



MARKETPLACE PLAN |

Drug Formulary

Georgia

INTRODUCTION

We are pleased to provide the 2021 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online Find a Pharmacy tool under “Quick Links” at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate. Choosing a

brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at 1-833-230-2030. Hours are Monday

through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource Member Portal, go to my.caresource.com.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
<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>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
SPORANOX ORAL SOLUTION 10 MG/ML	3	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	3	QL
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	PA
VFEND ORAL TABLET 200 MG, 50 MG	3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	
CIMDUO ORAL TABLET 300-300 MG	2	
COMBIVIR ORAL TABLET 150-300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DESCOVY ORAL TABLET 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	
<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>	0	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; 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	
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	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	

Drug Name	Drug Tier	Requirements / Limits
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HEPSERA ORAL TABLET 10 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE ORAL TABLET 500 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	2	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3	
<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>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	
NORVIR ORAL SOLUTION 80 MG/ML	2	
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

Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 150 MG, 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	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
SYMFI LO ORAL TABLET 400-300-300 MG	2	
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
TEMIXYS ORAL TABLET 300-300 MG	2	
<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	
TRIZIVIR ORAL TABLET 300-150-300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
TYBOST ORAL TABLET 150 MG	3	
<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	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	
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	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL
XOFLUZA ORAL TABLET 80 MG	3	
ZEPATIER ORAL TABLET 50-100 MG	4	PA; 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	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<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>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 200 mg, 400 mg</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	
KEFLEX ORAL CAPSULE 750 MG	3	
SPECTRACEF ORAL TABLET 400 MG	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	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocine (as stearate) oral tablet 250 mg</i>	1	
<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 oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
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
ALBENZA ORAL TABLET 200 MG	3	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	2	QL
<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
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
CYCLOSERINE ORAL CAPSULE 250 MG	3	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	3	
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; QL
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
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>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	

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

Drug Name	Drug Tier	Requirements / Limits
NEBUPENT INHALATION RECON SOLN 300 MG	2	QL
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
PRETOMANID ORAL TABLET 200 MG	3	PA
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1	QL
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
QUALAQUIN ORAL CAPSULE 324 MG	3	QL
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	5	PA; QL
TRECTOR ORAL TABLET 250 MG	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	

SULFA'S & RELATED AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
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	
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	ST
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 120 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<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
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	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	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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
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 2X100 KIT 100 MG	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
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
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	3	ST
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	3	ST
URINARY TRACT AGENTS		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	PA; QL
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	PA; QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA
AFINITOR ORAL TABLET 10 MG	4	PA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA
ALECENSA ORAL CAPSULE 150 MG	4	PA; QL
ALKERAN ORAL TABLET 2 MG	3	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; QL
<i>anastrozole oral tablet 1 mg</i>	0	
AROMASIN ORAL TABLET 25 MG	3	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	ST
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL
AYVAKIT ORAL TABLET 25 MG, 50 MG	5	PA
AZASAN ORAL TABLET 100 MG, 75 MG	3	
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	5	PA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	PA
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; QL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	5	PA
BRUKINSA ORAL CAPSULE 80 MG	5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; QL
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; QL
CASODEX ORAL TABLET 50 MG	3	
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL
COSELA INTRAVENOUS RECON SOLN 300 MG	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
COTELLIC ORAL TABLET 20 MG	4	PA; QL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	
<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	
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	PA
EMCYT ORAL CAPSULE 140 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; QL
<i>etoposide oral capsule 50 mg</i>	1	
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	0	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; QL
FEMARA ORAL TABLET 2.5 MG	3	
<i>flutamide oral capsule 125 mg</i>	1	
GAVRETO ORAL CAPSULE 100 MG	4	PA; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
HYDREA ORAL CAPSULE 500 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; QL
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; QL
IRESSA ORAL TABLET 250 MG	4	PA; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA

Drug Name	Drug Tier	Requirements / Limits
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
<i>lapatinib oral tablet 250 mg</i>	4	PA; 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 X 2), 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
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; QL
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL
LYSODREN ORAL TABLET 500 MG	4	
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
MATULANE ORAL CAPSULE 50 MG	4	
<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 TABLET 0.5 MG, 2 MG	4	PA; QL
MEKTOVI ORAL TABLET 15 MG	5	PA; QL
<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	
<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	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYLERAN ORAL TABLET 2 MG	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	4	PA
NEXAVAR ORAL TABLET 200 MG	4	PA; QL
NILANDRON ORAL TABLET 150 MG	3	PA
<i>nilutamide oral tablet 150 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL
NUBEQA ORAL TABLET 300 MG	4	PA; QL
ODOMZO ORAL CAPSULE 200 MG	4	PA; QL
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	

Drug Name	Drug Tier	Requirements / Limits
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA; QL
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; QL
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA
RYDAPT ORAL CAPSULE 25 MG	4	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	0	\$0 for ages 35 and older
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	0	\$0 for ages 35 and older
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA; QL
TARGRETIN TOPICAL GEL 1 %	4	PA

