL
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	3	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION , 80 MCG/ACTUATION	3	ST; QL
<i>alyq oral tablet 20 mg</i>	4	PA; LA; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; LA; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG	2	PA; QL
DALIRESP ORAL TABLET 500 MCG	2	PA
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	QL
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; LA; QL
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA; LA; QL
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	ST; QL
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
LIQREV ORAL SUSPENSION 10 MG/ML	4	PA; LA; QL
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST; QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; LA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	ST; QL
<i>pirfenidone oral capsule 267 mg</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	4	LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	PA; LA; QL
REVATIO ORAL TABLET 20 MG	4	PA; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	PA; LA; QL
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	
SINUVA SINUS IMPLANT 1,350 MCG	4	PA; LA
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
ZYFLO ORAL TABLET 600 MG	3	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST
DETROL ORAL TABLET 1 MG, 2 MG	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	ST
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL
GEMTESA ORAL TABLET 75 MG	3	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	ST
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	ST
<i>tropium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	ST; QL
<i>dutasteride oral capsule 0.5 mg</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	ST
PROSCAR ORAL TABLET 5 MG	3	ST
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	

MISCELLANEOUS UROLOGICALS

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Drug Name	Drug Tier	Requirements / Limits
CAVERJECT IMPULSE INTRACAVERNOS AL KIT 10 MCG, 20 MCG	2	QL
CAVERJECT INTRACAVERNOS AL RECON SOLN 20 MCG, 40 MCG	2	QL
CAVERJECT INTRACAVERNOS AL SYRINGE 10 MCG, 20 MCG	2	QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	ST; QL
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
EDEX INTRACAVERNOS AL KIT 10 MCG, 20 MCG, 40 MCG	3	QL
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
IFE-BIMIX 30/1 INTRACAVERNOS AL SOLUTION 30 MG- 1 MG/ML	3	QL
IFE-PG20 INTRACAVERNOS AL SOLUTION 20 MCG/ML	3	QL
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	

Drug Name	Drug Tier	Requirements / Limits
K-PHOS ORIGINAL ORAL TABLET,SOLUBL E 500 MG	2	
<i>methen-sod phos- meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
MUSE INTRA- URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	2	QL
ORACIT ORAL SOLUTION 490- 640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; LA
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	4	PA; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	3	QL
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>varденаfil oral tablet, disintegrating 10 mg</i>	1	ST; QL
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL
CALCIUM GLUC IN NA CL, ISO- OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML	3	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>lugols oral solution 5 %</i>	1	
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	QL
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	1	
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG - 374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG - 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>dodex injection solution 1,000 mcg/ml</i>	1	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	3	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	5	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	5	ACA; OTC
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	5	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	ST; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	3	

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Drug Name	Drug Tier	Requirements / Limits
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
OBSTETRIX EC ORAL TABLET,DELAYE D RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG - 50 MG	3	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-dha oral capsule 27 mg iron-1 mg - 300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG- 25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 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. Updated January 01, 2024.

Drug Name	Drug Tier	Requirements / Limits
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>wesnata dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-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. Updated January 01, 2024.

Index

2		
2TEK GLUCOSE/BLOOD PRESSURE.....	144	
A		
<i>abacavir</i>	5	
<i>abacavir-lamivudine</i>	5	
ABELCET.....	3	
ABILIFY.....	73	
ABILIFY ASIMTUFII.....	72	
ABILIFY MAINTENA.....	73	
ABILIFY MYCITE MAINTENANCE KIT.....	73	
ABILIFY MYCITE STARTER KIT.....	73	
<i>abiraterone</i>	28	
ABRYSVO.....	187	
ABSORICA.....	115	
ABSORICA LD.....	115	
ACAM2000 (NATIONAL STOCKPILE).....	187	
<i>acamprosate</i>	129	
<i>acarbose</i>	163	
ACCOLATE.....	228	
ACCU-CHEK AVIVA PLUS TEST STRP.....	138	
ACCU-CHEK COMPACT PLUS TEST.....	138	
ACCU-CHEK GUIDE GLUCOSE METER.....	144	
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....	144	
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	144	
ACCU-CHEK GUIDE TEST STRIPS.....	138	
ACCU-CHEK SMARTVIEW CONTRL SOL.....	144	
ACCU-CHEK SMARTVIEW TEST STRIP.....	138	
ACCUPRIL.....	88	
ACCURETIC.....	88	
<i>accutane</i>	115	
ACCUTREND GLUCOSE CONTROL.....	144	
ACCUTREND GLUCOSE TEST STRIPS.....	138	
ACE AEROSOL CLOUD ENHANCER.....	142	
<i>acebutolol</i>	88	
<i>acetaminophen-caff-dihydrocod</i>	58	
<i>acetaminophen-codeine</i>	58	
<i>acetazolamide</i>	220	
<i>acetazolamide sodium</i>	220	
<i>acetic acid</i>	129, 135	
<i>acetylcysteine</i>	228	
<i>acitretin</i>	111	
ACTEMRA.....	197	
ACTEMRA ACTPEN.....	197	
ACTHAR.....	136	
ACTHIB (PF).....	187	
ACTICLATE.....	23	
ACTIMMUNE.....	184	
ACTIVELLA.....	201	
ACTONEL.....	196	
ACTOPLUS MET.....	163	
ACTOS.....	163	
ACULAR.....	220	
ACULAR LS.....	220	
ACUVAIL (PF).....	220	
<i>acyclovir</i>	5, 123	
<i>acyclovir sodium</i>	5	
ACZONE.....	115	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	187	
ADAKVEO.....	28	
ADALIMUMAB-ADAZ.....	197	
<i>adapalene</i>	115	
ADAPALENE.....	115	
<i>adapalene-benzoyl peroxide</i>	115	
ADASUVE.....	73	
ADBRY.....	113	
ADCIRCA.....	228	
ADDERALL.....	73	
ADDYI.....	73	
<i>adefovir</i>	5	
ADEMPAS.....	228	
<i>adenosine</i>	87	
<i>adrenalin</i>	225	
ADRENALIN.....	228	
<i>adrucil</i>	28	
ADTHYZA.....	166	
<i>adult aspirin regimen</i>	67	
ADVAIR DISKUS.....	228	
ADVAIR HFA.....	228	
ADVANCED GLUC METER TEST STRIP.....	138	
ADVANCED GLUCOSE METER.....	144	
ADVATE.....	98	
ADVOCATE REDI-CODE PLUS.....	138, 144	
ADVOCATE REDI-CODE PLUS CTRL L.....	144	
ADYNOVATE.....	98	
ADZENYS XR-ODT.....	73	
AEMCOLO.....	15	
AEROCHAMBER MINI...	142	
AEROCHAMBER PLUS FLOW-VU.....	142	
AEROCHAMBER PLUS Z STAT.....	142	
AEROTRACH PLUS.....	142	
AEROVENT PLUS.....	143	
AFINITOR.....	28	
AFINITOR DISPERZ.....	28	
<i>afirmelle</i>	206	
AFLURIA QD 2023-24(3YR UP)(PF).....	187	
AFLURIA QUAD 2023-2024(6MO UP).....	187	
AFREZZA.....	154	
AFSTYLA.....	99	
<i>after pill</i>	206	
AFTERA.....	206	
AGAMATRIX AMP GLUC MONITOR SYS.....	144	
AGAMATRIX AMP TEST STRIPS.....	138	
AGAMATRIX CONTROL HIGH.....	144	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

AGGRASTAT	ALPROLIX	99	<i>amoxicil-clarithromy-</i>
CONCENTRATE.....	ALREX.....	223	<i>lansopraz</i>
AGRYLIN.....	ALTABAX.....	121	179
AIMOVIG AUTOINJECTOR	<i>altacaine</i>	217	<i>amoxicillin</i>
.....	ALTACE	89	20, 21
AIRDUO DIGIHALER.....	ALTAFLUOR BENOX	217	<i>amoxicillin-pot clavulanate</i> ..
AJOVY AUTOINJECTOR..	<i>altavera</i> (28).....	206	21
AJOVY SYRINGE	ALTRENO	115	AMPHADASE
AKLIEF.....	ALTUVIIO.....	99	<i>amphetamine sulfate</i>
AKTEN (PF)	ALUNBRIG	28	74
AKYNZEO	ALVESCO.....	229	<i>amphotericin b</i>
(FOSNETUPITANT).....	<i>alvimopan</i>	171	3
AKYNZEO (NETUPITANT)	<i>alyacen 1/35</i> (28).....	206	<i>amphotericin b liposome</i>
.....	<i>alyacen 7/7/7</i> (28).....	206	3
<i>ala-cort</i>	<i>alyq</i>	229	<i>ampicillin</i>
ALA-SCALP.....	<i>amabelz</i>	201	21
<i>albendazole</i>	<i>amantadine hcl</i>	5	<i>ampicillin sodium</i>
<i>albuterol sulfate</i>	AMARYL.....	163	21
228, 229	AMBISOME	3	<i>ampicillin-sulbactam</i>
ALCAINE	<i>ambrisentan</i>	229	21
<i>alclometasone</i>	AMELUZ	113	AMPYRA
15	<i>amethia</i>	206	54
ALDACTAZIDE.....	<i>amethyst</i> (28).....	207	AMVUTTRA
88	AMICAR.....	99	54
ALDACTONE	<i>amikacin</i>	15	AMZEEQ
88	<i>amiloride</i>	89	115
ALECENSA	<i>amiloride-hydrochlorothiazide</i>	89	ANAFRANIL
28	.....	89	<i>anagrelide</i>
<i>alendronate</i>	<i>aminocaproic acid</i>	99	129
196	<i>aminophylline</i>	229	ANA-LEX KIT.....
ALFERON N.....	<i>amiodarone</i>	87	171
185	<i>amitriptyline</i>	73	ANAPROX DS.....
<i>alfuzosin</i>	<i>amitriptyline-chlordiazepoxide</i>	73	67
237	.....	73	<i>anaspaz</i>
ALINIA	AMJEVITA(CF)	197	167
15	AMJEVITA(CF)		<i>anastrozole</i>
ALIQOPA	AUTOINJECTOR	197	28
<i>aliskiren</i>.....	.....	197	ANCOBON
88	<i>amlodipine</i>	89	3
ALKERAN.....	<i>amlodipine-atorvastatin</i>	107	ANDEXXA
28	<i>amlodipine-benazepril</i>	89	99
ALKERAN (AS HCL).....	<i>amlodipine-olmesartan</i>	89	ANDRODERM
28	<i>amlodipine-valsartan</i>	89	158
ALKINDI SPRINKLE	<i>amlodipine-valsartan-hcthiazid</i>	89	ANDROGEL
136	.....	89	158
<i>allopurinol</i>	<i>ammonium lactate</i>	113	ANGELIQ
195	AMMONUL.....	129	201
ALLOPURINOL.....	<i>amnesteam</i>	115	ANGIOMAX.....
195	<i>amoxapine</i>	73	99
<i>allopurinol sodium</i>			ANJESO
196			68
ALLZITAL.....			ANNOVERA.....
58			205
<i>almotriptan malate</i>			ANORO ELLIPTA.....
52			229
ALOCRIL.....			ANTARA
217			107
ALOGLIPTIN-			ANTIVERT
PIOGLITAZONE.....			171
163			<i>anucort-hc</i>
ALOMIDE			171
217			ANZEMET
<i>aloprim</i>			171
196			APLENZIN.....
<i>alose tron</i>			74
171			APOKYN
ALPHAGAN P.....			50
224			<i>apomorphine</i>
ALPHANATE.....			50
99			<i>apraclonidine</i>
ALPHANINE SD.....			225
99			<i>aprepitant</i>
<i>alprazolam</i>			171
73			<i>apri</i>
<i>alprazolam intensol</i>			207
73			APRISO
			171
			APTENSIO XR
			74
			APTIOM.....
			42
			APTIVUS
			5
			ARAKODA
			15
			<i>aranelle</i> (28).....
			207
			ARANESP (IN
			POLYSORBATE).....
			181
			ARAVA.....
			197

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

ARAZLO.....	115	ASSURE PLATINUM TEST STRIP.....	138	AUTOJECT 2 INJECTION DEVICE	145
ARCALYST.....	181	ASSURE PRISM CONTROL 1-2 SOLN	145	AUTOPEN 1 TO 21 UNITS	145
AREXVY (PF)	188	ASSURE PRISM MULTI METER	145	AUTOSOFT 30	145
<i>arformoterol</i>	229	ASSURE PRISM MULTI STRIP	138	AUTOSOFT 90	145
ARGATROBAN	100	ASTAGRAF XL.....	28	AUTOSOFT XC INFUSION SET 23	145
<i>argatroban in 0.9 % sod chlor</i>	99	AT HOME A1C	145	AUVELITY	74
ARGATROBAN IN NAACL (ISO-OS)	99	<i>atazanavir</i>	5	<i>avar</i>	115
ARICEPT	54	ATEL VIA.....	196	AVAR LS	115
ARIKAYCE	15	<i>atenolol</i>	89	AVAR-E GREEN.....	115
ARIMIDEX.....	28	<i>atenolol-chlorthalidone</i>	89	AVAR-E LS	115
<i>aripiprazole</i>	74	ATGAM	188	AVEED.....	158
ARISTADA.....	74	ATIVAN.....	74	AVELOX IN NAACL (ISO-OSMOTIC).....	22
ARISTADA INITIO	74	<i>atomoxetine</i>	74	<i>aviane</i>	207
ARIXTRA	100	ATORVALIQ.....	107	<i>avidoxy</i>	23
<i>armodafinil</i>	74	<i>atorvastatin</i>	107	AVIDOXY DK.....	23
ARMOUR THYROID	166	<i>atovaquone</i>	15	<i>avita</i>	116
ARNUITY ELLIPTA.....	229	<i>atovaquone-proguanil</i>	15	AVITA.....	116
AROMASIN.....	28	<i>atracurium</i>	56	AVODART.....	237
ARTESUNATE.....	15	ATRALIN	115	AVONEX	185
ARTHROTEC 50.....	68	ATRIPLA	5	AVYCAZ	11
ARTHROTEC 75.....	68	<i>atropine</i>	168, 217	AYGESTIN	201
ASCENIV.....	188	ATROPINE	217	<i>ayuna</i>	207
<i>ascomp with codeine</i>	58	ATROPINE IN 0.9 % SOD CHLORIDE.....	168	AYVAKIT	28
ASCOR.....	242	ATROPINE SULFATE (PF)	217	AZACTAM	15
<i>ascorbic acid (vitamin c)</i>	242	ATROVENT HFA	229	AZASAN.....	28
<i>asenapine maleate</i>	74	AUBAGIO.....	185	AZASITE	214
<i>ashlyna</i>	207	<i>aubra</i>	207	<i>azathioprine</i>	28
ASMANEX HFA	229	<i>aubra eq</i>	207	<i>azathioprine sodium</i>	28
ASMANEX TWISTHALER	229	AUGMENTIN.....	21	<i>azelaic acid</i>	116
ASPARLAS	28	AUGMENTIN ES-600.....	21	<i>azelastine</i>	134, 217
<i>aspirin</i>	68	AUGMENTIN XR	21	<i>azelastine-fluticasone</i>	229
<i>aspirin childrens</i>	68	<i>aurovela 1.5/30 (21)</i>	207	AZELEX.....	116
<i>aspirin,buffd-calcium carb-mag</i>	68	<i>aurovela 1/20 (21)</i>	207	AZILECT	50
<i>aspirin-dipyridamole</i>	100	<i>aurovela 24 fe</i>	207	<i>azithromycin</i>	13, 14
ASPIRIN-OMEPRAZOLE 100		<i>aurovela fe 1.5/30 (28)</i>	207	AZOPT	220
<i>aspir-trin</i>	68	<i>aurovela fe 1-20 (28)</i>	207	AZSTARYS	74
ASPRUZYO SPRINKLE... 109		AURYXIA.....	170	<i>aztreonam</i>	15
ASSURE 4 CONTROL SOLUTION.....	144	AUSTEDO	54	AZULFIDINE	171
ASSURE 4 STRIPS	138	AUSTEDO XR.....	54	AZULFIDINE EN-TABS ..	171
ASSURE DOSE NORMAL CONTROL.....	144	AUSTEDO XR TITRATION KT(WK1-4).....	54	<i>azurette (28)</i>	207
ASSURE PLATINUM GLUCOSE METER	144			B	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>bacitracin-polymyxin b</i>	214	BENTYL	168	BIONIME RIGHTEST TEST STRIPS	138
<i>baclofen</i>	56	BENZAMYCIN	116	BIOTEL CARE BGM-4 METER.....	145
BACLOFEN.....	56	BENZEPRO (MICROSPHERES).....	116	BIOTHRAX	188
BACTRIM.....	23	BENZNIDAZOLE	15	<i>bismuth subcit k-metronidz-tcn</i>	179
BACTRIM DS.....	23	<i>benzonatate</i>	227	<i>bisoprolol fumarate</i>	89
BAFIERTAM.....	185	<i>benzoyl peroxide</i>	116	<i>bisoprolol-hydrochlorothiazide</i>	89
<i>bal-care dha</i>	242	<i>benztropine</i>	50	<i>bivalirudin</i>	100
BAL-CARE DHA ESSENTIAL.....	242	<i>bepotastine besilate</i>	217	BIVALIRUDIN.....	100
BALCOLTRA.....	207	BERINERT	230	<i>bleomycin</i>	29
<i>balsalazide</i>	171	<i>besser</i>	123	<i>blisovi 24 fe</i>	207
BALVERSA.....	29	BESIVANCE.....	214	<i>blisovi fe 1.5/30 (28)</i>	207
<i>balziva (28)</i>	207	BESREMI.....	185	<i>blisovi fe 1/20 (28)</i>	207
BANZEL	42	BETADINE OPHTHALMIC PREP	214	BLOOD GLUCOSE CONTROL, NORMAL..	145
BAQSIMI	143	<i>betaine</i>	172	BLOOD GLUCOSE TEST	139
BARACLUDGE	5	<i>betamethasone acet,sod phos</i>	136	BLOOD-GLUCOSE METER	145
BARHEMSYS	171	<i>betamethasone dipropionate</i>	123	BLOXIVERZ	56
BASAGLAR KWIKPEN U-100 INSULIN.....	154	<i>betamethasone valerate</i>	123, 124	BONIVA.....	196
BASAGLAR TEMPO PEN(U-100)INSLN.....	154	<i>betamethasone, augmented</i>	124	BONJESTA	172
BAXDELA.....	22	BETAPACE	87	BOOSTRIX TDAP.....	188
<i>bayer aspirin</i>	68	BETAPACE AF.....	87	<i>bosentan</i>	230
BAYER ASPIRIN.....	68	BETASERON	185	BOSULIF	29
BAYER CHEWABLE ASPIRIN	68	<i>betaxolol</i>	89, 216	BOTOX	188
<i>bayer low dose aspirin</i>	68	<i>bethanechol chloride</i>	237	BRAFTOVI.....	29
BCG VACCINE, LIVE (PF)	188	BETHKIS	15	BREATHERITE MDI SPACER.....	143
BD INTEGRA NEEDLE ...	145	BETOPTIC S.....	216	BREEZE 2 CONTROL SOLUTION,HIGH	145
BD MICROTAINER LANCET	145	BEVESPI AEROSPHERE.	230	BRENZAVVY	163
BD SPECIALTY USE NEEDLES	145	<i>bexarotene</i>	29	BREO ELLIPTA	230
BD ULTRA FINE LANCETS	145	BEXSERO.....	188	<i>bretylum tosylate</i>	87
BD ULTRA-FINE NANO PEN NEEDLE.....	145	BEYAZ.....	207	BREVIBLOC	89
BELBUCA	58	BEYFORTUS.....	5	BREVIBLOC IN NACL (ISO-OSM).....	89
BELEODAQ	29	<i>bicalutamide</i>	29	<i>breyana</i>	230
<i>belladonna alkaloids-opium</i>	168	BICILLIN C-R	21	BREZTRI AEROSPHERE.	230
BELSOMRA	74	BICILLIN L-A	21	BRIDION	56
<i>benazepril</i>	89	BICNU.....	29	<i>briellyn</i>	207
<i>benazepril-hydrochlorothiazide</i>	89	BIDIL	89	BRILINTA	100
BENEFIX	100	BIGFOOT UNITY	145	<i>brimonidine</i>	116, 225
BENLYSTA	197	BIJUVA.....	201	BRIMONIDINE-DORZOLAMIDE (PF)...	221
		BIKTARVY	5	<i>brimonidine-timolol</i>	221
		BILTRICIDE.....	16		
		<i>bimatoprost</i>	220		
		BINOSTO.....	196		
		BIONIME RIGHTEST GM300 SYSTEM.....	145		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>brinzolamide</i>	221	C	<i>carbidopa-levodopa</i>	50
BRIUMVI.....	185	CABENUVA.....	<i>carbidopa-levodopa-</i>	
BRIVIACT.....	42	<i>cabergoline</i>	<i>entacapone</i>	50
BRIXADI.....	58	CABLIVI.....	<i>carbinoxamine maleate</i>	225
<i>bromfed dm</i>	227	CABOMETYX.....	<i>carboplatin</i>	29
<i>bromfenac</i>	220	CADUET.....	CARDIZEM.....	90
<i>bromocriptine</i>	50	<i>caffeine citrate</i>	CARDIZEM CD.....	90
<i>brompheniramine-pseudoeph-</i>		CALAN SR.....	CARDIZEM LA.....	90
<i>dm</i>	227	<i>calcipotriene</i>	CARDURA.....	90
BROMSITE.....	220	CALCIPOTRIENE.....	CARDURA XL.....	90
BRONCHITOL.....	230	<i>calcipotriene-betamethasone</i>	CARESENS N.....	145
BROVANA.....	230	.....	CARESENS N TEST STRIPS	
BRUKINSA.....	29	<i>calcitonin (salmon)</i>.....	.....	139
<i>budesonide</i>	172, 230	<i>calcitriol</i>	CARESENS N VOICE.....	145
<i>bufferin</i>	68	<i>calcium acetate(phosphat bind)</i>	CARETOUCH CONTROL	
<i>bumetanide</i>	89	.....	SOLN L2-L3.....	145
BUPAP.....	58	CALCIUM GLUC IN NACL,	CARETOUCH GLUCOSE	
BUPHENYL.....	129	ISO-OSM.....	MONITORING.....	145
<i>bupivacaine (pf)</i>	119	CALDOLOR.....	CARETOUCH TEST STRIP	
<i>bupivacaine-epinephrine (pf)</i>		CALQUENCE.....	.....	139
.....	119	CALQUENCE	<i>carglumic acid</i>	129
BUPIVACAINE-		(ACALABRUTINIB MAL)	<i>carisoprodol</i>	56
EPINEPHRINE BITART		.....	<i>carisoprodol-aspirin</i>	56
.....	119	CAMCEVI (6 MONTH).....	<i>carisoprodol-aspirin-codeine</i>	
BUPRENEX.....	58	<i>camila</i>.....	.....	56
<i>buprenorphine</i>	59	CAMPTOSAR.....	<i>carmustine</i>	29
<i>buprenorphine hcl</i>	58, 59	<i>camrese</i>	CARMUSTINE.....	29
<i>buprenorphine-naloxone</i>	68	<i>camrese lo</i>	CARNITOR.....	129
<i>bupropion hcl</i>	74, 75	CAMZYOS.....	CARNITOR (SUGAR-FREE)	
BUPROPION HCL.....	75	CANCIDAS.....	.....	129
<i>bupropion hcl (smoking deter)</i>		<i>candesartan</i>	CAROSPIR.....	90
.....	133	<i>candesartan-</i>	<i>carteolol</i>	216
<i>buspirone</i>	75	<i>hydrochlorothiazid</i>	<i>cartia xt</i>	90
<i>busulfan</i>	29	CANTHARIDIN IN	<i>carvedilol</i>	90
BUSULFEX.....	29	ACETONE.....	<i>carvedilol phosphate</i>	90
<i>butalbital compound w/codeine</i>		CAPCOF.....	CASODEX.....	29
.....	59	<i>capecitabine</i>	<i>caspofungin</i>	3
<i>butalbital-acetaminop-caf-cod</i>		CAPEX.....	CATAPRES-TTS-1.....	90
.....	59	CAPLYTA.....	CATAPRES-TTS-2.....	90
<i>butalbital-acetaminophen</i>	59	CAPRELSA.....	CATAPRES-TTS-3.....	90
<i>butalbital-acetaminophen-caff</i>		<i>captopril</i>	CAVERJECT.....	238
.....	59	<i>captopril-hydrochlorothiazide</i>	CAVERJECT IMPULSE...238	
<i>butalbital-aspirin-caffeine</i>	59	.....	CAYA CONTOURED.....	200
<i>butorphanol</i>	68	CARAFATE.....	CAYSTON.....	16
BYDUREON BCISE.....	163	CARBAGLU.....	<i>caziant (28)</i>	207
BYETTA.....	163	<i>carbamazepine</i>	<i>cefaclor</i>	11
BYFAVO.....	75	CARBATROL.....	<i>cefadroxil</i>	11
BYLVAY.....	172	<i>carbidopa</i>	<i>cefazolin</i>	11, 12

