

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs</i>	1	
<i>emverm</i>	4	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
<i>Antibacterials</i>		
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	
ARIKAYCE	4	QL (8.4 ML per 1 days) PA
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	
<i>aztreonam</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	4	QL (84 ML per 28 days) PA LA
<i>cefaclor caps</i>	1	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	1	
<i>cefazolin inj 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hydrochloride inj 1gm, 2gm</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefepime inj 1gm, 2gm/100ml, 2gm</i>	1	
<i>cefixime</i>	1	
CEFOTAXIME SODIUM INJ 1GM	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefoxitin sodium inj 1gm; 4%, 2gm; 2.2%</i>	3	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>ceftriaxone/dextrose</i>	1	

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<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	
<i>cephalexin caps, susr</i>	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin susr 500mg/5ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
<i>clindamycin hcl caps 300mg, 75mg</i>	1	
<i>clindamycin hydrochloride caps</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml, 9gm/60ml</i>	1	
<i>colistimethate sodium inj</i>	4	
<i>daptomycin</i>	4	
<i>dicloxacillin sodium</i>	1	
DIFICID SUSR	4	QL (10 ML per 1 days) PA
DIFICID TABS	4	QL (2 EA per 1 days) PA
<i>doxy 100</i>	1	
<i>doxycycline</i>	1	
<i>doxycycline hyclate caps, inj</i>	1	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 150mg, 75mg</i>	1	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	1	
E.E.S. 400 TABS	3	
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin lactobionate inj 500mg</i>	1	
<i>erythrocin stearate tabs 250mg</i>	3	
<i>erythromycin base tabs</i>	1	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate susr, tabs</i>	1	
<i>erythromycin lactobionate</i>	1	
<i>erythromycin cpep 250mg</i>	1	
<i>erythromycin tabs 250mg, 500mg</i>	1	
FIRVANQ SOLR 50MG/ML	3	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	

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<i>imipenem/cilastatin</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>lincomycin hcl inj</i>	1	
<i>linezolid tabs</i>	1	
<i>linezolid susr</i>	4	
<i>linezolid inj 600mg/300ml</i>	1	
<i>meropenem/sodium chloride</i>	3	
MEROPENEM INJ 2GM	3	
<i>meropenem inj 1gm, 500mg</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs</i>	1	
<i>minocycline hydrochloride</i>	1	
<i>mondoxyne nl caps 100mg, 75mg</i>	1	
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
NAFCILLIN	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>neomycin sulfate tabs</i>	1	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium inj 10gm, 1gm</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	1	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
SIVEXTRO	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfasalazine tabs, tbec</i>	1	MO
<i>suprax chew</i>	3	
SUPRAX SUSR 500MG/5ML	3	
SYNERCID INJ 350MG; 150MG	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hydrochloride caps</i>	1	
<i>tigecycline</i>	4	PA
<i>tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>tobramycin nebu 300mg/5ml</i>	4	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	1	
<i>vancomycin hcl inj 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	1	QL (240 EA per 30 days)
<i>vancomycin hydrochloride oral solr</i>	1	
<i>vancomycin hydrochloride inj 1000mg/200ml, 10gm, 1500mg/300ml, 1gm, 250mg, 500mg/100ml, 500mg, 5gm, 750mg</i>	1	
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	1	
<i>vancomycin inj 2000mg/400ml</i>	1	
XENLETA INJ	4	PA
XENLETA TABS	4	QL (2 EA per 1 days) PA
XIFAXAN TABS 550MG	4	MO
ZERBAXA	4	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	
Antifungals		
ABELCET	3	B/D
<i>amphotericin b liposome</i>	1	B/D
<i>amphotericin b inj</i>	1	B/D
<i>casposfungin acetate inj 70mg</i>	1	
<i>casposfungin acetate inj 50mg</i>	4	
CRESEMBA INJ	4	PA
CRESEMBA CAPS 186MG	4	PA
ERAXIS	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>micafungin</i>	4	
NOXAFIL INJ	3	PA MO