Drug Name	Drug Tier	Requirements / Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; QL
TAZVERIK ORAL TABLET 200 MG	5	PA
TECARTUS INTRAVENOUS SUSPENSION 2X10EXP6 TO 2X10EXP8 CELL	5	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	5	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA
TIBSOVO ORAL TABLET 250 MG	4	PA
<i>toremifene oral tablet 60 mg</i>	1	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; QL
TURALIO ORAL CAPSULE 200 MG	5	PA; QL
TYKERB ORAL TABLET 250 MG	4	PA; QL
UKONIQ ORAL TABLET 200 MG	5	PA; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL
XELODA ORAL TABLET 150 MG, 500 MG	5	
XOSPATA ORAL TABLET 40 MG	4	PA
ZEJULA ORAL CAPSULE 100 MG	4	PA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; QL
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA
ZOLINZA ORAL CAPSULE 100 MG	4	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	ST
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>epitol oral tablet 200 mg</i>	1	
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	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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, 600 MG	3	ST
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	
<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 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	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
<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	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	ST
<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	2	ST
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
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	PA

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<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	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST
<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	

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

Drug Name	Drug Tier	Requirements / Limits
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	QL
VIMPAT ORAL SOLUTION 10 MG/ML	2	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	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	QL
ZARONTIN ORAL CAPSULE 250 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIPARKINSONISM AGENTS		
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	ST
<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	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
COMTAN ORAL TABLET 200 MG	3	
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
LODOSYN ORAL TABLET 25 MG	3	PA
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	
NOURIANZ ORAL TABLET 20 MG, 40 MG	5	PA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	5	PA; QL
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
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	PA
<i>tolcapone oral tablet 100 mg</i>	1	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	3	ST; QL
CAFERGOT ORAL TABLET 1-100 MG	3	
D.H.E.45 INJECTION SOLUTION 1 MG/ML	3	
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	ST; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
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	ST; QL
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	ST; QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	ST; QL
RELPAK ORAL TABLET 20 MG, 40 MG	3	ST; 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
<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

Drug Name	Drug Tier	Requirements / Limits
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	ST; QL
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	ST; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	ST; 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, 5 MG	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	ST
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	ST
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<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)	5	PA; QL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	ST
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	5	PA
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	ST
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
RUZURGI ORAL TABLET 10 MG	4	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
LORZONE ORAL TABLET 375 MG, 750 MG	3	ST
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
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	
SKELAXIN ORAL TABLET 800 MG	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
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	
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
ALLZITAL ORAL TABLET 25-325 MG	3	ST
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	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
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 60 mg</i>	1	
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	
DILAUDID ORAL LIQUID 1 MG/ML	3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	
<i>diskets oral tablet,soluble 40 mg</i>	1	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	
<i>dvorah oral tablet 325-30-16 mg</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG	3	ST
ESGIC ORAL TABLET 50-325-40 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<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
<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
FIORICET ORAL CAPSULE 50-300-40 MG	3	ST
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
<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
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-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	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<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	
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
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>methadone oral concentrate 10 mg/ml</i>	1	PA
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>methadone oral tablet, soluble 40 mg</i>	1	PA
<i>methadose oral concentrate 10 mg/ml</i>	1	PA
<i>methadose oral tablet, soluble 40 mg</i>	1	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<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, 40 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	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL
NALOCET ORAL TABLET 2.5-300 MG	3	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3	
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<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
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	3	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	
<i>tencon oral tablet 50-325 mg</i>	1	
<i>vtol lq oral solution 50-325-40 mg/15 ml</i>	1	
<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>	0	covered for ages 69 and younger; OTC
ANAPROX DS ORAL TABLET 550 MG	3	
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	3	ST
<i>aspirin low dose oral tablet, delayed release (dr/ec) 81 mg</i>	0	covered for ages 69 and younger; OTC
<i>aspirin oral tablet 325 mg</i>	0	covered for ages 69 and younger; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	0	covered for ages 69 and younger; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	covered for ages 69 and younger; OTC
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	0	covered for ages 69 and younger; OTC
<i>bayer aspirin oral tablet 325 mg</i>	0	covered for ages 69 and younger; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CAMBIA ORAL POWDER IN PACKET 50 MG	3	ST; QL
<i>cataflam oral tablet 50 mg</i>	1	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST
<i>children's aspirin oral tablet, chewable 81 mg</i>	0	covered for ages 69 and younger; OTC
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	ST; QL
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; QL
DAYPRO ORAL TABLET 600 MG	3	ST
<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-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
DUEXIS ORAL TABLET 800-26.6 MG	3	ST
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>	0	covered for ages 69 and younger; OTC
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	0	covered for ages 69 and younger; 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	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 - 3.6 MILLION)	4	PA
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>fenoprofen oral tablet 600 mg</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL
<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>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	ST
INDOCIN RECTAL SUPPOSITORY 50 MG	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
LODINE ORAL TABLET 400 MG	3	ST
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
<i>meloxicam submicronized oral capsule 10 mg</i>	1	ST
<i>meloxicam submicronized oral capsule 5 mg</i>	1	ST; QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL TABLET 600 MG	3	ST
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	ST
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	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST
<i>naproxen- esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY, NON- AEROSOL 4 MG/ACTUATION	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	4	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
RELAFEN ORAL TABLET 500 MG, 750 MG	3	ST
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	0	covered for ages 69 and younger; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	covered for ages 69 and younger; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	ST; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; QL
TRAMADOL ORAL TABLET 100 MG	3	
<i>tramadol oral tablet 50 mg</i>	1	QL
<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	QL
ULTRACET ORAL TABLET 37.5-325 MG	3	QL
ULTRAM ORAL TABLET 50 MG	3	QL
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 380 MG	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
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 ORAL TABLET WITH SENSOR AND PATCH 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