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

CEFAZOLIN..... 12	CERVIDIL 205	CINRYZE..... 230
<i>cefazolin in 0.9% sod chloride</i>	<i>cetirizine</i> 225	CINVANTI..... 172
..... 11	<i>cetorelix</i> 158	CIPRO 22, 23
<i>cefazolin in dextrose (iso-os)</i> 11	CETROTIDE..... 158	CIPRO HC..... 135
CEFAZOLIN IN DEXTROSE	<i>cevimeline</i> 129	CIPRODEX 135
(ISO-OS) 11	CHANTIX 133	<i>ciprofloxacin</i> 23
<i>cefazolin in dextrose 5 %</i> 11	CHANTIX CONTINUING	<i>ciprofloxacin hcl</i> ... 23, 135, 215
CEFAZOLIN IN STERILE	MONTH BOX 133	<i>ciprofloxacin in 5 % dextrose</i>
WATER..... 11	CHANTIX STARTING	..... 23
<i>cefdinir</i> 12	MONTH BOX 133	<i>ciprofloxacin-dexamethasone</i>
<i>cefditoren pivoxil</i> 12	<i>charlotte 24 fe</i> 207	..... 135
<i>cefepime</i> 12	<i>chateal (28)</i> 207	<i>cisplatin</i> 30
CEFEPIME..... 12	<i>chateal eq (28)</i> 207	CISPLATIN..... 30
CEFEPIME IN DEXTROSE 5	CHEMET..... 129	<i>citalopram</i> 75
%..... 12	CHENODAL 172	CITALOPRAM 75
<i>cefepime in dextrose, iso-osm</i> 12	<i>chloramphenicol sod succinate</i>	CITRANATAL (DUAL-
<i>cefixime</i> 12	..... 16	IRON) 242
CEFOTAN 12	<i>chlordiazepoxide hcl</i> 75	CITRANATAL 90 DHA
<i>cefotaxime</i> 12	<i>chlordiazepoxide-clidinium</i> 168	(ALGAL OIL) 242
<i>cefotetan</i> 12	<i>chlorhexidine gluconate</i> 134	CITRANATAL ASSURE .. 242
<i>cefoxitin</i> 12	<i>chloroprocaine (pf)</i> 120	CITRANATAL B-CALM (FE
<i>cefoxitin in dextrose, iso-osm</i>	<i>chloroquine phosphate</i> 16	GLUC)..... 242
..... 12	<i>chlorothiazide sodium</i> 90	CITRANATAL BLOOM ... 242
<i>cefpodoxime</i> 12	<i>chlorpromazine</i> 75	CITRANATAL DHA
<i>cefprozil</i> 12	<i>chlorthalidone</i> 90	(ALGAL OIL) 242
<i>ceftazidime</i> 13	<i>chlorzoxazone</i> 56	CITRANATAL HARMONY
<i>ceftriaxone</i> 13	CHOLBAM 172	(IRON FUM) 242
CEFTRIAZONE 13	<i>cholestyramine (with sugar)</i>	CITRANATAL MEDLEY . 242
<i>ceftriaxone in dextrose, iso-os</i>	..... 107	<i>citrate of magnesia</i> 172
..... 13	<i>cholestyramine light</i> 107	<i>citroma</i> 172
<i>cefuroxime axetil</i> 13	CHORIONIC	<i>cladribine</i> 30
<i>cefuroxime sodium</i> 13	GONADOTROPIN,	CLAFORAN..... 13
<i>celecoxib</i> 69	HUMAN 158	<i>claravis</i> 116
CELESTONE SOLUSPAN 136	CIALIS 237, 238	CLARINEX 225
CELLCEPT 29, 30	CIBINQO 113	CLARINEX-D 12 HOUR .. 227
CELLCEPT INTRAVENOUS	<i>ciclodan</i> 121	<i>clarithromycin</i> 14
..... 29	CICLODAN KIT 121	<i>clearlax</i> 172
CELONTIN 43	<i>ciclopirox</i> 121	<i>clemastine</i> 225
CENTANY 121	<i>cidofovir</i> 5	CLENPIQ 172
CENTANY AT 121	<i>cilostazol</i> 100	CLEOCIN 16, 205
<i>cephalexin</i> 13	CILOXAN 215	CLEOCIN HCL 16
CEPROTIN (BLUE BAR) . 100	CIMDUO..... 5	CLEOCIN PEDIATRIC 16
CEPROTIN (GREEN BAR)	<i>cimetidine</i> 179	CLEOCIN T 116
..... 100	<i>cimetidine hcl</i> 179	CLEVER CHEK BLOOD
CEQUA 217	CIMZIA 172	GLUCOSE..... 145
CEQR SIMPLICITY 145	CIMZIA POWDER FOR	CLEVER CHOICE
CERDELGA..... 158	RECONST 172	GLUCOSE MONITOR .. 145
CEREBYX 43	<i>cinacalcet</i> 158	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

CLEVER CHOICE LEVEL 2 CONTROL	146	<i>clonazepam</i>	43	CONTOUR CONTROL SOLUTION, NML	146
CLEVER CHOICE MICRO	146	<i>clonidine</i>	91	CONTOUR NEXT EZ METER.....	146
CLEVER CHOICE MICRO TEST STRIP	139	<i>clonidine hcl</i>	75, 90	CONTOUR NEXT GEN METER.....	146
CLEVER CHOICE PRO... ..	139, 146	<i>clopidogrel</i>	100	CONTOUR NEXT LEV 2 CONTROL SOL.....	146
CLEVER CHOICE TALK GLUCOSE SYS	146	<i>clorazepate dipotassium</i>	75	CONTOUR NEXT LINK... ..	146
CLEVER CHOICE TALK TEST	139	<i>clotrimazole</i>	3, 121	CONTOUR NEXT LINK 2.4	146
CLEVER CHOICE TEST STRIPS.....	139	<i>clotrimazole-betamethasone</i>	121	CONTOUR NEXT METER	146
CLEVER CHOICE VOICE PLUS TEST.....	139	<i>clozapine</i>	75	CONTOUR NEXT ONE METER.....	146
CLIMARA	201	CLOZARIL	75	CONTOUR NEXT TEST STRIPS	139
<i>clindacin</i>	116	<i>c-nate dha</i>	242	CONTOUR TEST STRIPS	139
<i>clindacin etz</i>	116	COAGADEX.....	100	CONZIP.....	69
CLINDACIN ETZ.....	116	COARTEM	16	COPAXONE	185
<i>clindacin p</i>	116	COCAINE	120	COPIKTRA	30
CLINDACIN PAC	116	<i>codeine sulfate</i>	59	CORDRAN.....	124
CLINDAGEL	116	<i>codeine-butalbital-asa-caff</i> ..	59	CORDRAN TAPE LARGE ROLL.....	124
<i>clindamycin hcl</i>	16	<i>codeine-guaifenesin</i>	227	COREG CR	91
CLINDAMYCIN IN 0.9 % SOD CHLOR	16	CODITUSSIN AC.....	227	CORGARD.....	91
<i>clindamycin in 5 % dextrose</i> ..	16	CODITUSSIN DAC.....	227	CORLANOR	109
<i>clindamycin pediatric</i>	16	COLAZAL	172	CORTANE-B	114
<i>clindamycin phosphate</i> ..	16, 116, 205	<i>colchicine (gout)</i>	196	CORTEF.....	136
<i>clindamycin-benzoyl peroxide</i>	116	COLCHICINE (GOUT)....	196	CORTENEMA	172
<i>clindamycin-tretinoin</i>	116	COLCRYST.....	196	CORTIFOAM.....	172
CLINDESSE	205	<i>colesevelam</i>	107	<i>cortisone</i>	136
CLINPRO 5000.....	134	COLESTID.....	107	CORTISPORIN-TC	136
<i>clobazam</i>	43	COLESTID FLAVORED ..	107	CORTROPHIN GEL.....	136
<i>clobetasol</i>	124	<i>colestipol</i>	107	CORTROSYN.....	136
<i>clobetasol-emollient</i>	124	<i>colistin (colistimethate na)</i> ..	16	COSENTYX.....	111
CLOBEX.....	124	COLY-MYCIN M PARENTERAL	16	COSENTYX (2 SYRINGES)	111
<i>clocortolone pivalate</i>	124	COMBIGAN	221	COSENTYX PEN	111
<i>clodan</i>	124	COMBIPATCH.....	201	COSENTYX PEN (2 PENS)	111
CLODAN KIT.....	124	COMBIVENT RESPIMAT.....	230	COSENTYX UNOREADY PEN.....	111
CLODERM	124	COMBIVIR	6	COSMEGEN	30
<i>clofarabine</i>	30	COMETRIQ	30	COSOFT	221
CLOLAR.....	30	COMPACT SPACE CHAMBER	143	COSOFT (PF).....	221
<i>clomid</i>	158	COMPAZINE.....	172	<i>cosyntropin</i>	136
<i>clomiphene citrate</i>	159	COMPLERA	6	COTELLIC.....	30
<i>clomipramine</i>	75	<i>complete natal dha</i>	243		
		<i>compro</i>	172		
		COMTAN.....	50		
		CONCEPT DHA	243		
		CONCEPT OB	243		
		CONDYLOX.....	113		
		CONJUPRI.....	91		
		<i>constulose</i>	172		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

COTEMPLA XR-ODT	75	<i>dactinomycin</i>	30	DEPO-SUBQ PROVERA	104
<i>covaryx</i>	201	<i>dalfampridine</i>	54	.....	202
<i>covaryx h.s.</i>	201	DALIRESP	230	DEPO-TESTOSTERONE..	159
CREON	173	DALVANCE	16	<i>dermacinrx lidocan</i>	120
CRESEMBA	3	<i>danazol</i>	159	DERMA-SMOOTH/FS	
CRINONE	202	DANTRIUM	56	BODY OIL	124
<i>cromolyn</i>	173, 218, 230	<i>dantrolene</i>	57	DERMA-SMOOTH/FS	
<i>crotan</i>	128	<i>dapsone</i>	16, 116	SCALP OIL	124
<i>cryselle (28)</i>	208	DAPTACEL (DTAP		DERMOTIC OIL.....	135
CRYSVITA	159	PEDIATRIC) (PF).....	188	DESCOVY	6
CUBICIN RF.....	16	<i>daptomycin</i>	17	<i>desipramine</i>	76
<i>curae</i>	208	DAPTOMYCIN	16	<i>desloratadine</i>	225
CUTAQUIG	188	DARAPRIM.....	17	<i>desmopressin</i>	159
CUVITRU	188	<i>darifenacin</i>	236	DESMOPRESSIN	159
CUVPOSA	168	<i>darunavir ethanolate</i>	6	<i>desog-e.estradiol/e.estradiol</i>	
<i>cyanocobalamin (vitamin b-12)</i>		DARZALEX FASPRO	31	.....	208
.....	243	<i>dasetta 1/35 (28)</i>	208	<i>desonide</i>	125
<i>cyclobenzaprine</i>	56	<i>dasetta 7/7/7 (28)</i>	208	<i>desoximetasone</i>	125
CYCLOGYL	217	<i>daunorubicin</i>	31	DESOXYN	76
CYCLOMYDRIL.....	225	DAURISMO.....	31	<i>desrx</i>	125
<i>cyclopentolate</i>	217	DAYBUE	54	DESVENLAFAXINE	76
<i>cyclophosphamide</i>	30	DAYPRO.....	69	<i>desvenlafaxine succinate</i>	76
CYCLOPHOSPHAMIDE....	30	<i>daysee</i>	208	DETROL	236
CYCLOSERINE	16	DAYTRANA.....	75	<i>dexabliss</i>	136
CYCLOSET	163	DAYVIGO	75	<i>dexamethasone</i>	136
<i>cyclosporine</i>	30, 218	DDAVP	159	<i>dexamethasone intensol</i>	136
<i>cyclosporine modified</i>	30	<i>deblitane</i>	202	<i>dexamethasone sodium phos</i>	
CYKLOKAPRON.....	100	<i>deferasirox</i>	129, 130	(<i>pf</i>)	137
CYLTEZO(CF)	198	<i>deferiprone</i>	130	<i>dexamethasone sodium</i>	
CYLTEZO(CF) PEN.....	197	DEFITELIO.....	100	<i>phosphate</i>	137, 223
CYLTEZO(CF) PEN		DELESTROGEN	202	DEXAMETH-	
CROHN'S-UC-HS.....	197	DELSTRIGO.....	6	MOXIFLOX(PF)-	
CYLTEZO(CF) PEN		<i>demeclocycline</i>	24	NACL,ISO.....	222
PSORIASIS-UV	197	DEMEROL.....	59	DEXAMET-MOXIFL-	
<i>cyproheptadine</i>	225	DEMEROL (PF).....	59	KETORO-NACL(PF).....	218
<i>cyred</i>	208	DEMSE.....	91	DEXCOM G6 RECEIVER	146
<i>cyred eq</i>	208	DENAVIR	123	DEXCOM G6 SENSOR.....	146
CYSTADANE.....	173	DENG VAXIA (PF).....	188	DEXCOM G6	
CYSTADROPS	218	<i>denta 5000 plus</i>	134	TRANSMITTER	146
CYSTAGON	238	<i>dentagel</i>	134	DEXCOM G7 RECEIVER	146
CYSTARAN	218	DEPAKOTE.....	43	DEXCOM G7 SENSOR.....	146
<i>cytarabine</i>	30	DEPAKOTE ER.....	43	DEXEDRINE SPANSULE..	76
<i>cytarabine (pf)</i>	30	DEPAKOTE SPRINKLES ..	43	<i>dexamethylphenidate</i>	76
CYTOMEL.....	166	DEPEN TITRATABS	198	<i>dexrazoxane hcl</i>	27
CYTOTEC	179	DEPO-ESTRADIOL	202	<i>dextroamphetamine sulfate</i> ...	76
D		DEPO-MEDROL	136	<i>dextroamphetamine-</i>	
<i>dabigatran etexilate</i>	100	DEPO-PROVERA.....	202	<i>amphetamine</i>	76
<i>dacarbazine</i>	30			DEXYCU (PF)	223