Drug Name	Drug Tier	Requirements / Limits
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	3	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	ST
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	3	ST
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
ALENZIN 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

Drug Name	Drug Tier	Requirements / Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	ST; QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
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	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<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	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>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, DISINTEGRATING ER 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; QL
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DESOXYN ORAL TABLET 5 MG	3	
DESVENLAFAXINE 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, 5 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 oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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 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
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
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	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<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	
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

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

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXT REL 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	QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<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>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
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	
<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	5	PA; QL
HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL
<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	

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
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	ST
KETAMINE SUBLINGUAL TROCHE 100 MG	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	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 intensol oral concentrate 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
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</i>	1	PA
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<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 72 MG	3	ST
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<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	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	3	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 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 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	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
<i>ramelteon oral tablet 8 mg</i>	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
REMERON SOLTAB ORAL TABLET,DISINTE GRATING 15 MG, 30 MG, 45 MG	3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	QL
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	
<i>seconal sodium oral capsule 100 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	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
SUNOSI ORAL TABLET 150 MG, 75 MG	2	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL
<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	
TRANXENE T- TAB ORAL TABLET 7.5 MG	3	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 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
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	ST; QL
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	5	PA; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	ST; QL
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

Drug Name	Drug Tier	Requirements / Limits
<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>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
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	4	PA
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL

**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**

ANTIARRHYTHMIC AGENTS

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Drug Name	Drug Tier	Requirements / Limits
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
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>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
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>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
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	

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

Drug Name	Drug Tier	Requirements / Limits
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	3	ST
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	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid 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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	ST; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	ST; QL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	ST
<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>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
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	
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, 80 MG	3	ST
DEMSER ORAL CAPSULE 250 MG	2	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 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	
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST
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>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>eprosartan oral tablet 600 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<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	
INSPRA ORAL TABLET 25 MG, 50 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol 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	

Drug Name	Drug Tier	Requirements / Limits
<i>nadolol-bendroflumethiazide oral tablet 80-5 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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-amlodipin-hcthiazyd 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	
<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	
PRINIVIL ORAL TABLET 20 MG	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
<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	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
TENORMIN ORAL TABLET 25 MG	3	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA
<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	

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

Drug Name	Drug Tier	Requirements / Limits
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	3	ST
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	3	ST
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

Drug Name	Drug Tier	Requirements / Limits
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
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	5	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; QL
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
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NACL 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	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 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</i>	1	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	2	
<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, 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	3	
<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	
MEPHYTON ORAL TABLET 5 MG	3	QL
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<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
<i>prasugrel oral tablet 10 mg, 5 mg</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	

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

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 TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	PA

LIPID/CHOLESTEROL LOWERING AGENTS

ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	\$0 for ages 40 through 75 years; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	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	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	3	ST
COLESTID ORAL GRANULES 5 GRAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
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	5	PA
<i>ezetimibe oral tablet 10 mg</i>	1	ST
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	3	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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>	0	\$0 for ages 40 through 75 years; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	0	\$0 for ages 40 through 75 years; QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	2	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>	0	\$0 for ages 40 through 75 years; QL
LOVAZA ORAL CAPSULE 1 GRAM	3	PA

Drug Name	Drug Tier	Requirements / Limits
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	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	\$0 for ages 40 through 75 years; 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

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Drug Name	Drug Tier	Requirements / Limits
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>	0	\$0 for ages 40 through 75 years; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10- 40 MG, 10-5 MG	3	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	\$0 for ages 40 through 75 years; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97- 103 MG	2	QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
<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	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	

Drug Name	Drug Tier	Requirements / Limits
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	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DOVONEX TOPICAL CREAM 0.005 %	3	QL
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	QL
EPIFOAM TOPICAL FOAM 1- 1 %	3	ST
<i>hydrocortisone- pramoxine topical cream 2.5-1 %</i>	1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3	
OVACE PLUS TOPICAL CREAM 10 %	3	
OVACE PLUS TOPICAL FOAM 9.8 %	3	
OVACE PLUS TOPICAL LOTION 9.8 %	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3	
OVACE TOPICAL CLEANSER 10 %	3	
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX TOPICAL SHAMPOO 2.3 %	3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX TOPICAL FOAM 0.005 %	3	QL
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
TACLONEX TOPICAL OINTMENT 0.005- 0.064 %	3	QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	2	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	3	ST
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	3	ST
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
CONDYLOX TOPICAL GEL 0.5 %	3	QL

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

Drug Name	Drug Tier	Requirements / Limits
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
EFUDEX TOPICAL CREAM 5 %	3	
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	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	
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	5	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
TOLAK TOPICAL CREAM 4 %	3	
VALCHLOR TOPICAL GEL 0.016 %	4	PA
<i>wintergreen oil oil</i>	1	
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>accutane oral capsule 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	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ADAPALENE TOPICAL LOTION 0.1 %	3	ST
<i>adapalene topical solution 0.1 %</i>	1	
<i>adapalene topical swab 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
AKLIEF TOPICAL CREAM 0.005 %	3	ST
ALTRENO TOPICAL LOTION 0.05 %	3	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	2	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
AVAR LS TOPICAL FOAM 10-2 %	3	ST
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	3	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST
<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
BENZAACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	3	ST
BENZAACLIN TOPICAL GEL 1-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
<i>benzepro topical towelette 6 %</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	ST
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLEOCIN T TOPICAL LOTION 1 %	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
<i>clindacin p topical swab 1 %</i>	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
<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	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	

Drug Name	Drug Tier	Requirements / Limits
DIFFERIN TOPICAL CREAM 0.1 %	3	ST
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	ST
DIFFERIN TOPICAL LOTION 0.1 %	3	ST
ENZOCLEAR TOPICAL FOAM 9.8 %	3	ST
<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	
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
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	3	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin topical cream 1 %</i>	1	QL
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	
<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

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 0.06 %, 0.08 %	3	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	3	ST
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	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	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	1	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	ST
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
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>tazarotene topical cream 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	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
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	ST
ZILXI TOPICAL FOAM 1.5 %	3	ST
TOPICAL ANESTHETICS		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	QL
<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
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocort topical cream 3-0.5 %</i>	1	
<i>lta pre-attached laryngotracheal solution 4 %</i>	1	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	2	PA
TOPICAL ANTIBACTERIALS		
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
SULFAMYLON TOPICAL PACKET 50 GRAM	3	
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
CICLODAN KIT TOPICAL SOLUTION 8 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
<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>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<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
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
EXTINA TOPICAL FOAM 2 %	3	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>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
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL
LOPROX TOPICAL SHAMPOO 1 %	3	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 1 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
<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 CREAM 1 %	3	QL
OXISTAT TOPICAL LOTION 1 %	3	QL
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL

TOPICAL ANTIVIRALS

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

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	
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>amcinonide topical cream 0.1 %</i>	1	ST
<i>amcinonide topical lotion 0.1 %</i>	1	ST
<i>apexicon e topical cream 0.05 %</i>	1	ST
<i>besser 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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
BRYHALI TOPICAL LOTION 0.01 %	3	ST
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

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

Drug Name	Drug Tier	Requirements / Limits
<i>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
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST; QL
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
CLODERM TOPICAL CREAM 0.1 %	3	ST
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 %	3	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
DESONATE TOPICAL GEL 0.05 %	3	ST
<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	
DESOWEN TOPICAL LOTION 0.05 %	3	ST
<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
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	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>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	

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
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
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
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	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL
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

Drug Name	Drug Tier	Requirements / Limits
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
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

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

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 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	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON TOPICAL CREAM 0.05 %	3	ST
<i>tritocin topical ointment 0.05 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST
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	
<i>ivermectin topical lotion 0.5 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
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	

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

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	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
<i>deferiprone oral tablet 500 mg</i>	4	PA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA
EVOXAC ORAL CAPSULE 30 MG	3	
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FERRIPROX ORAL TABLET 1,000 MG	4	PA
FERRIPROX ORAL TABLET 500 MG	5	PA
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
GLEOLAN ORAL RECON SOLN 30 MG/ML	3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
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>pilocarpine hcl oral tablet 5 mg</i>	1	
RILUTEK ORAL TABLET 50 MG	3	PA
<i>riluzole oral tablet 50 mg</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	1	PA
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	3	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA
THIOLA ORAL TABLET 100 MG	5	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA
<i>tiopronin oral tablet 100 mg</i>	4	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	0	\$0 for ages 18 and older

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

Drug Name	Drug Tier	Requirements / Limits
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	\$0 for ages 18 and older; OTC
NICORETTE BUCCAL GUM 2 MG	0	\$0 for ages 18 and older; OTC
<i>nicorette buccal gum 4 mg</i>	0	\$0 for ages 18 and older; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	0	\$0 for ages 18 and older; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	\$0 for ages 18 and older; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	0	\$0 for ages 18 and older; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	\$0 for ages 18 and older; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	0	\$0 for ages 18 and older; OTC
NICOTROL INHALATION CARTRIDGE 10 MG	0	\$0 for ages 18 and older

Drug Name	Drug Tier	Requirements / Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	\$0 for ages 18 and older
<i>quit 2 buccal gum 2 mg</i>	0	\$0 for ages 18 and older; OTC
<i>quit 2 buccal lozenge 2 mg</i>	0	\$0 for ages 18 and older; OTC
<i>quit 4 buccal gum 4 mg</i>	0	\$0 for ages 18 and older; OTC
<i>quit 4 buccal lozenge 4 mg</i>	0	\$0 for ages 18 and older; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older; OTC
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	0	

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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	3	
<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	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
MUGARD MUCOUS MEMBRANE SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
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	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	5	
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 dry mouth dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
<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	

ENDOCRINE/DIABETES

ADRENAL HORMONES

CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>decadron oral tablet 0.5 mg</i>	1	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	ST
DXEVO ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	3	ST
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hidex oral tablets,dose pack 1.5 mg (21 tabs)</i>	1	ST
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</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	
<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	ST