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

DHIVY	50	<i>dipyridamole</i>	100	DSUVIA	59
DIACOMIT	43	DISALCID	69	DUAKLIR PRESSAIR	230
DIASTAT	43	<i>diskets</i>	59	DUAVEE.....	202
DIASTAT ACUDIAL.....	43	<i>disopyramide phosphate</i>	87	DUET DHA BALANCED .	243
DIATRUE CONTROL SOLN		<i>disulfiram</i>	130	DUET DHA WITH OMEGA-3	
NORMAL.....	146	DITROPAN XL	236	.....	243
DIATRUE PLUS BLOOD		DIURIL	91	DUETACT	163
GLUCOSE MET	146	<i>divalproex</i>	43, 44	<i>dulcolax (magnesium</i>	
DIATRUE PLUS TEST STRIP		DIVIGEL.....	202	<i>hydroxide)</i>	173
.....	139	<i>dodex</i>	243	DULERA	230
<i>diazepam</i>	43, 76	<i>dofetilide</i>	87	<i>duloxetine</i>	76
<i>diazepam intensol</i>	76	DOJOLVI.....	241	DUOPA	50
<i>diazoxide</i>	143	<i>dolishale</i>	208	DUPIXENT PEN.....	114
DIBENZYLINE	91	<i>donepezil</i>	54	DUPIXENT SYRINGE.....	114
<i>dichlorphenamide</i>	54	DONNATAL.....	168	<i>duramorph (pf)</i>	60
DICLEGIS.....	173	DOPTELET (15 TAB PACK)		DUREX AVANTI BARE	
DICLOFENAC EPOLAMINE		.....	100	REAL FEEL	200
.....	69	DORYX.....	24	DUREZOL	223
<i>diclofenac potassium</i>	69	<i>dorzolamide</i>	221	<i>dutasteride</i>	237
<i>diclofenac sodium</i>	69, 114, 220	DORZOLAMIDE (PF).....	221	<i>dutasteride-tamsulosin</i>	237
<i>diclofenac-misoprostol</i>	69	<i>dorzolamide-timolol</i>	221	DYANAVEL XR	77
<i>dicloxacillin</i>	21	<i>dorzolamide-timolol (pf)</i>	221	DYMISTA.....	231
<i>dicyclomine</i>	168	DORZOLAMIDE-TIMOLOL		DYRENIUM.....	91
<i>didanosine</i>	6	(PF).....	221	DYSPORT.....	188
DIFFERIN.....	116, 117	<i>dotti</i>	202	E	
DIFICID	14	DOVATO	6	<i>e.e.s. 400</i>	14
<i>diflorasone</i>	125	<i>doxazosin</i>	91	E.E.S. GRANULES.....	14
DIFLUCAN.....	3	<i>doxepin</i>	76, 114	EASIVENT HOLDING	
<i>diflunisal</i>	69	<i>doxercalciferol</i>	159	CHAMBER	143
<i>difluprednate</i>	223	<i>doxy-100</i>	24	EASY PLUS II HIGH	
<i>digox</i>	98	<i>doxycycline hyclate</i>	24	CONTROL	146
<i>digoxin</i>	98	DOXYCYCLINE HYCLATE		EASY PLUS II TEST.....	139
<i>dihydroergotamine</i>	52	.....	24	EASY STEP	139
DILANTIN.....	43	<i>doxycycline monohydrate</i>	24	EASY STEP BLOOD	
DILANTIN EXTENDED ...	43	DOXYCYCLINE		GLUCOSE METER	146
DILANTIN INFATABS	43	MONOHYDRATE.....	24	EASY STEP HIGH	
DILANTIN-125	43	<i>doxylamine-pyridoxine (vit b6)</i>		CONTROL SOLN.....	146
DILAUDID	59	.....	173	EASY TALK GLUCOSE	
DILAUDID (PF)	59	DRISDOL.....	243	TEST.....	139
<i>diltiazem</i>	91	<i>dronabinol</i>	173	EASY TALK HIGH	
<i>dilt-xr</i>	91	<i>droperidol</i>	173	CONTROL	146
<i>dimenhydrinate</i>	173	<i>drospirenone-e.estradiol-lm.fa</i>		EASY TALK PLUS II LOW	
<i>dimethyl fumarate</i>	185	.....	208	CONTROL	146
DIPHEN	225	<i>drospirenone-ethinyl estradiol</i>		EASY TALK PLUS II TEST	
<i>diphenhydramine hcl</i>	225	.....	208	STRIP	139
<i>diphenoxylate-atropine</i>	168	DROXIA	31	EASY TOUCH BLU CTRL	
DIPROLENE		<i>droxidopa</i>	130	SOLN-L1,L3	146
(AUGMENTED).....	125	DRYSOL DAB-O-MATIC	114		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

EASY TOUCH BLU LINK	<i>effer-k</i>	240	EMBRACE PRO GLUCOSE
GLUC SYST	EFFER-K.....	240	METER.....
146	EFFIENT	101	147
EASY TOUCH BLU LINK	EFUDEX	114	EMBRACE PRO TEST
TEST STRIP	EGRIFTA SV	183	STRIPS
139	ELEMENT COMPACT		139
EASY TOUCH GLUCOSE	GLUCOSE METER	147	EMBRACE TALK BLOOD
MONITOR	ELEMENT COMPACT		GLUCOSE SYS
146	NORMAL CONTROL...	147	147
EASY TOUCH TEST STRIP	ELEMENT COMPACT TEST		EMBRACE TALK
.....	STRIPS	139	CONTROL-LOW (L1)...
139	ELEMENT COMPACT V		147
EASY TRAK GLUCOSE	GLUCOSE MTR.....	147	EMBRACE TALK TEST
TEST	ELEMENT NORMAL		STRIPS
139	CONTROL	147	139
EASY TRAK II BLOOD	ELEMENT PLUS BLOOD		EMCYT
GLUCOSE MTR.....	GLUCOSE KIT	147	31
146	ELEMENT TEST STRIPS.	139	EMEND.....
EASY TRAK II CTRL SOLN-	ELEPSIA XR	44	173
NORMAL.....	<i>eletriptan</i>	52	EMEND (FOSAPREPITANT)
146	ELIDEL	114	.....
EASY TRAK II TEST STRIP	ELIGARD	31	173
.....	ELIGARD (3 MONTH)	31	EMFLAZA
139	ELIGARD (4 MONTH)	31	137
EASY TRAK LOW	ELIGARD (6 MONTH)	31	EMGALITY PEN.....
CONTROL	ELIMITE.....	128	52
147	<i>elinest</i>	208	EMGALITY SYRINGE.....
EASYGLUCO	ELIQUIS	101	52
MONITORING SYSTEM	ELIQUIS DVT-PE TREAT		EMPAVELI.....
.....	30D START	101	130
147	ELITEK	27	EMSAM
EASYGLUCO TEST	<i>elite-ob</i>	243	77
139	ELIXOPHYLLIN.....	231	<i>emtricitabine</i>
EASYMAX	ELLA.....	208	6
139	ELLENCE	31	<i>emtricitabine-tenofovir (tdf)</i> ...
EASYMAX 15 LEVEL 2 ..	ELMIRON.....	238	6
147	ELOCTATE	101	EMTRIVA.....
EASYMAX NG	<i>eluryng</i>	205	6
147	ELZONRIS.....	31	EMVERM.....
EASYMAX NORMAL	EMBRACE BLOOD		17
CONTROL.....	GLUCOSE SYSTEM...	139,	<i>enalapril maleate</i>
147	147		91
EASYMAX V SPEAKING	EMBRACE EVO LEVEL 1		<i>enalaprilat</i>
GLUCOSE SYS .....	.....	147	91
147	EMBRACE EVO TEST		<i>enalapril-hydrochlorothiazide</i>
ECLIPSE NEEDLE.....	STRIPS	139	.....
147	EMBRACE GLUCOSE		91
EC-NAPROSYN.....	CONTROL LOW	147	ENBRACE HR
69			243
<i>econazole</i>			ENBREL.....
121			198
<i>econtra ez</i>			ENBREL MINI
208			198
<i>econtra one-step</i>			ENBREL SURECLICK
208			198
<i>ecotrin</i>			ENDARI
69			130
<i>ecotrin low strength</i>			<i>endocet</i>
69			60
ECOZA.....			ENDOMETRIN.....
121			202
EDECRIIN.....			ENGERIX-B (PF)
91			188
EDEX			ENGERIX-B PEDIATRIC
238			(PF).....
EDLUAR.....			189
77			ENHERTU
<i>ed-spaz</i>			31
168			<i>enoxaparin</i>
EDURANT.....			101
6			<i>enpresse</i>
<i>eemt</i>			208
202			<i>enskyce</i>
<i>eemt hs</i>			208
202			ENSPRYNG
<i>efavirenz</i>			31
6			ENSTILAR.....
<i>efavirenz-emtricitabin-tenofov</i> 6			111
<i>efavirenz-lamivu-tenofov disop</i>			<i>entacapone</i>
.....			50
6			<i>entecavir</i>
			6

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>enulose</i>	173	<i>erythromycin lactobionate</i>	14	EVENCARE G3 GLUCOSE	
ENVARUSUS XR	31	<i>erythromycin with ethanol</i> ..	117	METER.....	147
EPCLUSA	6	<i>erythromycin-benzoyl peroxide</i>		EVENCARE G3 TEST	139
EPIDIOLEX	44	.....	117	EVENCARE MINI	
EPIDUO FORTE.....	117	<i>escitalopram oxalate</i>	77	GLUCOSE TEST STR...139	
EPIFOAM	111	ESGIC	60	EVENCARE MINI	
<i>epinastine</i>	218	<i>esmolol</i>	92	MONITOR SYSTEM.....147	
<i>epinephrine</i>	226	<i>esmolol in nacl (iso-osm)</i>	92	EVENCARE PROVIEW	
EPINEPHRINE	225	ESMOLOL IN STERILE		TEST STRIP.....	139
<i>epinephrine hcl</i>	231	WATER.....	92	EVENITY	196
EPINEPHRINE HCL (PF) .	225	<i>esomeprazole magnesium</i> ...179		<i>everolimus (antineoplastic)</i> ..32	
EPIPEN	226	<i>esomeprazole sodium</i>	180	<i>everolimus</i>	
EPIPEN JR	226	ESPEROCT	101	(<i>immunosuppressive</i>).....32	
<i>epirubicin</i>	31	<i>estarylla</i>	208	EVERSENSE SENSOR-	
<i>epitol</i>	44	<i>estazolam</i>	77	HOLDER.....	147
EPIVIR	6	ESTRACE	202	EVERSENSE SMART	
EPIVIR HBV.....	6	<i>estradiol</i>	202, 203	TRANSMITTER	147
<i>eplerenone</i>	91	ESTRADIOL.....	202	EVISTA.....	196
EPOGEN	181	<i>estradiol valerate</i>	203	EVKEEZA.....	107
<i>epoprostenol</i>	92	<i>estradiol-norethindrone acet</i>		EVOCLIN.....	117
EPRONTIA	44	.....	203	EVOLUTION BLOOD	
<i>eprosartan</i>	92	ESTRING	203	GLUCOSE METER	147
<i>eptifibatide</i>	101	<i>estrogens-methyltestosterone</i>		EVOLUTION NORMAL	
EPZICOM	6	.....	203	CONTROL	147
EQUETRO	44	<i>eszopiclone</i>	77	EVOLUTION TEST STRIPS	
ERAXIS(WATER DILUENT)		<i>ethacrynate sodium</i>	92	.....	139
.....	3	<i>ethacrynic acid</i>	92	EVOMELA.....	32
<i>ergocalciferol (vitamin d2)</i> .	243	<i>ethambutol</i>	17	EVOTAZ	7
<i>ergoloid</i>	77	<i>ethosuximide</i>	44	EVOXAC	130
ERGOMAR.....	52	<i>ethynodiol diac-eth estradiol</i>		EVRYSDI.....	54
<i>ergotamine-caffeine</i>	52	.....	208	EXELDERM	122
ERIVEDGE.....	31	ETHYOL	27	EXELON PATCH.....	54
ERLEADA	31	<i>etodolac</i>	69	<i>exemestane</i>	32
<i>erlotinib</i>	31	<i>etonogestrel-ethinyl estradiol</i>		EXJADE	130
ERMEZA	166	.....	205	EXKIVITY	32
<i>errin</i>	202	ETOPOPHOS.....	31	EXPAREL (PF).....	120
ERTACZO	122	<i>etoposide</i>	31	EXSERVAN.....	130
<i>ertapenem</i>	17	<i>etravirine</i>	6	EXTAVIA	185
<i>ery pads</i>	117	EUA PATIENT		EXTINA	122
<i>erygel</i>	117	ASSESSMENT	143	EYSUVIS	223
ERYPED 200	14	EUCRISA.....	114	EZ SMART PLUS SYSTEM	
ERYPED 400	14	EULEXIN.....	31	.....	148
<i>ery-tab</i>	14	EURAX	128	EZ SMART PLUS TEST ...140	
ERY-TAB.....	14	<i>euthyrox</i>	166	EZ SMART SYSTEM.....	148
ERYTHROCIN	14	EVAMIST	203	EZ SMART TEST.....	140
<i>erythrocin (as stearate)</i>	14	EVEKEO	77	<i>ezetimibe</i>	107
<i>erythromycin</i>	14, 15, 215	EVEKEO ODT.....	77	<i>ezetimibe-simvastatin</i>	107
<i>erythromycin ethylsuccinate</i> .	14	EVENCARE G2.....	139, 147		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

F		
FABIOR	117	
FACTIVE	23	
<i>falmina</i> (28).....	208	
<i>famciclovir</i>	7	
<i>famotidine</i>	180	
<i>famotidine (pf)</i>	180	
<i>famotidine (pf)-nacl (iso-os)</i>	180	
FANAPT	77	
FARESTON	32	
FARXIGA	163	
FASENRA.....	231	
FASENRA PEN	231	
FC2 FEMALE CONDOM .	200	
<i>febuxostat</i>	196	
FEIBA NF	101	
<i>felbamate</i>	44	
FELBATOL	44	
FELDENE	69	
<i>felodipine</i>	92	
FEMARA	32	
FEMCAP.....	200	
FEMRING.....	203	
<i>femynor</i>	208	
<i>fenofibrate</i>	108	
FENOFIBRATE.....	108	
<i>fenofibrate micronized</i>	107	
FENOFIBRATE MICRONIZED.....	107	
<i>fenofibrate nanocrystallized</i>	108	
<i>fenofibric acid</i>	108	
<i>fenofibric acid (choline)</i>	108	
FENOGLIDE	108	
FENSOLVI.....	32	
<i>fentanyl</i>	62	
FENTANYL (PF)- BUPIVACAINE-NACL... 60		
<i>fentanyl citrate</i>	61	
FENTANYL CITRATE.....	61	
<i>fentanyl citrate (pf)</i>	60	
FENTANYL CITRATE (PF)	60	
<i>fentanyl citrate (pf)-0.9%nacl</i>	61	
FENTANYL CITRATE (PF)- 0.9%NACL.....	60, 61	
FENTANYL- ROPIVACAINE-NACL (PF).....	62	
FENTORA.....	62	
FERAHEME	243	
FERRIPROX.....	130	
FERRIPROX (2 TIMES A DAY).....	130	
FERRLECIT.....	130	
<i>ferumoxytol</i>	243	
<i>fesoterodine</i>	236	
FETROJA.....	13	
FETZIMA.....	77	
FIBRICOR.....	108	
FIBRYGA	101	
FILSPARI.....	110	
FINACEA.....	117	
<i>finasteride</i>	237	
<i>ingolimod</i>	185	
FINTEPLA	44	
<i>finzala</i>	208	
FIORICET	62	
FIORICET WITH CODEINE	62	
FIRAZYR.....	231	
FIRDAPSE.....	54	
FIRVANQ	26	
<i>flac otic oil</i>	135	
FLAGYL	17	
FLAREX	223	
<i>flavoxate</i>	236	
<i>flecainide</i>	87	
FLECTOR	69	
<i>fleet laxative (bisacodyl)</i>	173	
FLEQSUVY	57	
FLEXICHAMBER.....	143	
FLOLAN	92	
FLOLIPID	108	
FLOMAX	237	
FLORIVA (FLUORIDE- VITAMIN D3)	243	
FLOVENT DISKUS	231	
FLOVENT HFA.....	231	
FLUAD QUAD 2023-24(65Y UP)(PF)	189	
FLUARIX QUAD 2023-2024 (PF).....	189	
FLUBLOK QUAD 2023-2024 (PF).....	189	
FLUCELVAX QUAD 2023- 2024	189	
FLUCELVAX QUAD 2023- 2024 (PF).....	189	
<i>fluconazole</i>	3	
<i>fluconazole in nacl (iso-osm)</i> ..	3	
<i>flucytosine</i>	3	
<i>fludarabine</i>	32	
<i>fludrocortisone</i>	137	
FLULAVAL QUAD 2023- 2024 (PF).....	189	
FLUMADINE.....	7	
FLUMIST QUAD 2023-2024	189	
<i>flunisolide</i>	231	
<i>fluocinolone</i>	125	
<i>fluocinolone acetonide oil</i> ..	135	
<i>fluocinolone and shower cap</i>	125	
<i>fluocinonide</i>	125	
<i>fluocinonide-e</i>	125	
FLUORESCEIN- BENOXINATE	218	
<i>fluorescein-propraracaine</i> ...	218	
<i>fluoride (sodium)</i>	134, 243	
FLUORIDEX DAILY DEFENSE.....	134	
FLUORIDEX SENSITIVITY RELIEF.....	134	
FLUORIMAX 5000	134	
FLUORIMAX 5000 SENSITIVE.....	134	
<i>fluorometholone</i>	223	
FLUROPLEX	114	
<i>fluorouracil</i>	32, 114	
<i>fluoxetine</i>	77	
<i>fluphenazine decanoate</i>	77	
<i>fluphenazine hcl</i>	77, 78	
<i>flurandrenolide</i>	125	
<i>flurbiprofen</i>	70	
<i>flurbiprofen sodium</i>	220	
<i>fluticasone propionate</i> 125, 231		
<i>fluticasone propion-salmeterol</i>	231	
<i>fluvastatin</i>	108	
<i>fluvoxamine</i>	78	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