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	ST
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	3	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
PRECISION XTRA TEST STRIP	2	OTC
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	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
INSPIRACHAMBER SPACER	2	
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	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	

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Drug Name	Drug Tier	Requirements / Limits
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
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	2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ADVOCATE REDI- CODE+ CTRL LOW SOLUTION	3	OTC
AT HOME A1C DEVICE	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CEQR SIMPLICITY DEVICE 2 UNIT	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	3	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	3	OTC
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	3	OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	OTC
EMBRACE EVO LEVEL 1 SOLUTION	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	OTC
ENLITE SYSTEM	3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE	3	OTC
FREESTYLE FREEDOM KIT	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE FREEDOM LITE KIT	2	OTC
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 LITE METER KIT	2	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	3	OTC
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
NOVAMAX PLUS GLU-KET SOLUTION	3	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
ON CALL EXPRESS CONTROL SOLUTION	3	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH ULTRAMINI KIT	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO IQ METER	2	OTC
ONETOUCH VERIO METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
SAFE-CLIP BY MAIL DEVICE	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN 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	
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	

Drug Name	Drug Tier	Requirements / Limits
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 U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
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	

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

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 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	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH U- 100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
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 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
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	

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

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
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
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<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	

Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	ST
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULA R RECON SOLN 10,000 UNIT	5	QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	2	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO- TESTOSTERONE INTRAMUSCULA R OIL 100 MG/ML, 200 MG/ML	3	PA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; QL
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATIO N	2	PA; QL
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTE GRATING 55.3 MCG	3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTE GRATING 27.7 MCG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
NOVAREL INTRAMUSCULA R RECON SOLN 10,000 UNIT, 5,000 UNIT	4	QL
ORLISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	ST
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	ST
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	ST
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	2	PA
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; 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
<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
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	3	ST; QL
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	ST; QL
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	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.

Drug Name	Drug Tier	Requirements / Limits
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	3	
CYCLOSET ORAL TABLET 0.8 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	ST; QL
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL ORAL TABLET 10 MG	3	
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	

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

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Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 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	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	3	ST
RIOMET ORAL SOLUTION 500 MG/5 ML	3	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
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
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		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>euthyrox oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levo-t oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levothyroxine oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>liothyronine oral tablet</i> 25 mcg, 5 mcg, 50 mcg	1	
<i>np thyroid oral tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	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	

Drug Name	Drug Tier	Requirements / Limits
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating</i> 0.125 mg	1	
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg, 16.2-60 mg	1	
<i>chlordiazepoxide- clidinium oral capsule</i> 5-2.5 mg	1	
<i>dicyclomine oral capsule</i> 10 mg	1	
<i>dicyclomine oral solution</i> 10 mg/5 ml	1	
<i>dicyclomine oral tablet</i> 20 mg	1	
<i>diphenoxylate- atropine oral liquid</i> 2.5-0.025 mg/5 ml	1	
<i>diphenoxylate- atropine oral tablet</i> 2.5-0.025 mg	1	
<i>ed-spaz oral tablet, disintegrating</i> 0.125 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
LEVBIID 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	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
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>oscimin sr oral tablet extended release 12 hr 0.375 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	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	covered for ages 50 through 75 years; OTC
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
ANA-LEX KIT RECTAL KIT 2-2 %	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
<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	
AURYXIA ORAL TABLET 210 MG IRON	3	

Drug Name	Drug Tier	Requirements / Limits
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	1	covered for ages 50 through 75 years; OTC
<i>bisa-lax (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	covered for ages 50 through 75 years; OTC
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	3	QL
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and extended release 9 mg</i>	1	
<i>calcium acetate (phosphate bind) oral capsule 667 mg</i>	1	QL
<i>calcium acetate (phosphate bind) oral tablet 667 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
CHENODAL ORAL TABLET 250 MG	4	PA
<i>citrate of magnesia oral solution</i>	0	covered for ages 50 through 75 years; OTC
<i>citroma oral solution</i>	0	covered for ages 50 through 75 years; OTC
<i>clearlax oral powder 17 gram/dose</i>	0	covered for ages 50 through 75 years; OTC
<i>clearlax oral powder in packet 17 gram</i>	1	covered for ages 50 through 75 years; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	0	\$0 for ages 50 through 75 years
COLAZAL ORAL CAPSULE 750 MG	3	
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	

Drug Name	Drug Tier	Requirements / Limits
CREON ORAL CAPSULE,DELAY ED 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	
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	0	OTC
ENTEREG ORAL CAPSULE 12 MG	3	
ENTOCORT EC ORAL CAPSULE,DELAY ED,EXTEND.RELEASE 3 MG	3	
<i>enulose oral solution 10 gram/15 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA
<i>gavilax oral powder 17 gram/dose</i>	1	covered for ages 50 through 75 years; OTC
<i>gavilax oral powder in packet 8.5 gram</i>	1	OTC
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	covered for ages 50 through 75 years; OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	covered for ages 50 through 75 years; OTC
<i>granisetron hcl oral tablet 1 mg</i>	1	QL
<i>healthylax oral powder in packet 17 gram</i>	1	covered for ages 50 through 75 years; OTC
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 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 %, 2.5-1 % (4g)</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	1	ST
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxaclear oral powder 17 gram/dose</i>	1	covered for ages 50 through 75 years; OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	1	covered for ages 50 through 75 years; OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	covered for ages 50 through 75 years; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	0	covered for ages 50 through 75 years; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	
<i>magnesium citrate oral solution</i>	0	covered for ages 50 through 75 years; OTC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	0	covered for ages 50 through 75 years; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	0	covered for ages 50 through 75 years; OTC
<i>miralax oral powder in packet 17 gram</i>	1	covered for ages 50 through 75 years; OTC
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL
<i>natura-lax oral powder 17 gram/dose</i>	0	covered for ages 50 through 75 years; OTC