FLUZONE HIGHDOSE QUAD 23-24 PF..... 189	FORA TN'G ADVANCE PRO MONITOR 148	<i>fosphenytoin</i>.....44
FLUZONE QUAD 2023-2024 189	FORA TN'G VOICE METER 148	FOSRENOL .....170
FLUZONE QUAD 2023-2024 (PF)..... 189	FORA TN'G VOICE TEST STRIPS 140	FOTIVDA.....32
FML FORTE 223	FORA TN'GO ADVANCE MONITOR 148	FRAGMIN.....101, 102
FML LIQUIFILM 223	FORA V10 140, 148	FREESTYLE CONTROL..148
FOCALIN.....78	FORA V10-V12-D10-D20 STRIPS 140	FREESTYLE FLASH SYSTEM .....148
<i>folic acid</i>.....243	FORA V12 BLOOD GLUCOSE SYSTEM..... 148	FREESTYLE FREEDOM..148
<i>folivane-ob</i>.....243	FORA V12 GLUCOSE 140	FREESTYLE FREEDOM LITE .....148
FOLLISTIM AQ 159	FORA V20 140, 148	FREESTYLE INSULINX .140, 149
FOLOTYN 32	FORA V30A..... 148	FREESTYLE INSULINX TEST STRIPS 140
<i>fondaparinux</i> 101	FORACARE GD20..... 140	FREESTYLE LIBRE 14 DAY READER .....149
FORA 6 CONNECT GLUCOSE STRIP 140	FORACARE GD20 GLUCOSE METER 148	FREESTYLE LIBRE 14 DAY SENSOR..... 149
FORA D10 148	FORACARE GD40 TEST STRIPS 140	FREESTYLE LIBRE 2 READER .....149
FORA D15 GLUCOSE-BP MONITOR 148	FORACARE GD40A GLUCOSE METER 148	FREESTYLE LIBRE 2 SENSOR..... 149
FORA D15G STRIPS 140	FORACARE GD40B GLUCOSE METER 148	FREESTYLE LIBRE 3 SENSOR..... 149
FORA D20 140, 148	FORACARE GDH LOW CONTROL 148	FREESTYLE LITE METER 149
FORA D40D GLUCOSE-BP MONITOR 148	FORFIVO XL.....78	FREESTYLE LITE STRIPS 140
FORA D40-G31 TEST STRIPS 140	<i>formoterol fumarate</i> 231	FREESTYLE PRECISION NEO METER 149
FORA G20 140, 148	FORTEO 196	FREESTYLE PRECISION NEO STRIPS..... 140
FORA G30A 148	FORTESTA..... 159	FREESTYLE SIDEKICK II 149
FORA G30-PREMIUM V10 TEST STRP..... 140	FORTISCARE G1 TEST STRIP 140	FREESTYLE SYSTEM KIT 149
FORA GD50 BLOOD GLUCOSE SYSTEM..... 148	FORTISCARE GLUCOSE TEST STRIPS 140	FREESTYLE TEST 140
FORA GD50 TEST STRIPS 140	FORTISCARE NORMAL .148	FROVA.....52
FORA GTEL GLUCOSE TEST STRIP 140	FORTISCARE T1 BLOOD GLUC SYS..... 148	<i>frovatriptan</i>.....52
FORA GTEL MULTI- FUNCTN MONITOR 148	FOSAMAX 196	FULPHILA 181
FORA KETONE CONTROL SOLN-L1..... 148	FOSAMAX PLUS D..... 196	FURADANTIN 25
FORA NORMAL CONTROL 148	<i>fosamprenavir</i> 7	FUROSCIX 92
FORA PREMIUM V10 GLUCOSE METER..... 148	<i>fosaprepitant</i> 173	<i>furosemide</i> 92
FORA TEST N'GO VOICE METER 148	<i>foscarnet</i> 7	FUROSEMIDE IN 0.9 % NACL 92
FORA TEST STRIP..... 140	FOSCAVIR 7	FUZEON .....7
FORA TN'G ADVAN PRO TEST STRIP 140	<i>fosfomycin tromethamine</i> 25	<i>fyavolv</i>.....203
	<i>fosinopril</i> 92	FYCOMPA.....44
	<i>fosinopril-hydrochlorothiazide</i> 92	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

FYLNETRA	181	<i>gentamicin in nacl (iso-osm)</i> 17	GLUCOCARD SHINE TEST STRIPS	141
<i>fyremadel</i>	159	GENTAMICIN IN NACL (ISO-OSM)	GLUCOCARD SHINE XL METER	149
G		<i>gentamicin sulfate (ped) (pf)</i> 17	GLUCOCARD VITAL	149
<i>g tussin ac</i>	227	GENTEEL VACUUM LANCING DEVICE	GLUCOCARD VITAL SENSOR	141
<i>gabapentin</i>	44	<i>gentle laxative (bisacodyl)</i> .. 174	GLUCOCARD VITAL TEST STRIPS	141
GABITRIL	44	<i>gentlelax</i>	GLUCOCOM BLOOD GLUCOSE	149
GALAFOLD	159	GENVOYA	GLUCOCOM CONTROL NORMAL	149
<i>galantamine</i>	54, 55	GEODON	GLUCOCOM GLUCOSE.. 141	
GALZIN	240	GIAPREZA	GLUCOSE CONTROL	149
GAMASTAN	189	GILENYA	GLUCOTROL XL	164
GAMASTAN S/D	189	GILOTRIF	<i>glyburide</i>	164
GAMIFANT	32	GIVLAARI	<i>glyburide micronized</i>	164
GANCICLOVIR	7	<i>glatiramer</i>	<i>glyburide-metformin</i>	164
<i>ganciclovir sodium</i>	7	<i>glatopa</i>	GLYCATE	168
<i>ganirelix</i>	159	GLEEVEC	<i>glycopyrrolate</i>	169
GARDASIL 9 (PF)	189	GLEOSTINE	GLYCOPYRROLATE	169
GASTROCROM	173	GLIADDEL WAFER	<i>glycopyrrolate (pf)</i>	168
<i>gatifloxacin</i>	215	<i>glimepiride</i>	<i>glycopyrrolate (pf) in water</i> 168	
GATTEX 30-VIAL	173	<i>glipizide</i>	GLYCOPYRROLATE (PF) IN WATER	168
<i>gavilax</i>	173	<i>glipizide-metformin</i>	GLYNASE	164
<i>gavilyte-c</i>	174	GLUCAGEN DIAGNOSTIC KIT	GLYRX-PF	169
<i>gavilyte-g</i>	174	GLUCAGEN HYPOKIT .. 143	GLYXAMBI	164
GAVRETO	32	GLUCAGON (HCL) EMERGENCY KIT	GM100	141, 149
GE100 BLOOD GLUCOSE SYSTEM	149	<i>glucagon emergency kit (human)</i>	GOJJI BLOOD GLUCOSE TEST STRIP	141
GE100 BLOOD GLUCOSE TEST STRIP	140	GLUCAGON HCL	GOJJI GLUCOSE CNTRL SOL-NORMAL	149
GE100 CONTROL SOLUTION NORMAL.. 149		GLUCO NAVII GLUCOSE MONITOR	GOJJI KETONE CONTROL SOLN-L1	150
GE333 BLOOD GLUCOSE SYSTEM	149	GLUCO NAVII TEST STRIP	GOJJI MULTI-FUNCTIONAL METER	150
GE333 BLOOD GLUCOSE TEST STRIP	140	GLUCOCARD 01 METER 149	GOLYTELY	174
<i>gefitinib</i>	32	GLUCOCARD 01 NORMAL CONTROL	GONAL-F	159
GELNIQUE	236	GLUCOCARD 01 SENSOR PLUS	GONAL-F RFF	159
GELX	134	GLUCOCARD EXPRESSION	GONAL-F RFF REDI-JECT	159
<i>gemfibrozil</i>	108	GLUCOCARD SHINE CONNEX METER	GONITRO	110
<i>gemmily</i>	208	GLUCOCARD SHINE EXPRESS METER	GOPRELTO	120
GEMTESA	236	GLUCOCARD SHINE METER	GRALISE	44
GENERESS FE	208		<i>granisetron (pf)</i>	174
<i>generlac</i>	174		<i>granisetron hcl</i>	174
<i>gengraf</i>	32			
GENOTROPIN	183			
GENOTROPIN MINIQUICK	183			
GENSTRIP TEST STRIP .. 140				
<i>gentak</i>	215			
<i>gentamicin</i>	17, 121, 215			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

GRANIX	182	HEALTHPRO TEST STRIPS		HUMALOG MIX 50-50	
GRASTEK	190	.....	141	INSULN U-100	155
<i>griseofulvin microsize</i>	3, 4	<i>heather</i>	203	HUMALOG MIX 50-50	
<i>griseofulvin ultramicrosize</i>	4	HECTOROL.....	160	KWIKPEN.....	155
<i>guaiafucine ac</i>	227	HEMADY	137	HUMALOG MIX 75-25	
<i>guanfacine</i>	78, 92	HEMLIBRA	102	KWIKPEN.....	155
GUARDIAN 4 GLUCOSE		<i>hemmorex-hc</i>	174	HUMALOG MIX 75-25(U-	
SENSOR.....	150	HEMOFIL M HIGH.....	102	100)INSULN	155
GUARDIAN 4		HEMOFIL M LOW.....	102	HUMALOG TEMPO PEN(U-	
TRANSMITTER.....	150	HEMOFIL M MID.....	102	100)INSULN	155
GUARDIAN CONNECT		HEMOFIL M SUPER HIGH		HUMALOG U-100 INSULIN	
TRANSMITTER.....	150	.....	102	.....	155
GUARDIAN LINK 3		<i>hep flush-10 (pf)</i>	102	HUMATE-P	103
TRANSMITTER.....	150	HEPAGAM B.....	190	HUMATIN	17
GUARDIAN SENSOR 3 ...	150	<i>heparin (porcine)</i>	102	HUMATROPE	184
GVOKE.....	144	HEPARIN (PORCINE) IN		HUMIRA	198
GVOKE HYOPEN 2-PACK		0.9% NACL.....	102	HUMIRA PEN	198
.....	144	<i>heparin (porcine) in 5 % dex</i>		HUMIRA PEN CROHNS-UC-	
GVOKE PFS 2-PACK		.....	102	HS START	198
SYRINGE.....	144	<i>heparin (porcine) in nacl (pf)</i>		HUMIRA PEN PSOR-	
GYNAZOLE-1	205	.....	102	UVEITS-ADOL HS	198
H		<i>heparin lock flush</i>	103	HUMIRA(CF)	199
HAEGARDA	231	<i>heparin lock flush (porcine)</i>	103	HUMIRA(CF) PEDI	
<i>hailey</i>	209	<i>heparin lock flush (porcine)(pf)</i>		CROHNS STARTER	198
<i>hailey 24 fe</i>	208	.....	103	HUMIRA(CF) PEN.....	198
<i>hailey fe 1.5/30 (28)</i>	208	<i>heparin(porcine) in 0.45% nacl</i>		HUMIRA(CF) PEN	
<i>hailey fe 1/20 (28)</i>	209	.....	103	CROHNS-UC-HS.....	198
<i>halcinonide</i>	125	HEPARIN(PORCINE) IN		HUMIRA(CF) PEN	
HALCION.....	78	0.45% NACL.....	103	PEDIATRIC UC.....	198
HALDOL DECANOATE	78	<i>heparin, porcine (pf)</i>	103	HUMIRA(CF) PEN PSOR-	
<i>halobetasol propionate</i>	125,	HEPARIN, PORCINE (PF)	103	UV-ADOL HS.....	198
126		HEPLISAV-B (PF).....	190	HUMULIN 70/30 U-100	
HALOBETASOL		HEPSERA	7	INSULIN	155
PROPIONATE	126	<i>her style</i>	209	HUMULIN 70/30 U-100	
<i>haloette</i>	205	HERCEPTIN HYLECTA	32	KWIKPEN.....	155
HALOG.....	126	HETLIOZ	78	HUMULIN N NPH INSULIN	
<i>haloperidol</i>	78	HETLIOZ LQ.....	78	KWIKPEN.....	155
<i>haloperidol decanoate</i>	78	HIBERIX (PF).....	190	HUMULIN N NPH U-100	
<i>haloperidol lactate</i>	78	HIPREX.....	25	INSULIN	155
HARMONY GLUCOSE TEST		HISTEX-AC	227	HUMULIN R REGULAR U-	
STRIP	141	HIZENTRA	190	100 INSULN	155
HARVONI	7	<i>homatropaire</i>	217	HUMULIN R U-500 (CONC)	
HAVRIX (PF)	190	HORIZANT.....	55	INSULIN	155
HEALTHPRO GLUCOSE		HUMALOG JUNIOR		HUMULIN R U-500 (CONC)	
MONITOR	150	KWIKPEN U-100	154	KWIKPEN.....	155
HEALTHPRO HIGH-LOW		HUMALOG KWIKPEN		HYCAMTIN.....	33
CONTROL.....	150	INSULIN	154	HYCODAN (WITH	
				HOMATROPINE).....	227

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>hydralazine</i>	92	HYPERHEP B NEONATAL		IMITREX STATDOSE PEN52	
HYDREA	33	.....	190	IMITREX STATDOSE	
<i>hydrochlorothiazide</i>	92	HYPERRAB (PF).....	190	REFILL.....	52
<i>hydrocodone bitartrate</i>	62	HYPER-SAL	231	IMOGAM RABIES-HT (PF)	
<i>hydrocodone-acetaminophen</i>	62	HYPERTET (PF)	190	.....	190
<i>hydrocodone-</i>		HYQVIA	190	IMOVAX RABIES VACCINE	
<i>chlorpheniramine</i>	227	HYRIMOZ PEN CROHN'S-		(PF).....	190
<i>hydrocodone-homatropine</i> .	227	UC STARTER.....	199	IMPAVIDO	17
<i>hydrocodone-ibuprofen</i>	62	HYRIMOZ PEN PSORIASIS		IMPEKLO	126
<i>hydrocortisone</i>	126, 137, 174	STARTER	199	IMPOYZ.....	126
<i>hydrocortisone acetate</i>	174	HYRIMOZ(CF).....	199	IMURAN.....	33
<i>hydrocortisone butyrate</i>	126	HYRIMOZ(CF) PEDI		IMVEXXY MAINTENANCE	
<i>hydrocortisone butyr-emollient</i>	.....	CROHN STARTER	199	PACK	203
.....	126	HYRIMOZ(CF) PEN	199	IMVEXXY STARTER PACK	
<i>hydrocortisone valerate</i>	126	HYSINGLA ER	64	.....	203
<i>hydrocortisone-acetic acid</i> .	135	I		INBRIJA.....	50
<i>hydrocortisone-pramoxine</i> 111,		<i>ibandronate</i>	196	<i>incassia</i>	203
174		IBRANCE	33	INCRELEX	130
<i>hydromet</i>	227	<i>ibu</i>	70	INCRUSE ELLIPTA.....	231
<i>hydromorphone</i>	63, 64	<i>ibuprofen</i>	70	<i>indapamide</i>	92
HYDROMORPHONE	63	<i>icatibant</i>	231	INDERAL XL	93
<i>hydromorphone (pf)</i>	63	<i>iclevia</i>	209	<i>indomethacin</i>	70
HYDROMORPHONE (PF) .	62	ICLUSIG	33	INFANRIX (DTAP) (PF)...	191
HYDROMORPHONE (PF) IN		<i>icosapent ethyl</i>	108	INFED	244
WATER.....	62	IDAMYCIN PFS.....	33	INFINITY CONTROL	
<i>hydromorphone (pf)-0.9 %</i>		<i>idarubicin</i>	33	SOLUTION NORM	150
<i>nacl</i>	63	IDELVION.....	103	INFINITY STARTER KIT	150
HYDROMORPHONE (PF)-		IDHIFA	33	INFINITY TEST STRIPS ..	141
0.9 % NACL.....	63	IFE-BIMIX 30/1.....	238	INFINITY VOICE CTRL	
HYDROMORPHONE(PF)-		IFE-PG20.....	238	SOLN-LVL 2.....	150
NACL,ISO-OSM.....	64	IFEX	33	INFINITY VOICE GLUCOSE	
<i>hydroxocobalamin</i>	244	<i>ifosfamide</i>	33	MONITOR	150
<i>hydroxychloroquine</i>	17	IGALMI.....	78	INFINITY VOICE TEST	
<i>hydroxyprogesterone(pf)(preg presv)</i>	.....	IGLUCOSE BLOOD		STRIP	141
.....	203	GLUCOSE MONITOR ..	150	INFUMORPH P/F.....	64
<i>hydroxyprogesterone caproate</i>	.....	IGLUCOSE TEST STRIP ..	141	INFUVITE PEDIATRIC....	244
.....	203	IHEEZO (PF)	218	INGREZZA	55
<i>hydroxyurea</i>	33	ILARIS (PF).....	182	INGREZZA INITIATION	
<i>hydroxyzine hcl</i>	226	ILEVRO	220	PACK	55
<i>hydroxyzine pamoate</i>	226	ILUMYA	112	INJECTAFER.....	244
HYFTOR.....	114	ILUVIEN.....	223	INLYTA	33
HYLENEX	130	<i>imatinib</i>	33	INNOPRAN XL	93
<i>hyophen</i>	238	IMBRUVICA	33	INPEFA	164
<i>hyoscyamine sulfate</i>	169	<i>imipenem-cilastatin</i>	17	INPEN (FOR HUMALOG)	
HYOSCYAMINE SULFATE		<i>imipramine hcl</i>	78	PINK.....	150
.....	169	<i>imipramine pamoate</i>	78	INPEN (NOVOLOG OR	
<i>hyosyne</i>	169	<i>imiquimod</i>	195	FIASP) PINK.....	150
HYPERHEP B.....	190	IMITREX	52	INQOVI.....	33

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

INREBIC.....	33	IXINITY.....	103	KEDRAB (PF).....	191
INSPRA.....	93	J		<i>kelnor 1/35 (28)</i>	209
INSULIN DEGLUDEC	156	JADENU	130	<i>kelnor 1-50 (28)</i>	209
INSULIN GLARGINE	156	JADENU SPRINKLE	130	KENALOG.....	126, 137
INSULIN GLARGINE-YFGN		<i>jaimiess</i>	209	KENALOG-80	137
.....	156	JAKAFI	34	KENGREAL.....	104
INSULIN SYRINGE-		JALYN	237	KEPIVANCE	27
NEEDLE U-100	143	<i>jantoven</i>	103	KEPPRA.....	44, 45
INTELENCE.....	7	JANUMET	164	KEPPRA XR	45
INTRAROSA	205	JANUMET XR.....	164	KERENDIA.....	93
INTUNIV ER	78	JANUVIA.....	164	KERYDIN	122
INVANZ.....	17	JARDIANCE.....	164	KESIMPTA PEN.....	185
INVEGA.....	79	<i>jasmiel (28)</i>	209	KETAMINE	79
INVEGA HAFYERA.....	79	JATENZO	160	<i>ketoconazole</i>	4, 122
INVEGA SUSTENNA.....	79	<i>javygtor</i>	160	<i>ketodan</i>	122
INVEGA TRINZA.....	79	JAYPIRCA.....	34	<i>ketodan kit</i>	122
INVELTYS	223	JAZZ WIRELESS 2 METER		<i>ketoprofen</i>	70
<i>iodine-sodium iodide</i>	114	KIT	150	<i>ketorolac</i>	70, 220
IODOPEN	33	JELMYTO.....	34	KETOROLAC.....	70
IODOSORB	114	<i>jencycla</i>	203	KEVEYIS	55
IOPIDINE.....	225	<i>jinteli</i>	203	KEVZARA	199
IPOL	191	JIVI.....	103	KHAPZORY	27
<i>ipratropium bromide</i> ..	134, 231	JOENJA.....	130	KIMYRSA.....	17
<i>ipratropium-albuterol</i>	232	<i>jolessa</i>	209	KINERET	199
<i>irbesartan</i>	93	JORNAY PM	79	KINEVAC	174
<i>irbesartan-hydrochlorothiazide</i>		<i>juleber</i>	209	KINRIX (PF).....	191
.....	93	JULUCA.....	7	KISQALI	34
IRESSA	33	<i>junel 1.5/30 (21)</i>	209	KISQALI FEMARA CO-	
<i>irinotecan</i>	33	<i>junel 1/20 (21)</i>	209	PACK	34
ISENTRESS	7	<i>junel fe 1.5/30 (28)</i>	209	KITABIS PAK	17
ISENTRESS HD	7	<i>junel fe 1/20 (28)</i>	209	KLARITY-A (AZITHRO-	
<i>isibloom</i>	209	<i>junel fe 24</i>	209	CHONDR)(PF).....	218
ISOLYTE S PH 7.4.....	241	JUST RIGHT 5000.....	134	KLARITY-L (LOTEPRED-	
ISOLYTE-S.....	241	JUXTAPID.....	108	CHOND)(PF)	218
<i>isoniazid</i>	17	JYNARQUE.....	160	KLARON	121
<i>isoproterenol hcl</i>	110	JYNNEOS (PF)(STOCKPILE)		KLISYRI	34
ISOPTO ATROPINE	217	.....	191	KLONOPIN.....	45
ISORDIL	110	K		<i>klor-con</i>	240
ISORDIL TITRADOSE.....	110	<i>kaitlib fe</i>	209	<i>klor-con 10</i>	240
<i>isosorbide dinitrate</i>	110	KALBITOR.....	232	<i>klor-con 8</i>	240
<i>isosorbide mononitrate</i>	110	KALETRA	7	<i>klor-con m10</i>	240
<i>isosorbide-hydralazine</i>	93	<i>kalliga</i>	209	<i>klor-con m15</i>	240
<i>isotretinoin</i>	117	KALYDECO	232	<i>klor-con m20</i>	240
<i>isradipine</i>	93	KAPVAY	79	<i>klor-con/ef</i>	240
ISTURISA.....	160	KARBINAL ER	226	KLOXXADO	70
<i>itraconazole</i>	4	<i>kariva (28)</i>	209	KOATE.....	104
<i>ivermectin</i>	17, 117	KAZANO	164	KOGENATE FS	104
IXIARO (PF).....	191	KCENTRA	104	KORLYM.....	160