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Drug Name	Drug Tier	Requirements / Limits
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	3	
<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>	0	covered for ages 50 through 75 years; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	3	
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-electrolyte soln oral recon soln 420 gram</i>	0	\$0 for ages 50 through 75 years
<i>peg-prep oral kit 5-210 mg-gram</i>	0	\$0 for ages 50 through 75 years

Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	QL
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	0	covered for ages 50 through 75 years; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	covered for ages 50 through 75 years; OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	covered for ages 50 through 75 years; OTC
<i>powderlax oral powder 17 gram/dose</i>	0	covered for ages 50 through 75 years; OTC
<i>powderlax oral powder in packet 17 gram</i>	1	covered for ages 50 through 75 years; OTC
<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	

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Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3	ST
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>purelax oral powder 17 gram/dose</i>	1	covered for ages 50 through 75 years; OTC
<i>purelax oral powder in packet 17 gram</i>	1	covered for ages 50 through 75 years; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	QL
RENVELA ORAL TABLET 800 MG	3	QL
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	QL
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	QL
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
<i>smoothlax oral powder 17 gram/dose</i>	1	covered for ages 50 through 75 years; OTC
<i>smoothlax oral powder in packet 17 gram</i>	1	covered for ages 50 through 75 years; OTC
<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	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SYNDROS ORAL SOLUTION 5 MG/ML	3	PA
<i>trimethobenzamide oral capsule 300 mg</i>	1	
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	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	0	covered for ages 50 through 75 years; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	1	covered for ages 50 through 75 years; OTC
ZELNORM ORAL TABLET 6 MG	3	
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	
ZOFRAN ORAL TABLET 4 MG	3	QL
ZUPLENZ ORAL FILM 4 MG, 8 MG	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<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	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</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</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<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

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; QL
MACRILEN ORAL RECON SOLN 0.5 MG/ML	5	QL
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; QL
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	5	PA
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
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA

GROWTH HORMONES

EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
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
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	
INTERFERONS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 95 MG	4	PA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	PA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	4	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4	PA; QL
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; QL
PONVORY ORAL TABLET 20 MG	4	PA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
<i>ribavirin oral capsule 200 mg</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; QL
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	4	PA; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; QL
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ALDARA TOPICAL CREAM IN PACKET 5 %	3	
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 3.75 % , 5 %</i>	1	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	\$0 for ages 1 month and older
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	\$0 for ages 7 and older
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	\$0 for ages 7 and older
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
ASCENIV INTRAVENOUS SOLUTION 10 %	5	PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	\$0 for age 10 years and older
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	0	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	\$0 for ages 7 and older
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	\$0 for ages 7 and older
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	\$0 for age 1-12 months

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	\$0 for ages 9-26 years

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	\$0 for ages 9-26 years
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	\$0 for ages 1 year and older
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	\$0 for ages 18 and older
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	\$0 for ages 1 month and older
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	\$0 for age 1-6 years
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	0	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	0	

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

Drug Name	Drug Tier	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	\$0 for age 4-6 years
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	\$0 for ages 9 months and older
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	\$0 for ages 2 months and older
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	\$0 for ages 6 months and older
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	\$0 for age 1-12 months
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	\$0 for ages 1 month and older

Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	0	\$0 for age 1-6 years
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	\$0 for age 1-6 years
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	\$0 for age 2 years and older
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	\$0 for age 2 years and older
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	\$0 for ages 1 month and older
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	0	\$0 for ages 1 year and older

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

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	\$0 for age 4-6 years
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	0	\$0 for ages 1-9 months
ROTATEQ VACCINE ORAL SOLUTION 2 ML	0	\$0 for ages 1-9 months
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	\$0 for ages 50 and older

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	0	
TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF UNIT/0.5 ML	0	\$0 for age 7 years and older
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	\$0 for age 7 years and older
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	\$0 for age 7 years and older
TETANUS,DIPHTE RIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5- 25 LF UNIT/0.5 ML	0	\$0 for age 1-12 months
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	\$0 for age 10 years and older
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	\$0 for ages 18 years and older
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	0	

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

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	\$0 for ages 1 year and older
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	\$0 for ages 1 year and older
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	\$0 for ages 1 year and older
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	0	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	0	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	0	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 (20 %), 4 GRAM/20 ML (20 %)	4	PA

Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	0	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	0	\$0 for age 60 years and older

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	
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
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>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
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL
BONIVA ORAL TABLET 150 MG	3	ST; QL
EVISTA ORAL TABLET 60 MG	3	
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 oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	0	\$0 for ages 35 and older
<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
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; QL
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; QL
ARAVA ORAL TABLET 10 MG, 20 MG	3	QL
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; 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; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OTEZLA ORAL TABLET 30 MG	4	PA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
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
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; 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
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL