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

KORSUVA.....	130	LAMICTAL XR STARTER (ORANGE).....	46	LEVEMIR FLEXTOUCH U100 INSULIN	156
KOSELUGO	34	<i>lamivudine</i>	7	LEVEMIR U-100 INSULIN	156
KOSHER PRENATAL PLUS IRON	244	<i>lamivudine-zidovudine</i>	7	<i>levetiracetam</i>	46
KOVALTRY	104	<i>lamotrigine</i>	46	<i>levetiracetam in nacl (iso-os)</i>	46
K-PHOS NO 2.....	238	LAMPIT	17	LEVETIRACETAM IN NACL (ISO-OS).....	46
K-PHOS ORIGINAL	238	LANCETS	150	<i>levobunolol</i>	216
KRAZATI	34	LANCING DEVICE	150	<i>levocarnitine</i>	130
KRINTAFEL.....	17	LANOXIN.....	98	<i>levocarnitine (with sugar)</i> ..	130
KRISTALOSE	174	LANREOTIDE.....	34	<i>levocetirizine</i>	226
K-TAB.....	240	<i>lansoprazole</i>	180	<i>levofloxacin</i>	23, 215
<i>kurvelo (28)</i>	209	<i>lanthanum</i>	170	<i>levofloxacin in d5w</i>	23
KUVAN	160	LANTUS SOLOSTAR U-100 INSULIN	156	<i>levoleucovorin calcium</i>	27
KYLEENA	201	LANTUS U-100 INSULIN	156	<i>levonest (28)</i>	210
KYNMOBI.....	50	<i>lapatinib</i>	34	<i>levonorgestrel</i>	210
KYZATREX	160	<i>larin 1.5/30 (21)</i>	209	<i>levonorgestrel-ethinyl estrad</i>	210
L		<i>larin 1/20 (21)</i>	209	<i>levonorg-eth estrad triphasic</i>	210
<i>l norgest/e.estradiol-e.estrad</i>	209	<i>larin 24 fe</i>	209	<i>levora-28</i>	210
<i>labetalol</i>	93	<i>larin fe 1.5/30 (28)</i>	209	<i>levo-t</i>	166
LABELALOL	93	<i>larin fe 1/20 (28)</i>	209	<i>levothyroxine</i>	166
LABELALOL IN NACL (ISO- OSMOT).....	93	<i>larissia</i>	209	LEVOTHYROXINE	166
<i>lacosamide</i>	45	LASIX	93	<i>levoxyl</i>	167
LACRISERT	218	<i>latanoprost</i>	221	LEVSIN.....	169
<i>lactated ringers</i>	128	LATUDA.....	79	LEVSIN/SL	169
<i>lactulose</i>	174	<i>laxative (bisacodyl)</i>	174	LEVULAN	114
LAGEVRIO (EUA).....	7	<i>laxative peg 3350</i>	174	LEXETTE.....	126
LAMICTAL	45	<i>layolis fe</i>	210	LEXIVA	8
LAMICTAL ODT	45	LEDIPASVIR-SOFOSBUVIR	8	LIBRAX (WITH CLIDINIUM)	169
LAMICTAL ODT STARTER (BLUE).....	45	<i>leena 28</i>	210	LIBTAYO.....	34
LAMICTAL ODT STARTER (GREEN).....	45	<i>leflunomide</i>	199	LICART.....	70
LAMICTAL ODT STARTER (ORANGE).....	45	<i>lenalidomide</i>	34	<i>lidocaine</i>	120
LAMICTAL STARTER (BLUE) KIT	45	LENVIMA.....	34	<i>lidocaine (pf)</i>	87, 120
LAMICTAL STARTER (GREEN) KIT	45	LESCOL XL.....	108	<i>lidocaine hcl</i>	120
LAMICTAL STARTER (ORANGE) KIT	45	<i>lessina</i>	210	<i>lidocaine hcl-hydrocortison ac</i>	120, 174
LAMICTAL XR.....	45	LETAIRIS	232	LIDOCAINE HCL- HYDROCORTISON AC174	
LAMICTAL XR STARTER (BLUE).....	46	<i>letrozole</i>	34	<i>lidocaine in 5 % dextrose (pf)</i>	87
LAMICTAL XR STARTER (GREEN).....	46	<i>leucovorin calcium</i>	27	<i>lidocaine viscous</i>	120
		LEUKERAN	34	<i>lidocaine-epinephrine (pf)</i> ..	120
		LEUKINE.....	182		
		<i>leuprolide</i>	34		
		LEUPROLIDE (3 MONTH)	34		
		<i>levabuterol hcl</i>	232		
		LEVAMLODIPINE	93		
		LEVBID	169		
		LEVEMIR FLEXPEN.....	156		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>lidocaine-hydrocortisone-aloe</i>	<i>lopinavir-ritonavir</i>.....8	<i>lurasidone</i>.....80
..... 175	LOPRESSOR.....93	<i>lutera (28)</i>.....210
<i>lidocaine-prilocaine</i> 120	LOPROX.....122	LUXIQ.....126
<i>lidocort</i>.....120	LOPROX (AS OLAMINE) 122	LUZU.....122
LILETTA.....201	LOPROX KIT.....122	LYBALVI.....80
LINCOCIN.....17	<i>lorazepam</i>.....79	<i>lyleq</i>.....203
<i>lincomycin</i>.....18	<i>lorazepam intensol</i>.....79	<i>lyllana</i>.....204
<i>lindane</i>.....128	LORBRENA.....34	LYMEPAK.....24
<i>linezolid</i>.....18	LOREEV XR.....79	LYNPARZA.....35
<i>linezolid in dextrose 5%</i>.....18	LORTAB ELIXIR.....64	LYSODREN.....35
<i>linezolid-0.9% sodium chloride</i>	<i>loryna (28)</i>.....210	LYTGOBI.....35
.....18	<i>losartan</i>.....93	LYUMJEV KWIKPEN U-100
LINZESS.....175	<i>losartan-hydrochlorothiazide</i>	INSULIN.....156
<i>liothyronine</i>.....167	.....93	LYUMJEV KWIKPEN U-200
LIPOFEN.....108	LOSEASONIQUE.....210	INSULIN.....156
LIQREV.....232	LOTEMAX.....223, 224	LYUMJEV TEMPO PEN(U-
<i>lisinopril</i>.....93	LOTEMAX SM.....224	100)INSULN.....156
<i>lisinopril-hydrochlorothiazide</i>	LOTENSIN.....93	LYUMJEV U-100 INSULIN
.....93	LOTENSIN HCT.....93	.....157
LITEAIRE MDI CHAMBER	<i>loteprednol etabonate</i>.....224	<i>lyza</i>.....204
.....143	LOTREL.....94	M
<i>lithium carbonate</i>.....79	LOTREXONE.....70	MACROBID.....25
LITHOBID.....79	<i>lovastatin</i>.....108	MACRODANTIN.....25
LITHOSTAT.....131	LOVAZA.....108	<i>mafenide acetate</i>.....121
LIVALO.....108	LOVENOX.....104	<i>magnesium chloride</i>.....240
LIVMARLI.....175	<i>low-ogestrel (28)</i>.....210	<i>magnesium citrate</i>.....175
LIVTENCITY.....8	<i>loxapine succinate</i>.....79	<i>magnesium sulfate</i>.....241
LO LOESTRIN FE.....210	<i>lo-zumandimine (28)</i>.....210	MAGNESIUM SULFATE IN
LOCOID.....126	<i>lubiprostone</i>.....175	D5W.....240
LOCOID LIPOCREAM.....126	LUCEMYRA.....70	<i>magnesium sulfate in water</i> 241
LODINE.....70	<i>ludent fluoride</i>.....244	MAKENA (PF).....204
LODOSYN.....50	<i>lugols</i>.....121, 240	MALARONE.....18
LOESTRIN 1.5/30 (21).....210	LULICONAZOLE.....122	MALARONE PEDIATRIC..18
LOESTRIN 1/20 (21).....210	LUMAKRAS.....35	<i>malathion</i>.....128
LOESTRIN FE 1.5/30 (28-	LUMIGAN.....221	<i>maraviroc</i>.....8
DAY).....210	LUMOXITI.....35	MAR-COF CG.....227
LOESTRIN FE 1/20 (28-DAY)	LUMRYZ.....80	MARINOL.....175
.....210	LUPKYNIS.....35	<i>marlissa (28)</i>.....210
<i>lojaimiess</i>.....210	LUPRON DEPOT.....35	MARNATAL-F.....244
LOKELMA.....170	LUPRON DEPOT (3	MARPLAN.....80
LOMOTIL.....169	MONTH).....35	MATULANE.....35
LONHALA MAGNAIR	LUPRON DEPOT (4	<i>matzim la</i>.....94
REFILL.....232	MONTH).....35	MAVENCLAD (10 TABLET
LONHALA MAGNAIR	LUPRON DEPOT (6	PACK).....186
STARTER.....232	MONTH).....35	MAVENCLAD (4 TABLET
LONSURF.....34	LUPRON DEPOT-PED.....35	PACK).....186
<i>loperamide</i>.....169	LUPRON DEPOT-PED (3	MAVENCLAD (5 TABLET
LOPID.....108	MONTH).....35	PACK).....186

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

MAVENCLAD (6 TABLET PACK).....	186	M-END PE	227	<i>methyl</i> dopa-	
MAVENCLAD (7 TABLET PACK).....	186	MENEST	204	<i>hydrochlorothiazide</i>	94
MAVENCLAD (8 TABLET PACK).....	186	MENOPUR	160	<i>methyl</i> dopate.....	94
MAVENCLAD (9 TABLET PACK).....	186	MENOSTAR.....	204	<i>methyl</i> ergonovine	214
MAVYRET	8	MENQUADFI (PF).....	191	METHYLIN	80
MAXALT	52	MENTAX.....	122	<i>methyl</i> phenidate.....	80
MAXALT-MLT	52	MENVEO A-C-Y-W-135-DIP (PF).....	191	<i>methyl</i> phenidate hcl.....	80
MAXIDEX	224	<i>mep</i> eridine	64	METHYLPHENIDATE HCL	80
MAXITROL.....	222	<i>mep</i> eridine (pf)	64	<i>methyl</i> prednisolone.....	137
<i>maxi-tuss ac</i>	227	MEPHYTON.....	104	<i>methyl</i> prednisolone acetate	137
MAXI-TUSS CD.....	227	<i>mep</i> robamate	57	<i>methyl</i> testosterone	160
MAXZIDE	94	MEPRON	18	<i>metoclopramide hcl</i>	175
MAXZIDE-25MG.....	94	<i>mer</i> captapurine	35	<i>metolazone</i>	94
MAYZENT	186	<i>mer</i> openem	18	METOPIRONONE	131
MAYZENT STARTER(FOR 1MG MAINT).....	186	MEROPENEM-0.9% SODIUM CHLORIDE	18	<i>metoprolol succinate</i>	94
MAYZENT STARTER(FOR 2MG MAINT).....	186	<i>mer</i> zee.....	210	<i>metoprolol ta-hydrochlorothiaz</i>	94
<i>m-clear wc</i>	227	<i>mes</i> alamine	175	<i>metoprolol tartrate</i>	94
<i>meclizine</i>	175	<i>mes</i> alamine with cleansing <i>wipe</i>	175	<i>metro i.v.</i>	18
MECLIZINE	175	<i>mes</i> na.....	27	METROCREAM.....	117
<i>meclofenamate</i>	70	MESNEX.....	27	METROGEL	117
MECOBALAMIN (VITAMIN B12).....	244	MESTINON	57	<i>metronidazole</i>	18, 117, 205
MEDISENSE	150	MESTINON TIMESPAN	57	<i>metronidazole in nacl (iso-os)</i>	18
MEDISENSE GLUCOSE KETONE.....	150	<i>metaxalone</i>	57	<i>metyrosine</i>	94
MEDROL	137	<i>metformin</i>	164	<i>mexiletine</i>	87
MEDROL (PAK)	137	METFORMIN	164	MIACALCIN	160
<i>medroxyprogesterone</i>	204	<i>methadone</i>	64	<i>mibelas 24 fe</i>	210
MEDTRONIC EXT INFUSION SET 23	150	<i>methadose</i>	64	<i>micafungin</i>	4
<i>mefenamic acid</i>	70	<i>methamphetamine</i>	80	MICONAZOLE NITRATE- ZINC OX-PET.....	122
<i>mefloquine</i>	18	<i>methazolamide</i>	220	<i>miconazole-3</i>	205
<i>megestrol</i>	35	<i>methenamine hippurate</i>	26	MICRO BLOOD GLUCOSE	141
MEKINIST	35	<i>methenamine mandelate</i>	26	MICROCHAMBER	143
MEKTOVI	35	<i>methen-sod phos-meth blue-</i> <i>hyos</i>	238	MICRODOT BLOOD GLUCOSE SYSTEM....	141, 150
<i>meloxicam</i>	70	<i>methergine</i>	214	MICRODOT XTRA BLOOD GLUCOSE.....	141
MELOXICAM	70	<i>methimazole</i>	138	<i>microgestin 1.5/30 (21)</i>	211
<i>melphalan</i>	35	METHITEST.....	160	<i>microgestin 1/20 (21)</i>	211
<i>melphalan hcl</i>	35	<i>methocarbamol</i>	57	<i>microgestin 24 fe</i>	211
<i>memantine</i>	55	<i>methotrexate sodium</i>	36	<i>microgestin fe 1.5/30 (28)</i> ...211	
MEMANTINE	55	<i>methotrexate sodium (pf)</i> 35, 36		<i>microgestin fe 1/20 (28)</i>.....211	
MENACTRA (PF)	191	<i>methoxsalen</i>	114	MICROSPACER.....	143
		<i>methscopolamine</i>	169	<i>midazolam</i>	81
		<i>methsuximide</i>	46		
		<i>methyl salicylate</i>	114		
		<i>methyl</i> dopa	94		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

MIDAZOLAM.....	81	<i>mitomycin</i>	36	MOZOBIL.....	182
<i>midazolam (pf)</i>	81	<i>mitoxantrone</i>	36	MS CONTIN.....	66
<i>midazolam (pf) in 0.9 % nacl</i>	80	M-M-R II (PF).....	191	MULPLETA.....	104
MIDAZOLAM (PF) IN 0.9 %		<i>m-natal plus</i>	244	MULTAQ.....	87
NACL.....	80, 81	<i>modafinil</i>	81	<i>multi-vitamin with fluoride</i>	244
MIDAZOLAM IN 0.9 % SOD		MODERNA COVID		<i>mupirocin</i>	121
CHLORID.....	81	BIVAL(6M UP)(PF).....	191	<i>mupirocin calcium</i>	121
MIDAZOLAM IN NACL,		MODERNA COVID		MUSE.....	238
ISO-OSMOTIC.....	81	BIVAL(6M-5Y)-PF.....	191	<i>mvc-fluoride</i>	244
MIDAZOLAM IN NACL,ISO-		<i>moexipril</i>	94	<i>my choice</i>	211
OSMO(PF).....	81	<i>molindone</i>	81	<i>my way</i>	211
<i>midodrine</i>	131	<i>mometasone</i>	126, 232	MYALEPT.....	160
<i>migergot</i>	52	<i>mondoxyne nl</i>	25	MYAMBUTOL.....	18
<i>miglitol</i>	164	MONODOX.....	25	MYCAMINE.....	4
<i>miglustat</i>	160	MONOFERRIC.....	244	MYCAPSSA.....	36
MIGRANAL.....	53	<i>mono-lynyah</i>	211	MYCOBUTIN.....	18
<i>mili</i>	211	<i>montelukast</i>	232	<i>mycophenolate mofetil</i>	36
<i>milk of magnesia</i>	175	MONUROL.....	26	<i>mycophenolate mofetil (hcl)</i>	36
<i>milk of magnesia concentrated</i>		<i>morgidox</i>	25	<i>mycophenolate sodium</i>	36
.....	175	MORGIDOX 1X 50.....	25	MYDAYIS.....	81
<i>millipred</i>	137	MORGIDOX 1X100.....	25	MYDRIACYL.....	217
<i>millipred dp</i>	137	<i>morphine</i>	66	MYFEMBREE.....	205
<i>mimvey</i>	204	MORPHINE.....	66	MYFORTIC.....	36
MINASTRIN 24 FE.....	211	<i>morphine (pf)</i>	65	MYGLUCOHEALTH 141, 151	
MINIMED MIO ADVANCE		MORPHINE (PF).....	65	MYGLUCOHEALTH	
INF SET23.....	150	<i>morphine (pf) in 0.9 % sod chl</i>		CONTROL SOLUTION	151
MINIMED QUICK SET 43150		.....	65	MYLERAN.....	36
MINIMED SILHOUETTE 23		MORPHINE (PF) IN 0.9 %		<i>mynatal</i>	244
.....	150	SOD CHL.....	64, 65	<i>mynatal plus</i>	244
MINIMED SURE T 32.....	150	<i>morphine concentrate</i>	65	<i>mynatal-z</i>	244
MINIPRESS.....	94	<i>morphine in 0.9 % sodium</i>		MYOBLOC.....	191
MINIVELLE.....	204	<i>chlор</i>	65	<i>myorisan</i>	117
MINOCIN.....	24	MORPHINE IN 0.9 %		MYRBETRIQ.....	236
<i>minocycline</i>	24	SODIUM CHLOR.....	65	MYSOLINE.....	46
MINOCYCLINE.....	24, 25	MOTOFEN.....	169	MYTESI.....	170
MINOLIRA ER.....	25	MOUNJARO.....	164	MYXREDLIN.....	157
<i>minoxidil</i>	94	MOVANTIK.....	175	N	
MIOCHOL-E.....	217	MOVIPREP.....	175	NABI-HB.....	191
<i>miostat</i>	221	MOXATAG.....	21	<i>nabumetone</i>	70
MIRAPEX ER.....	50	<i>moxifloxacin</i>	23, 215	<i>nadolol</i>	94
MIRCERA.....	182	MOXIFLOXACIN (PF)-BSS		<i>nafcellin</i>	22
MIRCETTE (28).....	211	.....	215	<i>nafcellin in dextrose iso-osm</i>	22
MIRENA.....	201	MOXIFLOXACIN-SOD		<i>naftifine</i>	122
<i>mirtazapine</i>	81	CHLOR,ISO(PF).....	215	NAFTIN.....	122
MIRVASO.....	117	MOXIFLOXACIN-		<i>nalbuphine</i>	71
<i>misoprostol</i>	180	SOD.ACE,SUL-WATER.	23	NALMEFENE.....	71
MITIGARE.....	196	<i>moxifloxacin-sod.chloride(iso)</i>		<i>naloxone</i>	71
MITIGO (PF).....	64	.....	23	NALTREX.....	71

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>naltrexone</i>	71	NEORAL.....	36	<i>nimodipine</i>	94
NAMENDA.....	55	<i>neostigmine methylsulfate</i>	57	NINJACOF-XG.....	227
NAMENDA TITRATION		NEOSTIGMINE		NINLARO.....	36
PAK.....	55	METHYLSULFATE.....	57	NIPENT.....	36
NAMENDA XR.....	55	NEO-SYNALAR.....	121	<i>nisoldipine</i>	94
NAMZARIC.....	55	NEO-SYNALAR KIT.....	121	<i>nitazoxanide</i>	18
NAPROSYN.....	71	NERLYNX.....	36	<i>nitisinone</i>	131
<i>naproxen</i>	71	NESINA.....	165	<i>nitro-bid</i>	110
<i>naproxen sodium</i>	71	NESTABS.....	245	NITRO-DUR.....	110
<i>naratriptan</i>	53	NESTABS ABC.....	245	<i>nitrofurantoin</i>	26
NARCAN.....	71	NESTABS DHA.....	245	<i>nitrofurantoin macrocrystal</i> .26	
NARDIL.....	81	NESTABS ONE.....	245	<i>nitrofurantoin monohyd/m-</i>	
NASCOBAL.....	244	<i>neuac</i>	117	<i>cryst</i>	26
NATACHEW (FE BIS-		NEUAC KIT.....	117	<i>nitroglycerin</i>	110
GLYCINATE).....	244	NEULASTA.....	182	NITROLINGUAL.....	111
NATACYN.....	215	NEULASTA ONPRO.....	182	NITROMIST.....	111
NATAL PNV.....	244	NEUPOGEN.....	182	NITROSTAT.....	111
NATAZIA.....	211	NEUPRO.....	51	<i>nitro-time</i>	111
<i>nateglinide</i>	164	NEUTEK 2TEK TEST		NITYR.....	131
NATESTO.....	160	STRIPS.....	141	<i>niva thyroid</i>	167
NATROBA.....	128	NEVANAC.....	220	NIVESTYM.....	182
<i>natura-lax</i>	175	<i>nevirapine</i>	8	<i>nizatidine</i>	180
NAYZILAM.....	47	<i>new day</i>	211	NOCDURNA (MEN).....	160
<i>nebivolol</i>	94	<i>newgen</i>	245	NOCDURNA (WOMEN) ..	160
NEBUPENT.....	18	NEXAVAR.....	36	NOCTIVA.....	161
<i>nebusal</i>	232	NEXIUM IV.....	180	<i>nolix</i>	126
NEBUSAL.....	232	NEXLETOL.....	108	<i>nora-be</i>	204
<i>necon 0.5/35 (28)</i>	211	NEXLIZET.....	108	NORDITROPIN FLEXPRO	
NEEVODHA (WITH ALGAL		NEXOBRID.....	128	.....	184
OIL).....	245	NEXPLANON.....	205	<i>noreth-ethinyl estradiol-iron</i>	
<i>nefazodone</i>	82	NEXTERONE.....	88	.....	211
<i>neomycin</i>	18	NEXTSTELLIS.....	211	<i>norethindrone (contraceptive)</i>	
<i>neomycin-bacitracin-poly-hc</i>		NGENLA.....	184	.....	204
.....	222	<i>niacin</i>	108	<i>norethindrone acetate</i>	204
<i>neomycin-bacitracin-</i>		NIACOR.....	108	<i>norethindrone ac-eth estradiol</i>	
<i>polymyxin</i>	215	<i>nicardipine</i>	94	.....	204, 211
<i>neomycin-polymyxin b gu</i> ...	128	NICODERM CQ.....	133	<i>norethindrone-e.estradiol-iron</i>	
<i>neomycin-polymyxin b-</i>		<i>nicorette</i>	133	.....	211
<i>dexameth</i>	222	NICORETTE.....	133	<i>norgestimate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-</i>		<i>nicotine</i>	133	.....	212
<i>gramicidin</i>	215	<i>nicotine (polacrilex)</i>	133	NORITATE.....	117
<i>neomycin-polymyxin-hc</i>	136,	NICOTROL.....	133	NORLIQVA.....	95
222		NICOTROL NS.....	133	NORMOSOL-R.....	241
NEONATAL PLUS		<i>nifedipine</i>	94	NORMOSOL-R PH 7.4.....	242
VITAMIN.....	245	<i>nikki (28)</i>	211	NORPACE.....	88
NEONATAL-DHA.....	245	NILANDRON.....	36	NORPACE CR.....	88
<i>neo-polycin</i>	215	<i>nilutamide</i>	36	NORPRAMIN.....	82
<i>neo-polycin hc</i>	222	NIMBEX.....	57	NORTHERA.....	131

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>nortrel 0.5/35 (28)</i>	212	<i>nystatin</i>	4, 122	OMNIPOD DASH INTRO	
<i>nortrel 1/35 (21)</i>	212	<i>nystatin-triamcinolone</i>	123	KIT (GEN 4).....	151
<i>nortrel 1/35 (28)</i>	212	<i>nystop</i>	123	OMNIPOD DASH PODS	
<i>nortrel 7/7/7 (28)</i>	212	NYVEPRIA.....	182	(GEN 4).....	151
<i>nortriptyline</i>	82	O		OMNIPOD GO PODS 10	
NORVIR.....	8	OB COMPLETE	245	UNITS/DAY.....	151
NOURIANZ.....	51	OB COMPLETE ONE	245	OMNITROPE.....	184
NOVA MAX GLUCOSE		OB COMPLETE PETITE ..	245	ON CALL EXPRESS	
CONTROL.....	151	OB COMPLETE PREMIER		CONTROL	151
NOVA MAX GLUCOSE		.....	245	ON CALL EXPRESS METER	
TEST	141	OB COMPLETE WITH DHA		.....	151
NOVA MAX PLUS GLUC-		.....	245	ON CALL EXPRESS TEST	
KETON METER.....	151	OBIZUR	104	STRIP	141
NOVAMAX PLUS GLU-KET		OBSTETRIX EC.....	245	ON CALL PLUS CONTROL	
.....	151	OBTREX DHA	245	.....	151
NOVAREL.....	161	OCALIVA	175	ON CALL PLUS METER..	151
NOVAVAX COVID-19		<i>ocella</i>	212	ON CALL PLUS TEST STRIP	
VACC,ADJ(EUA).....	191	OCREVUS	186	.....	141
NOVOEIGHT	104	OCUFLOX	215	ON CALL VIVID CONTROL	
NOVOLIN 70-30 FLEXPEN		ODACTRA.....	192	.....	151
U-100.....	157	ODEFSEY	8	ON CALL VIVID METER	151
NOVOLIN N FLEXPEN ...	157	ODOMZO	36	ON CALL VIVID PAL	
NOVOPEN ECHO	151	OFEV.....	232	METER.....	151
NOVOSEVEN RT	104	<i>ofloxacin</i>	23, 135, 216	ON CALL VIVID TEST	
NOXAFIL	4	<i>olanzapine</i>	82	STRIP	141
<i>np thyroid</i>	167	<i>olanzapine-fluoxetine</i>	82	ONCASPAR.....	37
NUBEQA	36	OLINVYK.....	71	<i>ondansetron</i>	176
NUCALA	232	<i>olmesartan</i>	95	<i>ondansetron hcl</i>	176
NUCORT	126	<i>olmesartan-amlodipin-</i>		<i>ondansetron hcl (pf)</i>	176
NUCYNTA	71	<i>hcthiazyd</i>	95	ONETOUCH ULTRA	
NUDEXTA	55	<i>olmesartan-</i>		CONTROL	151
NULEV	170	<i>hydrochlorothiazide</i>	95	ONETOUCH ULTRA TEST	
NULIBRY	55	<i>olopatadine</i>	134	.....	141
NULOJIX	36	OLPRUVA	131	ONETOUCH ULTRA2	
NUMBRINO	120	OLUMIANT.....	199	METER.....	151
NUPLAZID	82	OLUX.....	126	ONETOUCH VERIO FLEX	
NURTEC ODT.....	53	OLUX-E.....	127	METER.....	151
NUTROPIN AQ NUSPIN .	184	OMECLAMOX-PAK	180	ONETOUCH VERIO MID	
NUVARING.....	206	<i>omega-3 acid ethyl esters</i> ...	108	CONTROL	151
NUVESSA	206	<i>omeprazole</i>	180	ONETOUCH VERIO	
NUVIGIL	82	OMIDRIA	218	REFLECT METER	152
NUWIQ.....	104	OMNIPOD 5 G6 INTRO KIT		ONETOUCH VERIO TEST	
NUZYRA	25	(GEN 5).....	151	STRIPS	141
<i>nyamyc</i>	122	OMNIPOD 5 G6 PODS (GEN		ONEXTON.....	117
<i>nylia 1/35 (28)</i>	212	5).....	151	ONFI.....	47
<i>nylia 7/7/7 (28)</i>	212	OMNIPOD CLASSIC PODS		ONGENTYS.....	51
NYMALIZE	95	(GEN 3)	151	ONPATTRO.....	55
<i>nymyo</i>	212			ONUREG	37

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

ONZETRA XSAIL	53	OTEZLA STARTER.....	199	PALFORZIA LEVEL 11	
<i>opcicon one-step</i>	212	OTOVEL	136	MAINTENANCE.....	192
<i>opium tincture</i>	170	OVACE	112	<i>paliperidone</i>	82
OPSUMIT	232	OVACE PLUS	112	<i>palonosetron</i>	176
OPTICHAMBER DIAMOND		OVACE PLUS SHAMPOO		PALONOSETRON	176
VHC	143	.....	112	PALYNZIQ	161
<i>option-2</i>	212	OVACE PLUS WASH.....	112	PAMELOR	82
OPTIUM EZ.....	141	OVIDE.....	128	<i>pamidronate</i>	161
OPTIUM TEST	141	OVIDREL	161	PANCREAZE.....	176
OPTUMRX	141, 152	<i>oxacillin</i>	22	PANDEL	127
OPVEE	71	<i>oxacillin in dextrose(iso-osm)</i>		PANRETIN	114
OPZELURA	114	.....	22	<i>pantoprazole</i>	180
ORACEA	25	<i>oxaprozin</i>	71	<i>papaverine</i>	95
ORACIT	238	OXAYDO.....	66	PARAGARD T 380A.....	201
<i>oral saline laxative</i>	176	<i>oxazepam</i>	82	<i>paraplatin</i>	37
ORALAIR	192	OXBRYTA.....	131	<i>paricalcitol</i>	161
<i>oralone</i>	134	<i>oxcarbazepine</i>	47	PARICALCITOL	161
ORAMAGICRX.....	134	OXERVATE	218	PARLODEL	51
ORAPRED ODT	137	<i>oxiconazole</i>	123	PARNATE.....	82
ORAVIG	4	OXISTAT	123	<i>paroex oral rinse</i>	134
ORBACTIV	18	OXLUMO	238	<i>paromomycin</i>	18
ORENCIA	199	OXTELLAR XR	47	<i>paroxetine hcl</i>	82
ORENCIA CLICKJECT	199	<i>oxybutynin chloride</i>	237	<i>paroxetine</i>	
ORENITRAM.....	95	<i>oxycodone</i>	66, 67	<i>mesylate(menop.sym)</i>	82
ORENITRAM MONTH 1		<i>oxycodone-acetaminophen</i> ...	67	PASER.....	18
TITRATION KT	95	OXYCONTIN	67	PATANASE	134
ORENITRAM MONTH 2		<i>oxymorphone</i>	67	PAXIL	82
TITRATION KT	95	<i>oxytocin</i>	214	PAXIL CR.....	82
ORENITRAM MONTH 3		OXYTROL.....	237	PAXLOVID.....	8
TITRATION KT	95	OZEMPIC	165	PEDIARIX (PF)	192
ORFADIN	131	OZOBAX	57	PEDVAX HIB (PF).....	192
ORGOVYX.....	37	P		<i>peg 3350-electrolytes</i>	176
ORIAHNN	206	<i>pacerone</i>	88	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	
ORLISSA.....	161	<i>paclitaxel</i>	37	.....	176
ORKAMBI.....	233	PACNEX	117	PEGASYS	185
ORLADEYO.....	233	PALFORZIA (LEVEL 1)..	192	<i>peg-electrolyte soln</i>	176
<i>orphenadrine citrate</i>	57	PALFORZIA (LEVEL 2)..	192	<i>pe-guai</i>	227
<i>orphenadrine-asa-caffeine</i> ...	57	PALFORZIA (LEVEL 3)..	192	PEMAZYRE.....	37
<i>orphengesic forte</i>	57	PALFORZIA (LEVEL 4)..	192	PEN NEEDLE, DIABETIC	152
ORSERDU	37	PALFORZIA (LEVEL 5)..	192	<i>penciclovir</i>	123
ORTIKOS.....	176	PALFORZIA (LEVEL 6)..	192	<i>penicillamine</i>	199
<i>oscimin</i>	170	PALFORZIA (LEVEL 7)..	192	PENICILLIN G POT IN	
<i>oscimin sl</i>	170	PALFORZIA (LEVEL 8)..	192	DEXTROSE	22
<i>oseltamivir</i>	8	PALFORZIA (LEVEL 9)..	192	<i>penicillin g potassium</i>	22
OSENI.....	165	PALFORZIA (LEVEL 10)..	192	<i>penicillin g sodium</i>	22
OSMOPREP.....	176	PALFORZIA INITIAL DOSE		<i>penicillin v potassium</i>	22
OSPHENA	206	.....	192	PENTACEL (PF).....	193
OTEZLA	199			PENTAM.....	19

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>pentamidine</i>	19	PHOTREXA CROSS- LINKING KIT	218	POGO AUTOMATIC BLOOD GLUC SYS	152
PENTASA	176	PHOTREXA VISCOUS	218	POLIVY	37
<i>pentazocine-naloxone</i>	71	PHYSIOLYTE	128	<i>polocaine-mpf</i>	120
<i>pentoxifylline</i>	105	PHYSIOSOL IRRIGATION	129	<i>polycin</i>	216
PEPCID	180	<i>phytonadione (vitamin k1)</i> ..	105	<i>polyethylene glycol 3350</i>	177
PERCOCET	67	PHYTONADIONE (VITAMIN K1)	105	<i>polymyxin b sulfate</i>	19
PERFOROMIST	233	PIFELTRO	8	<i>polymyxin b sulf-trimethoprim</i>	216
PERIDEX	134	<i>pilocarpine hcl</i>	131, 135, 217	POLYTRIM	216
<i>perindopril erbumine</i>	95	<i>pimecrolimus</i>	114	POLY-TUSSIN AC	228
<i>periogard</i>	134	<i>pimozide</i>	83	POMALYST	37
<i>permethrin</i>	128	<i>pimtrea (28)</i>	212	PONVORY	186
<i>perphenazine</i>	82	<i>pindolol</i>	95	PONVORY 14-DAY STARTER PACK.....	186
<i>perphenazine-amitriptyline</i> ..	83	<i>pioglitazone</i>	165	<i>portia 28</i>	212
PERSERIS.....	83	<i>pioglitazone-glimepiride</i>	165	<i>posaconazole</i>	4
PFIZER COVID BIVAL(12Y UP)(PF)	193	<i>pioglitazone-metformin</i>	165	<i>potassium chloride</i>	241
PFIZER COVID BIVAL(5- 11YR)(PF).....	193	PIP BLOOD GLUCOSE MONITOR	152	<i>potassium citrate</i>	238
PFIZER COVID BIVAL(6MO-4Y)(PF) ...	193	PIP BLOOD GLUCOSE TEST STRIP	141	<i>potassium iodide</i>	138
<i>pfizerpen-g</i>	22	PIP GLUCOSE CONTROL SOLN L1-L2	152	POTELIGEO	37
PHARMACIST CHOICE ..	141	<i>piperacillin-tazobactam</i>	22	<i>powderlax</i>	177
PHARMACIST CHOICE GLUCOSE SYS	152	PIQRAY	37	PR BENZOYL PEROXIDE	118
PHEBURANE.....	131	<i>pirfenidone</i>	233	<i>pr natal 400</i>	246
<i>phenazopyridine</i>	240	<i>pirmella</i>	212	<i>pr natal 400 ec</i>	245
<i>phenelzine</i>	83	<i>piroxicam</i>	71	<i>pr natal 430</i>	246
PHENERGAN.....	226	PLAN B ONE-STEP	212	<i>pr natal 430 ec</i>	246
<i>phenobarb-hyoscy-atropine-</i> <i>scop</i>	170	PLAQUENIL.....	19	PRADAXA.....	105
<i>phenobarbital</i>	47	PLASMA-LYTE A	242	PRALATREXATE.....	37
<i>phenohydro</i>	170	PLAVIX	105	PRALUENT PEN.....	109
<i>phenoxybenzamine</i>	95	PLEGRIDY	186	<i>pramipexole</i>	51
<i>phenylephrine hcl</i>	225	PLENVU	177	PRAMOSONE	112
PHENYLEPH- TROPICAMIDE IN WATER.....	217	<i>plerixafor</i>	182	<i>prasugrel</i>	105
PHENYTEK.....	47	PLEXION.....	118	<i>pravastatin</i>	109
<i>phenytoin</i>	47	PLEXION CLEANSING CLOTHS	118	PRAXBIND.....	105
<i>phenytoin sodium</i>	47	PLEXION NS.....	112	<i>praziquantel</i>	19
<i>phenytoin sodium extended</i> ..	47	PNEUMOVAX-23	193	<i>prazosin</i>	95
PHESGO	37	<i>pnv-dha</i>	245	PRECISION PCX PLUS TEST	141
<i>philith</i>	212	<i>pnv-dha + docusate</i>	245	PRECISION PCX TEST	141
PHOSLYRA.....	241	<i>pnv-omega</i>	245	PRECISION POINT OF CARE TEST	141
<i>phosphasal</i>	238	<i>pnv-select</i>	245	PRECISION Q-I-D TEST ..	141
<i>phosphate laxative</i>	176	POCKET CHAMBER.....	143	PRECISION XTRA KETONE-GLUCOSE	152
PHOSPHOLINE IODIDE..	216	<i>podofilox</i>	114	PRECISION XTRA MONITOR	152
PHOTOFRIN	37				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

PRECISION XTRA TEST .141	PREMIUM BLOOD	PREVIDENT 5000 ENAMEL
PRECOSE 165	GLUCOSE MONITOR.. 152	PROTECT 135
PRED FORTE 224	PREMIUM V10 142, 152	PREVIDENT 5000 ORTHO
PRED MILD 224	PREMPHASE 204	DEFENSE..... 135
<i>prednicarbate</i> 127	PREMPRO 204	PREVIDENT 5000 PLUS .. 135
PREDNISOL ACE-	<i>prenal chew</i> 246	PREVIDENT 5000
GATIFLOX-BROMFEN219	<i>prenal pearl</i> 246	SENSITIVE..... 135
PREDNISOLN SP-	<i>prenal true</i> 246	PREVNAR 13 (PF) 193
GATIFLOX-BROMFEN219	<i>prenaissance</i> 246	PREVNAR 20 (PF) 193
PREDNISOLN SP-	<i>prenaissance plus</i> 246	PREVYMIS 8
MOXIFLOX-BROMFEN	PRENATA..... 246	PREZCOBIX..... 8
..... 219	<i>prenatabs fa</i> 246	PREZISTA 8
<i>prednisolone</i> 137	<i>prenatabs rx</i> 246	PRIFTIN 19
<i>prednisolone acetate</i> 224	PRENATAL 19 (WITH	PRIMACARE..... 247
PREDNISOLONE ACETATE	DOCUSATE) 246	<i>primaquine</i> 19
(PF)..... 224	<i>prenatal plus</i> 246	PRIMAXIN IV 19
PREDNISOLONE ACETATE-	<i>prenatal plus (calcium carb)</i>	PRIMEAIRE..... 143
BROMFENAC 219	..... 246	<i>primidone</i> 47
PREDNISOLONE ACETATE-	PRENATAL PLUS DHA... 246	PRIMIDONE..... 47
NEPAFENAC 219	PRENATAL PLUS	PRIMSOL..... 26
PREDNISOLONE SOD PH-	VITAMIN-MINERAL ... 246	PRIORIX (PF)..... 193
MOXIFLOX..... 222	<i>prenatal-u</i> 246	PRO VOICE V8 GLUCOSE
<i>prednisolone sodium</i>	PRENATE AM..... 246	MONITOR 152
<i>phosphate</i> 137, 224	PRENATE CHEWABLE... 246	PRO VOICE V8-V9 TEST
PREDNISOLONE-	PRENATE DHA (FERR ASP	STRIP 142
MOXIFLO-NEPAFENAC	GLYCIN)..... 246	PRO VOICE V9 GLUCOSE
..... 219	PRENATE ELITE (IRON ASP	MONITOR 152
PREDNISOLONE-	GLYC)..... 246	<i>probenecid</i> 196
MOXIFLOXACIN HCL 222	PRENATE ENHANCE..... 246	<i>probenecid-colchicine</i> 196
PREDNISOLONE-	PRENATE	<i>procainamide</i> 88
MOXIFLOX-BROMFEN	ESSENTIAL(IRON-ASP-	PROCARDIA XL..... 95
..... 219	GL) 247	<i>procentra</i> 83
<i>prednisone</i> 138	PRENATE MINI (FERR ASP	PROCHAMBER..... 143
<i>prednisone intensol</i> 137	GLYCIN)..... 247	<i>prochlorperazine</i> 177
PREFEST 204	PRENATE PIXIE..... 247	<i>prochlorperazine edisylate</i> .177
<i>pregabalin</i> 47	PRENATE RESTORE 247	<i>prochlorperazine maleate</i> ...177
PREGNYL 161	PRENATE STAR..... 247	PROCORT..... 177
PREHEVBRIO (PF)..... 193	PREPIDIL 206	PROCRIT 182
PREMARIN 204	PRESTALIA 95	PROCTOCORT..... 127
PREMIER BLU GLUCOSE	PRESTO PRO BLOOD	<i>procto-med hc</i> 177
METER 152	GLUCOSE METER..... 152	<i>proctosol hc</i> 177
PREMIER CLASSIC	PRETOMANID..... 19	<i>proctozone-hc</i> 177
GLUCOSE METER..... 152	<i>prevalite</i> 109	PROCYSBI..... 238
PREMIER COMPACT	PREVDUO 57	PRODIGY AUTOCODE
GLUCOSE METER..... 152	PREVIDENT 135	METER..... 152
PREMIER TEST STRIP 142	PREVIDENT 5000 BOOSTER	PRODIGY AUTOCODE
PREMIER VOICE GLUCOSE	PLUS 135	MONITOR SYST..... 152
METER 152		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