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

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
FC2 FEMALE CONDOM	0	OTC
FEMCAP VAGINAL DEVICE 22 MM	0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	

ESTROGENS & PROGESTINS

ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>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	
<i>camila oral tablet 0.35 mg</i>	0	
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
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	0	
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	0	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	0	QL

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL
<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
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ENDOMETRIN VAGINAL INSERT 100 MG	4	
<i>errin oral tablet 0.35 mg</i>	0	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	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

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

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	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>	0	
<i>incassia oral tablet 0.35 mg</i>	0	
<i>jencycla oral tablet 0.35 mg</i>	0	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	0	

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>	0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	0	QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	0	QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
<i>nora-be oral tablet 0.35 mg</i>	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	0	
<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	
<i>norlyda oral tablet 0.35 mg</i>	0	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	3	

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

Drug Name	Drug Tier	Requirements / Limits
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	0	
<i>tulana oral tablet 0.35 mg</i>	0	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL CREAM 2 %	3	
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>	0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>gynol ii vaginal gel 3 %</i>	0	OTC
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LYSTEDA ORAL TABLET 650 MG	3	
METROGEL VAGINAL VAGINAL GEL 0.75 %	3	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	
NUVESSA VAGINAL GEL 1.3 %	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
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	

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

Drug Name	Drug Tier	Requirements / Limits
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
<i>vandazole vaginal gel 0.75 %</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	0	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	0	
<i>after pill oral tablet 1.5 mg</i>	0	OTC; QL
AFTERA ORAL TABLET 1.5 MG	0	OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	0	
<i>apri oral tablet 0.15-0.03 mg</i>	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	0	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>aviane oral tablet 0.1-20 mg-mcg</i>	0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	0	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	0	
<i>cyred oral tablet 0.15-0.03 mg</i>	0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	0	
<i>econtra ez oral tablet 1.5 mg</i>	0	OTC; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>econtra one-step oral tablet 1.5 mg</i>	0	OTC; QL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	0	
ELLA ORAL TABLET 30 MG	0	QL
<i>emoquette oral tablet 0.15-0.03 mg</i>	0	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	0	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	0	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	0	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>isibloom oral tablet 0.15-0.03 mg</i>	0	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	0	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>juleber oral tablet 0.15-0.03 mg</i>	0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>kalliga oral tablet 0.15-0.03 mg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	0	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>lessina oral tablet 0.1-20 mg-mcg</i>	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	0	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	0	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	
<i>loryna (28) oral tablet 3-0.02 mg</i>	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	0	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	0	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	0	ST
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	0	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	0	
<i>my choice oral tablet 1.5 mg</i>	0	OTC; QL
<i>my way oral tablet 1.5 mg</i>	0	OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>new day oral tablet 1.5 mg</i>	0	OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	0	
<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>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<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>	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	0	
<i>ocella oral tablet 3-0.03 mg</i>	0	
<i>opcicon one-step oral tablet 1.5 mg</i>	0	OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	0	OTC; QL
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	0	
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	0	OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	0	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	0	
<i>syeda oral tablet 3-0.03 mg</i>	0	
TAKE ACTION ORAL TABLET 1.5 MG	0	OTC; QL
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tri femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-estarylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-legest fe oral tablet</i> 1-20(5)/1-30(7) /1mg-35mcg (9)	0	
<i>tri-linyah oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	0	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tydemy oral tablet</i> 3-0.03-0.451 mg (21) (7)	0	
<i>velivet triphasic regimen (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg	0	
<i>vestura (28) oral tablet</i> 3-0.02 mg	0	
<i>vienva oral tablet</i> 0.1-20 mg-mcg	0	
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	0	
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	0	
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg	0	
<i>vylibra oral tablet</i> 0.25-35 mg-mcg	0	
<i>wera (28) oral tablet</i> 0.5-35 mg-mcg	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	0	
YAZ (28) ORAL TABLET 3-0.02 MG	0	ST
<i>zarah oral tablet 3-0.03 mg</i>	0	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	0	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	0	
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	1	ST; QL
<i>methylergonovine oral tablet 0.2 mg</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) DROPS 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 %</i>	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION 1 MG/ML	3	ST
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 5 MG/ML	3	ST
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	ST
NATACYN OPHTHALMIC (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	

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

ANTIVIRALS

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Drug Name	Drug Tier	Requirements / Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPTHALMIC (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 0.5 %</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	
TIMOPTIC OPTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC-XE OPTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPTHALMIC (EYE) DROPS, EMULSION 0.01 %	3	
CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
CYCLOPENTROPIC-PHENYLEPHWATR OPTHALMIC (EYE) DROPS 1-1-2.5 %	3	
CYCLOPENTROPIC-PHENKETR-WAT OPTHALMIC (EYE) DROPS 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %	3	
CYCLOP-TROP-PROPA-PHENKET-WAT OPTHALMIC (EYE) DROPS 1 %-1 %-0.1 %-2.5 %-0.4 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDRIACYL OPTHALMIC (EYE) DROPS 1 %	3	
PAREMYD OPTHALMIC (EYE) DROPS 1-0.25 %	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		
ISOPTO CARPINE OPTHALMIC (EYE) DROPS 1 %, 2 %, 4 %	3	
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	

Drug Name	Drug Tier	Requirements / Limits
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	ST
ALOMIDE OPTHALMIC (EYE) DROPS 0.1 %	3	ST
<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	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05 ML	5	PA
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
BEPREVE OPTHALMIC (EYE) DROPS 1.5 %	3	ST
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS 0.1-0.25 %	3	

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Drug Name	Drug Tier	Requirements / Limits
DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
KLARITY-A (AZITHROCHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	3	
KLARITY-B (BETAMETHCHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	3	
KLARITY-L (LOTEPREDCHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA
LIDOCAINE-PHENYLEPHRIN-BSS(PF) INTRAOCULAR SYRINGE 1-1.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-phenylephrn in water intraocular solution 1-1.5 %</i>	1	
MYDRIATIC4(TROP-PROP-PEKTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
PREDNISOL ACEGATIFLOXBROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLN SPGATIFLOXBROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLN SP-MOXIFLOXBROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
RACEPINEPH-LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION 0.025-0.75 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	PA
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
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	

Drug Name	Drug Tier	Requirements / Limits
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	3	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	PA
<i>miostat intraocular solution 0.01 %</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 %	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	

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Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 %	3	
TIMOLOL-LATANOPROST(P F) OPHTHALMIC (EYE) DROPS 0.5-0.005 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	PA
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	PA
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<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	

STEROIDS

Drug Name	Drug Tier	Requirements / Limits
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	

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Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	

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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	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	3	QL
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL
<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	

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

Drug Name	Drug Tier	Requirements / Limits
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	ST
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL
<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	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
RYVENT ORAL TABLET 6 MG	3	ST
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		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<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
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	
<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	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	ST
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	ST
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	
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
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA
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	PA; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	QL
<i>alyq oral tablet 20 mg</i>	4	PA; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA
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
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
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
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	2	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	2	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	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; 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	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL

Drug Name	Drug Tier	Requirements / Limits
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<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; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	5	PA; QL
REVATIO ORAL TABLET 20 MG	5	PA; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL
SINUVA SINUS IMPLANT 1,350 MCG	5	
<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
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL
<i>tadalafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
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	5	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	PA; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	
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	ST
ZYFLO ORAL TABLET 600 MG	3	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

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

Drug Name	Drug Tier	Requirements / Limits
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST; QL
GEMTESA ORAL TABLET 75 MG	3	ST
<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	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	ST
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<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	
<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	ST
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	ST
PROSCAR ORAL TABLET 5 MG	3	ST
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>methen-sod phosph-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA
<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	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<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>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	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>effe-k oral tablet, effervescent 25 meq</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<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>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
POTABA ORAL CAPSULE 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>b complex-vitamin b12 oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>balanced b-100 oral tablet 0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>balanced b-50 oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
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	
<i>b-complex with vitamin c oral tablet , 400-500 mcg-mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29-1-250-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>complex b-100 oral tablet extended release</i>	0	covered at \$0 copay for ages 50 and younger; OTC
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>dialyvite 800 oral tablet 0.8 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	2	PA
<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>	0	covered for ages 6mo to 16 years; 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>	0	covered for ages 6mo to 16 years; 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>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	2	PA
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML	3	PA
<i>kobee oral tablet 0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>kpn oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<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>	0	covered for ages 6mo to 16 years; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	0	covered for ages 6mo to 16 years; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered for ages 6mo to 16 years; OTC
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered for ages 6mo to 16 years; OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered for ages 6mo to 16 years; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>natural b-100 complex oral tablet 100 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	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	

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

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	
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	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>pnv 29-1 oral tablet 29 mg iron- 1 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	

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prenal pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prenal true oral combo pack 30 mg iron- 1.4 mg-300 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	
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<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	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	3	
<i>rena-vite oral tablet 0.8 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
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>stress formula oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>super b complex-vitamin c oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>super quints b-50 oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>super quints oral tablet 0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	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	
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>	0	covered for ages 6mo to 16 years; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	PA
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
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VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
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	

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

Drug Name	Drug Tier	Requirements / Limits
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	
<i>vitamin b complex oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>vitamin b complex- folic acid oral tablet 0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	covered for ages 6mo to 16 years; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30- 1.4-200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG- 300 MG	3	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	3	
<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	
<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	

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If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-479-9502 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-800-479-9502 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-479-9502 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-800-479-9502 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-800-479-9502 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-479-9502 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-800-479-9502 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-800-479-9502 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-800-479-9502 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મે હોતી મેળવિનો અધિકાર છે. તે અર્થ વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છે. દ ભ વપરો i ત કરિ મ ટે, આ 1-800-479-9502 TTY:711 પર કોલ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दूभाषिए से बात करने के लिए कॉल करें, 1-800-479-9502 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-800-479-9502 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます(無償)。通訳をご利用の場合は、1-800-479-9502 TTY:711にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-800-479-9502 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-479-9502 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-800-479-9502 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-800-479-9502 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-800-479-9502 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-800-479-9502 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-800-479-9502 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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