PRODIGY CONTROL	PYLERA	180	RAGWITEK.....	193
SOLUTION, LOW	<i>pyrazinamide</i>	19	<i>raloxifene</i>	196
PRODIGY CONTROL	PYRIDIUM	240	<i>ramelteon</i>	83
SOLUTION,HIGH.....	<i>pyridostigmine bromide</i> ..	57, 58	<i>ramipril</i>	96
PRODIGY NO CODING... 142	PYRIDOSTIGMINE		RANEXA	110
PRODIGY POCKET METER	BROMIDE.....	58	<i>ranolazine</i>	110
.....	<i>pyrimethamine</i>	19	RAPAFLO.....	237
PRODIGY VOICE GLUCOSE	PYRUKYND.....	131	RAPAMUNE.....	37
METER	Q		RAPIVAB (PF)	9
PROFILNINE.....	QBRELIS	96	<i>rasagiline</i>	51
<i>progesterone</i>	QBREXZA	114	RASUVO (PF).....	200
<i>progesterone micronized</i>	QDOLO	71	RAVICTI.....	131
PROGLYCEM	QELBREE	83	RAYALDEE.....	161
PROGRAF	QINLOCK	37	RAYOS.....	138
PROLENSA	QUADRACEL (PF)	193	REBIF (WITH ALBUMIN)	
PROLEUKIN	QUALAQUIN	19	.....	186
PROLIA	QUARTETTE	212	REBIF REBIDOSE	187
PROMACTA.....	QUDEXY XR.....	47	REBIF TITRATION PACK	
<i>promethazine</i>	QUESTRAN.....	109	.....	187
<i>promethazine vc</i>	QUESTRAN LIGHT	109	REBINYN	105
<i>promethazine vc-codeine</i>	<i>quetiapine</i>	83	REBLOZYL	183
<i>promethazine-codeine</i>	QUETIAPINE	83	RECARBRIO	19
<i>promethazine-dm</i>	QUILLICHEW ER.....	83	RECLAST	131
<i>promethegan</i>	QUILLIVANT XR.....	83	<i>reclipsen (28)</i>	212
<i>propafenone</i>	<i>quinapril</i>	96	RECOMBINATE	105
<i>proparacaine</i>	<i>quinapril-hydrochlorothiazide</i>		RECOMBIVAX HB (PF)..	193,
<i>propranolol</i>.....	.....	96	194	
<i>propranolol-</i>	<i>quinidine gluconate</i>	88	RECORLEV	161
<i>hydrochlorothiazid</i>	<i>quinidine sulfate</i>	88	RECTIV	177
<i>propylthiouracil</i>	<i>quinine sulfate</i>	19	REDITREX (PF)	200
PROQUAD (PF)	QUINTET AC	142	REFUAH PLUS	142
PROSCAR.....	QUINTET BLOOD		REFUAH PLUS GLUCOSE	
PROSTIN VR PEDIATRIC	GLUCOSE METER	152	CONTROL	152
.....	<i>quit 2</i>	133	REFUAH PLUS GLUCOSE	
<i>protamine</i>	<i>quit 4</i>	133	MONITOR	152
PROTONIX.....	QULIPTA	53	REGEN-COV (EUA)	9
PROTOPIC.....	QUVIVIQ.....	83	REGLAN	177
<i>protriptyline</i>	QUZYTIR	226	<i>regonol</i>	58
PROVAYBLUE	QVAR REDHALER	233	REGRANEX	114
PROVERA	R		RELAFEN DS	71
PROVIDA OB.....	RABAVERT (PF)	193	RELAGARD	206
PROVIGIL	<i>rabeprazole</i>	181	RELENZA DISKHALER	9
<i>prudoxin</i>	RABEPRAZOLE	181	RELEUKO	183
PULMICORT	RACEPINEPH IN SOD		RELEXXII.....	83
<i>pulmosal</i>	CHL,ISO (PF)	226	RELION ALL-IN-ONE	
PULMOZYME.....	RADICAVA ORS STARTER		METER.....	152
<i>purelax</i>	KIT SUSP.....	55	RELION CONFIRM	153
PURIXAN	RADIOGARDASE	131		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

RELION CONFIRM-MICRO 142	REZZAYO 4	<i>ropinirole</i> 51
RELION MICRO GLUCOSE MONITOR 153	RHOFADE 118	<i>ropivacaine (pf)</i> 120
RELION NOVOLIN 70/30 157	RIABNI 38	<i>rosadan</i> 118
RELION NOVOLIN N 157	RIASTAP 105	ROSADAN 118
RELION NOVOLIN R 157	<i>ribavirin</i> 9, 181	ROSULA 118
RELION PRIME METER . 153	RIDAURA 200	<i>rosula cleansing cloths</i> 118
RELION PRIME TEST STRIPS 142	<i>rifabutin</i> 19	<i>rosuvastatin</i> 109
RELION ULTIMA 142	RIFADIN 19	ROTARIX 194
RELISTOR 177	<i>rifampin</i> 19	ROTATEQ VACCINE 194
RELPAK 53	RIGHTEST CONTROL SOLUTION HIGH 153	ROWASA 177
RELTONE 177	RIGHTEST GM550 SYSTEM 153	<i>roweepra</i> 47
REMERON 83	RIGHTEST GS550 TEST STRIPS 142	ROXICODONE 67
REMERON SOLTAB 83	RIGHTEST GT333 GLUCOSE METER 153	ROZEREM 84
RENACIDIN 239	RIGHTEST GT333 TEST STRIP 142	ROZLYTREK 38
RENAGEL 170	RILUTEK 131	<i>r-tanna</i> 228
REVELA 170	<i>riluzole</i> 131	RUBRACA 38
<i>repaglinide</i> 165	<i>rimantadine</i> 9	RUCONEST 233
REPATHA PUSHTRONEX 109	<i>ringer's</i> 129	<i>rufinamide</i> 47
REPATHA SURECLICK .. 109	RINVOQ 200	RUKOBIA 9
REPATHA SYRINGE 109	RIOMET 165	RUXIENCE 38
RESPA-AR 228	RIOMET ER 165	RYANODEX 58
RESTASIS 219	<i>risedronate</i> 131, 197	RYBELSUS 165
RESTASIS MULTIDOSE . 219	RISPERDAL 84	RYCLORA 226
RESTORIL 83	RISPERDAL CONSTA 84	RYDAPT 38
RETACRIT 183	<i>risperidone</i> 84	RYTARY 51
RETEVMO 38	RITALIN 84	RYTHMOL SR 88
RETIN-A 118	RITALIN LA 84	S
RETIN-A MICRO 118	RITEFLO AEROCHAMBER 143	SABRIL 48
RETIN-A MICRO PUMP.. 118	<i>ritonavir</i> 9	SAFE-CLIP NEEDLE STORAGE DEV 153
RETISERT 224	RITUXAN 38	SAFYRAL 212
RETROVIR 9	<i>rivastigmine</i> 56	SAIZEN 184
REVATIO 233	<i>rivastigmine tartrate</i> 55	SAIZEN SAIZENPREP 184
REVCIVI 131	<i>rivelsa</i> 212	<i>sajazir</i> 233
REVEAL BLOOD GLUCOSE METER 153	RIXUBIS 105	SALAGEN (PILOCARPINE) 131, 135
REVEAL TEST STRIP 142	<i>rizatRIPTAN</i> 53	<i>salsalate</i> 72
REVLIMID 38	R-NATAL OB 247	SAMSCA 161
<i>revonto</i> 58	ROBAXIN 58	SANCUSO 177
REXULTI 83	ROBINUL 170	SANDIMMUNE 38
REYATAZ 9	ROBINUL FORTE 170	SANDOSTATIN LAR DEPOT 38
REYVOW 53	ROCALTROL 161	SANTYL 128
REZLIDHIA 38	<i>roflumilast</i> 233	SAPHRIS 84
REZUROCK 38	ROLVEDON 183	<i>sapropterin</i> 161
REZVOGLAR KWIKPEN 157		SAVELLA 200
		<i>saxagliptin</i> 165
		<i>saxagliptin-metformin</i> 165

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>scalacort</i>	127	SILVADENE.....	113	<i>sodium ferric gluconat-sucrose</i>	
SCALACORT DK	127	<i>silver sulfadiazine</i>	113	.....	132
SCSEMBLIX.....	38	SIMBRINZA	221	<i>sodium fluoride 5000 plus</i> ..	135
<i>scopolamine base</i>	177	<i>simliya (28)</i>	212	<i>sodium fluoride-pot nitrate</i> .	135
SEASONIQUE.....	212	<i>simpesse</i>	212	SODIUM OXYBATE	84
SECUADO	84	SIMPONI.....	200	<i>sodium phenylbutyrate</i>	132
SEGLUROMET	165	SIMULECT	38	<i>sodium polystyrene sulfonate</i>	
SELECT-OB	247	<i>simvastatin</i>	109	.....	171
SELECT-OB (FOLIC ACID)		SINCALIDE.....	177	<i>sodium,potassium,mag sulfates</i>	
.....	247	SINEMET	51	.....	178
SELECT-OB + DHA	247	SINGULAIR	234	SOFOSBUVIR-	
<i>selegiline hcl</i>	51	SINUVA.....	234	VELPATASVIR.....	9
<i>selenium sulfide</i>	112	<i>sirolimus</i>	38	SOGROYA.....	184
SELRX	112	SIRTURO.....	19	<i>solifenacin</i>	237
SELZENTRY	9	SIVEXTRO	19	SOLQUA 100/33	157
SEMGLEE(INSULIN		SKYLA.....	201	SOLIRIS	132
GLARGINE-YFGN).....	157	SKYRIZI	112, 178	SOLODYN	25
SEMGLEE(INSULIN		SKYTROFA.....	184	SOLOSEC	19
GLARG-YFGN)PEN	157	SLYND.....	212	SOLTAMOX.....	38
<i>se-natal 19 chewable</i>	247	SMART SENSE		SOLUS V2 AUDIBLE	
<i>se-natal-19</i>	247	MONITORING SYSTEM		METER.....	153
SENSIPAR.....	161	.....	153	SOLUS V2 CONTROL	
SEREVENT DISKUS	233	SMART SENSE TEST		SOLUTION,HIGH	153
SERNIVO.....	127	STRIPS.....	142	SOLUS V2 TEST STRIPS .	142
SEROQUEL	84	SMARTEST CONTROL ...	153	SOMA.....	58
SEROQUEL XR	84	SMARTEST EJECT.....	153	SOMATULINE DEPOT	39
SEROSTIM	184	SMARTEST PERSONA		SOMAVERT	161
<i>sertraline</i>	84	STARTER	153	SOOLANTRA.....	118
SERTRALINE	84	SMARTEST PRONTO		<i>sorafenib</i>	39
<i>setlakin</i>	212	STARTER	153	SORBITOL.....	129
<i>sevelamer carbonate</i> ..	170, 171	SMARTEST PROTEGE ...	153	SORBITOL-MANNITOL..	129
<i>sevelamer hcl</i>	171	SMARTEST TEST.....	142	<i>sotalol</i>	88
SEVENFACT	106	<i>smoothlax</i>	178	SOTALOL.....	88
SEYSARA.....	25	<i>sodium benzoate-sod</i>		<i>sotalol af</i>	88
<i>sf 135</i>		<i>phenylacet</i>	131	SOTYKTU	112
<i>sf 5000 plus</i>	135	<i>sodium chlor 0.9% bacteriostat</i>		SOTYLIZE	88
SFROWASA	177	.....	132	SOVALDI.....	9
<i>sharobel</i>	205	<i>sodium chloride</i> ..	132, 234, 241	SPACE CHAMBER	143
SHINGRIX (PF).....	194	<i>sodium chloride 0.45 %</i>	241	<i>spinosad</i>	128
SIGNIFOR	38	<i>sodium chloride 0.9 %</i>	132	SPIRIVA RESPIMAT	234
SIGNIFOR LAR	38	<i>sodium chloride 0.9 % (flush)</i>		SPIRIVA WITH	
SIKLOS.....	38	.....	132	HANDHALER.....	234
<i>sildenafil</i>	239	<i>sodium chloride 3 %</i>		<i>spironolactone</i>	96
<i>sildenafil (pulm.hypertension)</i>		<i>hypertonic</i>	241	<i>spironolacton-</i>	
.....	233, 234	<i>sodium chloride 5 %</i>		<i>hydrochlorothiaz</i>	96
SILENOR.....	84	<i>hypertonic</i>	241	SPORANOX.....	4
SILIQ.....	112	SODIUM EDECIN	96	SPRAVATO	85
<i>silodosin</i>	237			<i>sprintec (28)</i>	213

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

SPRITAM.....	48	<i>sulfacetamide sodium-sulfur</i>	SYNALAR	127
SPRYCEL	39	.....	SYNALAR CREAM KIT ..	127
<i>sps (with sorbitol)</i>	171	<i>sulfacetamide-prednisolone</i>	SYNALAR OINTMENT KIT	.....
<i>sronyx</i>	213	.....	.....	127
<i>ssd</i>	113	<i>sulfadiazine</i>	SYNALAR TS.....	127
SSKI	138	<i>sulfamethoxazole-trimethoprim</i>	SYNAREL.....	162
<i>sss 10-5</i>	118	.....	SYNDROS	178
<i>st joseph aspirin</i>	72	SULFAMYLON.....	SYNJARDY	165
<i>st. joseph aspirin</i>	72	<i>sulfasalazine</i>	SYNJARDY XR.....	166
STALEVO 100.....	51	<i>sulfatrim</i>	SYNRIBO.....	39
STALEVO 125.....	51	<i>sulindac</i>	SYNTHROID	167
STALEVO 150.....	51	SUMADAN.....	SYPRINE	132
STALEVO 200.....	51	SUMADAN XLT.....	T	
STALEVO 50.....	51	<i>sumatriptan</i>	T	
STALEVO 75.....	51	<i>sumatriptan succinate</i>	FLEX	153
STAMARIL (PF)	194	<i>sumatriptan-naproxen</i>	SLIM X2.....	153
<i>stavudine</i>	9	SUMAXIN	TABLOID.....	39
STEGLATRO.....	165	SUMAXIN CP	TABRECTA	39
STEGLUJAN	165	<i>sunitinib malate</i>	TACLONEX.....	113
STELARA.....	112	SUNLENCA.....	<i>tacrolimus</i>	39, 114
STENDRA	239	SUNOSI.....	<i>tadalafil</i>	237, 239
STIMUFEND	183	SUPPRELIN LA	<i>tadalafil (pulm. hypertension)</i>	.....
STIOLTO RESPIMAT	234	SUPRAX .....	.....	234
STIVARGA.....	39	SUPREP BOWEL PREP KIT	TADLIQ	234
<i>stop smoking aid</i>	133	.....	TAFINLAR	39
STRATTERA.....	85	SURE-TEST EASYPLUS	<i>tafluprost (pf)</i>	221
STRENSIQ.....	162	MINI.....	TAGRISSE.....	39
STREPTOMYCIN	19	SURE-TEST EASYPLUS	TAKE ACTION	213
STRIBILD	9	MINI METER	TAKHZYRO	234
STRIVERDI RESPIMAT ..	234	SUSTOL.....	TALICIA	181
STROMEKTOL	19	SUTAB.....	TALTZ AUTOINJECTOR	113
<i>strong iodine</i>	121, 241	SUTENT.....	TALTZ AUTOINJECTOR (2	.....
SUBLOCADE.....	67	<i>syeda</i>	PACK).....	113
SUBOXONE	72	SYLVANT	TALTZ AUTOINJECTOR (3	.....
SUBSYS.....	67	SYMAX DUOTAB.....	PACK).....	113
<i>subvenite</i>	48	<i>symax fastabs</i>	TALTZ SYRINGE	113
<i>subvenite starter (blue) kit</i> ...	48	<i>symax-sl</i>	TALZENNA.....	39
<i>subvenite starter (green) kit</i> .	48	<i>symax-sr</i>	TAMIFLU	10
<i>subvenite starter (orange) kit</i>	48	SYMBICORT.....	<i>tamoxifen</i>	39
SUCRAID	178	SYMBYAX.....	<i>tamsulosin</i>	237
<i>sucralfate</i>	181	SYMDEKO	TAPERDEX	138
SUFLAVE.....	178	SYMFI.....	TARCEVA	39
SULAR.....	96	SYMFI LO	TARGADOX.....	25
SULCONAZOLE.....	123	SYMJEPI.....	TARGRETIN	39
<i>sulfacetamide sodium</i> .	112, 224	SYMLINPEN 120	<i>tarina 24 fe</i>	213
<i>sulfacetamide sodium (acne)</i>	.....	SYMLINPEN 60	<i>tarina fe 1/20 (28)</i>	213
.....	121	SYMPAZAN.....	<i>taron-c dha</i>	247
		SYMPROIC.....	<i>taron-prex prenatal-dha</i>	247
		SYMTUZA.....		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

TARPEYO	138	TEPMETKO.....	40	<i>timolol maleate (pf)</i>	216
TASCENSO ODT.....	187	<i>terazosin</i>	97	TIMOLOL-BRIMONIDI-	
TASIGNA	39	<i>terbinafine hcl</i>	4	DORZOLAM(PF)	221
<i>tasimelteon</i>	85	<i>terbutaline</i>	234	<i>tinidazole</i>	19
TASMAR	51	<i>terconazole</i>	206	<i>tiopronin</i>	132
<i>tavaborole</i>	123	<i>teriflunomide</i>	187	<i>tirofiban-0.9% sodium chloride</i>	
TAVALISSE.....	106	TERIPARATIDE	197	.....	106
TAVNEOS	132	TERSI FOAM	113	TIROSINT.....	167
<i>taysofy</i>	213	TEST N'GO BLOOD		TIROSINT-SOL	167
TAYTULLA.....	213	GLUCOSE SYSTEM.....	153	<i>tis-u-sol pentalyte</i>	129
<i>tazarotene</i>	119	TEST N'GO TEST	142	TIVICAY.....	10
TAZAROTENE	119	TESTIM.....	162	TIVICAY PD.....	10
<i>tazicef</i>	13	TESTOPEL	162	<i>tizanidine</i>	58
TAZORAC.....	119	<i>testosterone</i>	162	TLANDO.....	162
<i>taztia xt</i>	96	TESTOSTERONE.....	162	TOBI.....	20
TAZVERIK.....	39	<i>testosterone cypionate</i>	162	TOBI PODHALER	20
TDVAX.....	194	<i>testosterone enanthate</i>	162	TOBRADEX	222
TECFIDERA.....	187	<i>tetrabenazine</i>	56	TOBRADEX ST.....	223
TEFLARO.....	13	<i>tetracaine hcl</i>	219	<i>tobramycin</i>	20, 216
TEGRETOL	48	TETRACAINE HCL (PF)..	219	<i>tobramycin in 0.225 % nacl</i> ..	20
TEGRETOL XR.....	48	<i>tetracycline</i>	25	<i>tobramycin sulfate</i>	20
TEGSEDI	56	TEXACORT.....	127	TOBRAMYCIN WITH	
TEKURNA	96	TEZSPIRE.....	235	NEBULIZER.....	20
TEKURNA HCT	96	THALITONE	97	<i>tobramycin-dexamethasone</i>	223
TELCARE CONTROL.....	153	THALOMID.....	40	TOBRAMYCIN-	
TELCARE TEST STRIPS .	142	THEO-24	235	VANCOMYCIN.....	216
<i>telmisartan</i>	96	<i>theophylline</i>	235	TOBREX	216
<i>telmisartan-amlodipine</i>	96	THIOLA	132	TODAY CONTRACEPTIVE	
<i>telmisartan-hydrochlorothiazid</i>		THIOLA EC	132	SPONGE.....	206
.....	96	<i>thioridazine</i>	85	TOLAK.....	114
<i>temazepam</i>	85	<i>thiotepa</i>	40	<i>tolcapone</i>	51
TEMBEXA.....	10	<i>thiothixene</i>	85	<i>tolmetin</i>	72
TEMODAR	39	THRIVITE RX.....	247	TOLSURA.....	4
TEMOVATE.....	127	THYMOGLOBULIN.....	194	<i>tolterodine</i>	237
<i>temozolomide</i>	39	THYQUIDITY	167	<i>tolvaptan</i>	162
TEMPO SMART BUTTON		<i>thyroid (pork)</i>	167	TOPAMAX	48
.....	153	<i>tiadylt er</i>	97	TOPICORT.....	127
TEMPO WELCOME KIT .	153	<i>tiagabine</i>	48	<i>topiramate</i>	48
<i>temsrolimus</i>	40	TIAZAC	97	<i>topotecan</i>	40
<i>tencon</i>	67	TIBSOVO.....	40	<i>toremifene</i>	40
TENIPOSIDE.....	40	TICE BCG.....	194	TORISEL.....	40
TENIVAC (PF)	194	TICOVAC	194	<i>torse mide</i>	97
<i>tenofovir disoproxil fumarate</i>		TIGAN.....	178	TOSYMRA.....	53
.....	10	<i>tigecycline</i>	19	TOTECT.....	27
TENORETIC 100.....	96	TIGLUTIK	132	TOUJEO MAX U-300	
TENORETIC 50.....	96	TIKOSYN	88	SOLOSTAR	157
TENORMIN.....	96	<i>tilia fe</i>	213	TOUJEO SOLOSTAR U-300	
TEPADINA.....	40	<i>timolol maleate</i>	97, 216	INSULIN	157

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>tovet emollient</i>	127	<i>trifluoperazine</i>	85	TRUERESULT BLOOD
TOVIAZ	237	<i>trifluridine</i>	216	GLUCOSE SYSTM
TRACLEER	235	<i>trihexyphenidyl</i>	51	TRUETEST TEST STRIPS
<i>tramadol</i>	72	TRIJARDY XR	166	142
TRAMADOL	72	TRIKAFTA	235	TRUETRACK BLOOD
<i>tramadol-acetaminophen</i>	72	<i>tri-legest fe</i>	213	GLUCOSE SYSTEM.....
<i>trandolapril</i>	97	TRILEPTAL.....	48	154
<i>trandolapril-verapamil</i>	97	<i>tri-linyah</i>	213	TRUETRACK SMART
<i>tranexamic acid</i>	106, 206	TRILIPIX	109	SYSTEM
TRANEXAMIC ACID IN		<i>tri-lo-estarylla</i>	213	154
NACL,ISO-OS	106	<i>tri-lo-marzia</i>	213	TRUETRACK TEST.....
TRANSDERM-SCOP.....	178	<i>tri-lo-mili</i>	213	142
<i>tranlycypromine</i>	85	<i>tri-lo-sprintec</i>	213	TRULANCE.....
<i>travoprost</i>	221	<i>trimethobenzamide</i>	178	178
<i>trazodone</i>	85	<i>trimethoprim</i>	26	TRULICITY
TRECTOR.....	20	<i>tri-mili</i>	213	166
TRELEGY ELLIPTA	235	<i>trimipramine</i>	85	TRUMENBA.....
TRELSTAR.....	40	TRI-MIX (PAPAVRN-		194
TREMFYA.....	113	PHNTLMN-PGE1)	239	TRUSELTIQ
TRESIBA FLEXTOUCH U-		TRIMO-SAN JELLY	206	40
100.....	157	<i>trinatal rx 1</i>	247	TRUSTEEL INFUSION SET
TRESIBA FLEXTOUCH U-		<i>trinate</i>	247	23
200.....	157	TRINTELLIX.....	85	154
TRESIBA U-100 INSULIN		<i>tri-nymyo</i>	213	TRUSTEX LUBRICATED
.....	158	TRIPTODUR.....	40	CONDOMS
<i>tretinoin</i>	119	<i>tri-sprintec (28)</i>	213	201
<i>tretinoin (antineoplastic)</i>	40	TRISTART DHA	248	TRUSTEX-RIA NON-LUB
<i>tretinoin microspheres</i>	119	<i>tritocin</i>	128	CONDOMS
TREXALL.....	40	TRIUMEQ.....	10	201
TREXIMET.....	53	TRIUMEQ PD.....	10	TRUXIMA
TREZIX.....	67	<i>tri-vitamin with fluoride</i>	248	40
<i>tri femynor</i>	213	<i>trivora (28)</i>	213	TUKYSA
<i>triamcinolone acetonide</i>	127,	<i>tri-vylibra</i>	213	40
128, 135, 138		<i>tri-vylibra lo</i>	213	<i>tulana</i>
TRIAMCINOLON-		TRIZIVIR.....	10	205
MOXIFLOX-WATR(PF)		TROKENDI XR.....	48	TURALIO.....
.....	223	<i>tropicamide</i>	217	40
<i>triamterene</i>	97	<i>trospium</i>	237	TUXARIN ER.....
<i>triamterene-hydrochlorothiazid</i>		TRUDHESA.....	53	228
.....	97	TRUE METRIX AIR		TUZISTRA XR
<i>triazolam</i>	85	GLUCOSE METER.....	153	194
<i>tri-buffered aspirin</i>	72	TRUE METRIX GLUCOSE		TWIRLA.....
TRICARE.....	247	METER	153	206
TRICOR	109	TRUE METRIX GLUCOSE		TYBLUME.....
<i>triderm</i>	128	TEST STRIP.....	142	10
<i>trientine</i>	132	TRUE METRIX GO		<i>tydemy</i>
<i>tri-estarylla</i>	213	GLUCOSE METER.....	153	214
TRIFERIC	247	TRUE METRIX LEVEL 1.	153	20
				TYKERB
				40
				TYMLOS.....
				197
				TYPHIM VI.....
				194
				TYRVAYA.....
				219
				TYVASO.....
				235
				TYVASO DPI
				235
				TYVASO REFILL KIT.....
				235
				TYVASO STARTER KIT .
				235
				U
				UBRELVY
				53
				UCERIS
				178
				UDENYCA.....
				183
				UDENYCA AUTOINJECTOR
			
				183
				ULESFIA.....
				128
				ULTIMA MONITOR.....
				154
				ULTOMIRIS
				132
				ULTRATRAK.....
				142

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

ULTRATRAK GLUCOSE	<i>valsartan</i>	97	<i>veletri</i>	97
METER.....	VALSARTAN.....	97	<i>velivet triphasic regimen (28)</i>	
ULTRATRAK ULTIMATE	<i>valsartan-hydrochlorothiazide</i>		.....	214
.....	.....	97	VELPHORO.....	171
ULTRAVATE.....	VALTOCO.....	49	VELTASSA.....	171
UNASYN.....	VALTREX.....	10	VEMLIDY.....	10
UNISTRIP LOW CONTROL	<i>vanadom</i>	58	VENCLEXTA.....	41
.....	VANCOCIN.....	26	VENCLEXTA STARTING	
UNISTRIP1 TEST STRIP	<i>vancomycin</i>	26, 27	PACK.....	41
<i>unithroid</i>	VANCOMYCIN.....	26	<i>venlafaxine</i>	85
UNITUXIN.....	<i>vancomycin in 0.9 % sodium</i>		VENLAFAXINE BESYLATE	
UPNEEQ (PF).....	<i>chl</i>	26	.....	85
UPTRAVI.....	VANCOMYCIN IN 0.9 %		VENOFER.....	248
URELLE.....	SODIUM CHL.....	26	VENTAVIS.....	236
<i>uretron d-s</i>	VANCOMYCIN IN		VENTOLIN HFA.....	236
URIBEL.....	DEXTROSE 5 %.....	26	VEOZAH.....	206
<i>urimar-t</i>	VANCOMYCIN-DILUENT		<i>verapamil</i>	98
URIMAR-T.....	COMBO NO.1.....	27	VERDESO.....	128
URNEVA.....	<i>vandazole</i>	206	VEREGEN.....	115
<i>uro-458</i>	VANFLYTA.....	41	VERELAN PM.....	98
UROCIT-K 10.....	VANOS.....	128	VERKAZIA.....	219
UROCIT-K 15.....	VAPRISOL IN 5 %		VERQUVO.....	110
UROCIT-K 5.....	DEXTROSE.....	162	VERSACLOZ.....	85
<i>urogesic-blue</i>	VAQTA (PF).....	194, 195	VERZENIO.....	41
<i>uro-mp</i>	<i>vardenafil</i>	239, 240	<i>vestura (28)</i>	214
UROQID-ACID NO.2.....	<i>varenicline</i>	133	VFEND.....	4, 5
<i>uro-sp</i>	VARISOFT INFUSION SET		VFEND IV.....	4
UROXATRAL.....	23.....	154	V-GO 20.....	154
URSO 250.....	VARIVAX (PF).....	195	V-GO 30.....	154
URSO FORTE.....	VARIZIG.....	195	V-GO 40.....	154
<i>ursodiol</i>	VARUBI.....	178	VIBATIV.....	27
<i>uryl</i>	VASCEPA.....	109	VIBERZI.....	179
<i>ustell</i>	VASERETIC.....	97	VIBRAMYCIN.....	25
<i>utira-c</i>	<i>vasopressin</i>	162	VIBRAMYCIN (CALCIUM)	
UVADEX.....	VASOPRESSIN IN 0.9 %		.....	25
UZEDY.....	SOD CHLOR.....	162	VIEKIRA PAK.....	10
V	VASOPRESSIN IN		<i>vienna</i>	214
VABOMERE.....	DEXTROSE 5 %.....	162	<i>vigabatrin</i>	49
VAGIFEM.....	VASOTEC.....	97	<i>vigadrone</i>	49
<i>valacyclovir</i>	VAXCHORA VACCINE... 195		VIGAMOX.....	216
VALCHLOR.....	VAXELIS (PF).....	195	VIJOICE.....	41
VALCYTE.....	VAXNEUVANCE (PF).....	195	<i>vilazodone</i>	85
<i>valganciclovir</i>	VCF CONTRACEPTIVE		VIMPAT.....	49
VALIUM.....	FILM.....	206	<i>vinblastine</i>	41
<i>valproate sodium</i>	VCF CONTRACEPTIVE GEL		<i>vincasar pfs</i>	41
<i>valproic acid</i>.....	.....	206	<i>vincristine</i>	41
<i>valproic acid (as sodium salt)</i>	VECAMYL.....	110	<i>vinorelbine</i>	41
.....	VECTICAL.....	113	VIOKACE.....	179

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

<i>viorele (28)</i>	214	VOXZOGO	163	XARELTO	106
VIRACEPT	10	VRAYLAR.....	86	XARELTO DVT-PE TREAT	
VIRAZOLE.....	10	<i>vtol lq</i>	67	30D START.....	106
VIREAD.....	10	VUMERITY.....	187	XATMEP.....	41
VISTARIL.....	226	VUSION.....	123	XCOPRI	49
VISTOGARD.....	27	<i>vyfemla (28)</i>	214	XCOPRI MAINTENANCE	
VITAFOL FE PLUS	248	VYLEESI	86	PACK	49
VITAFOL GUMMIES	248	<i>vylibra</i>	214	XCOPRI TITRATION PACK	
VITAFOL NANO	248	VYNDAMAX	110	.....	49
VITAFOL ULTRA	248	VYNDAQEL.....	110	XELJANZ.....	200
VITAFOL-OB.....	248	VYVANSE.....	86	XELJANZ XR.....	200
VITAFOL-OB+DHA	248	VYZULTA	221	XELODA.....	41
VITAFOL-ONE	248	W		XELPROS	222
VITAMED MD ONE RX ..	248	WAKIX	86	XELSTRYM.....	86
VITAMEDMD REDICHEW		<i>warfarin</i>	106	XEMBIFY	195
RX	248	<i>water for irrigation, sterile</i>	132	XENAZINE.....	56
<i>vitamin k</i>	106	WAVESENSE AMP	154	XENLETA.....	20
<i>vitamin k1</i>	106	WAVESENSE CONTROL		XEOMIN	195
<i>vitamins a,c,d and fluoride</i>	248	SOLUTION.....	154	XEPI	121
VITAPEARL.....	248	WAVESENSE JAZZ	142	XERAVA	25
VITATRUE.....	248	WAVESENSE PRESTO... ..	142,	XERESE	123
VITRAKVI.....	41	154		XERMELO.....	41
VIVAGUARD INO CTRL		WELIREG	41	XGEVA	28
SOLN-L1,2,3.....	154	<i>wera (28)</i>	214	XIFAXAN	20
VIVAGUARD INO		<i>wescap-c dha</i>	248	XIGDUO XR.....	166
GLUCOSE METER.....	154	<i>wescap-pn dha</i>	248	XIIDRA	220
VIVAGUARD INO SMART		<i>wesnatal dha complete</i>	248	XOFLUZA	11
GLUC METER	154	<i>wesnate dha</i>	248	XOLAIR	236
VIVAGUARD INO TEST		<i>westab plus</i>	249	XOLEGEL.....	123
STRIP	142	<i>westgel dha</i>	249	XOPENEX	236
VIVELLE-DOT	205	WIDE-SEAL DIAPHRAGM		XOSPATA.....	41
VIVITROL	72	.....	201	XPOVIO	41
VIVJOA	5	WILATE.....	106	XTAMPZA ER.....	67
VIVOTIF.....	195	WINLEVI.....	119	XTANDI.....	41, 42
VIZIMPRO.....	41	<i>wintergreen oil</i>	115	<i>xulane</i>	206
VOGELXO.....	163	<i>wixela inhub</i>	236	XULTOPHY 100/3.6	158
<i>volnea (28)</i>	214	<i>women's gentle laxative(bisac)</i>		XURIDEN	132
VONJO.....	41	.....	179	XYLOCAINE-	
VOQUEZNA DUAL PAK.....	181	<i>wymzya fe</i>	214	MPF/EPINEPHRINE	120
VOQUEZNA TRIPLE PAK		WYNZORA.....	113	XYNTHA	106
.....	181	X		XYNTHA SOLOFUSE.....	106
VORAXAZE.....	28	XACDURO	20	XYOSTED	163
<i>voriconazole</i>	5	XADAGO.....	52	XYREM.....	86
VORTEX HOLDING		XALATAN.....	221	XYWAV	86
CHAMBER	143	XALKORI.....	41	Y	
VOSEVI	11	XANAX.....	86	YASMIN (28).....	214
VOTRIENT	41	XANAX XR.....	86	YAZ (28)	214
VOWST.....	179	XARACOLL	120	YF-VAX (PF).....	195

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.

YONSA.....	42	ZEPATIER.....	11	<i>zolmitriptan</i>	54
YOSPRALA.....	106	ZEPOSIA.....	56	<i>zolpidem</i>	86
YUPELRI.....	236	ZEPOSIA STARTER KIT (28- DAY).....	56	ZOLPIDEM.....	86
YUTIQ.....	224	ZEPOSIA STARTER KIT (37- DAY).....	56	ZOLPIMIST.....	86
<i>yuvafem</i>	205	ZEPOSIA STARTER PACK (7-DAY).....	56	ZOMACTON.....	184
Z		ZERBAXA.....	13	ZOMIG.....	54
<i>zafemy</i>	206	ZERVIAE.....	220	ZONALON.....	115
<i>zafirlukast</i>	236	ZESTORETIC.....	98	ZONEGRAN.....	49
<i>zaleplon</i>	86	ZESTRIL.....	98	ZONISADE.....	49
ZANAFLEX.....	58	ZEVALIN (Y-90).....	42	<i>zonisamide</i>	49
ZANOSAR.....	42	ZIAC.....	98	ZONTIVITY.....	106
<i>zarah</i>	214	ZIAGEN.....	11	ZORTRESS.....	42
ZARONTIN.....	49	ZIANA.....	119	ZOSYN IN DEXTROSE (ISO- OSM).....	22
ZARXIO.....	183	<i>zidovudine</i>	11	<i>zovia 1-35 (28)</i>	214
<i>zatean-pn dha</i>	249	ZIEXTENZO.....	183	ZOVIRAX.....	123
<i>zatean-pn plus</i>	249	<i>zileuton</i>	236	ZTALMY.....	49
ZAVESCA.....	163	ZIMHI.....	72	ZUBSOLV.....	72
ZAVZPRET.....	53	<i>zingiber</i>	249	ZULRESSO.....	87
ZCORT.....	138	ZINPLAVA.....	195	<i>zumandimine (28)</i>	214
<i>zebutal</i>	67	ZIOPTAN (PF).....	222	ZUPLENZ.....	179
ZEGALOGUE		<i>ziprasidone hcl</i>	86	ZYDELIG.....	42
AUTOINJECTOR.....	144	<i>ziprasidone mesylate</i>	86	ZYFLO.....	236
ZEGALOGUE SYRINGE.....	144	ZIRGAN.....	216	ZYKADIA.....	42
ZEJULA.....	42	ZITHROMAX.....	15	ZYLET.....	223
ZELAPAR.....	52	ZITHROMAX TRI-PAK.....	15	ZYLOPRIM.....	196
ZELBORAF.....	42	ZITHROMAX Z-PAK.....	15	ZYMAXID.....	216
ZELNORM.....	179	ZOKINVY.....	132	ZYNRELEF.....	132
ZEMBRACE SYMTOUCH.....	54	ZOLADEX.....	42	ZYPITAMAG.....	109
ZEMDRI.....	20	<i>zoledronic acid-mannitol-water</i>	132	ZYPREXA.....	87
ZEMPLAR.....	163	ZOLINZA.....	42	ZYPREXA RELPREVV.....	87
<i>zenatane</i>	119			ZYPREXA ZYDIS.....	87
ZENPEP.....	179			ZYTIGA.....	42
<i>zenzedi</i>	86			ZYVOX.....	20
ZENZEDI.....	86				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 01, 2024.