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NOXAFIL PACK	4	PA
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole dr</i>	4	PA MO
<i>posaconazole inj</i>	1	PA MO
<i>posaconazole susp</i>	4	PA MO
<i>terbinafine hcl tabs</i>	1	
<i>terbinafine hydrochloride tabs</i>	1	
<i>voriconazole tabs</i>	1	
<i>voriconazole susr</i>	4	
<i>voriconazole inj</i>	4	PA
Antimycobacterials		
CAPASTAT SULFATE	3	
<i>cycloserine caps</i>	4	
<i>dapsone tabs</i>	1	MO
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid inj</i>	1	
<i>isoniazid syrp, tabs</i>	1	MO
PRETOMANID	1	QL (1 EA per 1 days) PA
PRIFTIN	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin</i>	1	
<i>rifampin caps, inj</i>	1	
SIRTURO	4	PA
TRECTOR	3	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	1	
<i>atovaquone susp</i>	1	
BENZNIDAZOLE	2	PA
<i>chloroquine phosphate tabs</i>	1	MO
COARTEM	3	
DARAPRIM	4	LA
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	MO
IMPAVIDO	4	QL (3 EA per 1 days) PA
KRINTAFEL	3	QL (4 EA per 180 days)
LAMPIT	3	PA
<i>mefloquine hcl</i>	1	MO
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitazoxanide tabs</i>	1	PA
<i>paromomycin sulfate caps</i>	1	
PENTAM 300	2	
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation solr</i>	1	B/D
<i>primaquine phosphate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine tabs</i>	4	
<i>quinine sulfate caps 324mg</i>	1	QL (42 EA per 30 days) PA
<i>tinidazole tabs</i>	1	PA
Antivirals		
<i>abacavir</i>	1	MO
<i>abacavir sulfate</i>	1	MO
<i>abacavir sulfate/lamivudine</i>	1	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	MO
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	1	QL (1 EA per 1 days) MO
APTIVUS CAPS	4	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
BARACLUDE SOLN	3	MO
BEYFORTUS INJ 100MG/ML	2	QL (1 ML per 365 days)
BEYFORTUS INJ 50MG/0.5ML	2	QL (2 ML per 365 days)
BIKTARVY TABS 30MG; 120MG; 15MG	4	QL (1 EA per 1 days)
BIKTARVY TABS 50MG; 200MG; 25MG	4	QL (1 EA per 1 days) MO
<i>cidofovir</i>	4	
CIMDUO	4	QL (1 EA per 1 days) MO
COMPLERA	4	MO
<i>darunavir</i>	1	MO
DELSTRIGO	4	QL (1 EA per 1 days) MO
DESCOVY	4	QL (1 EA per 1 days) MO
DOVATO	4	QL (1 EA per 1 days) MO
EDURANT	4	MO
<i>efavirenz</i>	1	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	4	QL (1 EA per 1 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine/tenofovir disoproxil</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	1	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	4	QL (1 EA per 1 days) MO
EMTRIVA SOLN	3	MO
<i>entecavir</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PACK	4	QL (1 EA per 1 days) PA
EPCLUSA TABS 200MG; 50MG	4	QL (2 EA per 1 days) PA
EPIVIR HBV SOLN	3	MO
<i>etravirine tabs 100mg</i>	1	MO
<i>etravirine tabs 200mg</i>	4	MO
EVOTAZ	4	MO
<i>famciclovir tabs</i>	1	
<i>fosamprenavir calcium</i>	4	
FUZEON	4	MO
<i>ganciclovir inj 500mg</i>	1	B/D
GENVOYA	4	QL (1 EA per 1 days) MO
INTELENCE TABS 25MG	3	MO
ISENTRESS HD	4	MO
ISENTRESS PACK, TABS	4	MO
ISENTRESS CHEW 25MG	2	MO
ISENTRESS CHEW 100MG	4	MO
JULUCA	4	QL (1 EA per 1 days) MO
LAGEVRIO	2	QL (40 EA per 5 days)
<i>lamivudine</i>	1	MO
<i>lamivudine/zidovudine</i>	1	MO
LEXIVA SUSP	3	MO
LIVTENCITY	4	QL (12 EA per 1 days) PA
<i>lopinavir/ritonavir</i>	1	MO
<i>maraviroc tabs 150mg</i>	4	QL (2 EA per 1 days) MO
<i>maraviroc tabs 300mg</i>	4	QL (4 EA per 1 days) MO
MAVYRET TABS	4	QL (3 EA per 1 days) PA
MAVYRET PACK	4	QL (6 EA per 1 days) PA
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR PACK, SOLN	3	MO
ODEFSEY	4	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate caps, susr</i>	1	
PAXLOVID TBPK 150MG; 100MG	2	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	2	QL (30 EA per 5 days)
PEGASYS	4	QL (4 ML per 28 days) PA
PIFELTRO	4	QL (1 EA per 1 days) MO
PLEGRIDY STARTER PACK	3	QL (1 ML per 180 days)
PLEGRIDY INJ 125MCG/0.5ML	3	QL (1 ML per 28 days) MO
PREVYMIS INJ	4	PA
PREVYMIS TABS	4	QL (1 EA per 1 days) PA
PREZCOBIX	4	MO
PREZISTA SUSP	4	MO
PREZISTA TABS 150MG, 75MG	3	MO
RELENZA DISKHALER	3	QL (120 EA per 365 days)
RETROVIR IV INFUSION	3	

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REYATAZ PACK	4	MO
<i>ribavirin caps</i>	1	PA
<i>ribavirin tabs 200mg</i>	1	PA
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1	MO
RUKOBIA	4	
SELZENTRY SOLN	4	MO
SELZENTRY TABS 25MG	3	QL (4 EA per 1 days) MO
SELZENTRY TABS 75MG	4	QL (8 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR	4	QL (1 EA per 1 days) PA
<i>stavudine caps</i>	1	
STRIBILD	4	MO
SUNLENCA INJ	4	QL (3 ML per 180 days)
SUNLENCA TBPK 300MG	4	QL (4 EA per 180 days)
SUNLENCA TBPK 300MG	4	QL (5 EA per 180 days)
SYMTUZA	4	QL (1 EA per 1 days) MO
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	4	PA
<i>temixys</i>	4	QL (1 EA per 1 days)
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY PD	3	QL (6 EA per 1 days) MO
TIVICAY TABS 10MG	3	QL (1 EA per 1 days) MO
TIVICAY TABS 25MG	4	QL (1 EA per 1 days) MO
TIVICAY TABS 50MG	4	QL (2 EA per 1 days) MO
TRIUMEQ	4	MO
TRIUMEQ PD	4	QL (6 EA per 1 days) MO
TRIZIVIR	4	MO
<i>valacyclovir hydrochloride tabs</i>	1	
<i>valganciclovir</i>	1	MO
<i>valganciclovir hydrochloride</i>	4	MO
VIRACEPT	4	MO
VIREAD POWD	4	MO
VIREAD TABS 150MG, 200MG, 250MG	4	MO
VOSEVI	4	QL (1 EA per 1 days) PA
<i>zidovudine</i>	1	MO
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate caps</i>	1	
<i>trimethoprim tabs</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl inj 50mg/ml</i>	1	

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<i>diphenhydramine hydrochloride inj</i>	1	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl supp 12.5mg, 25mg</i>	1	
<i>promethazine hcl tabs 12.5mg, 50mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride inj, oral soln, tabs</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine/phenylephrine</i>	1	
Second Generation Antihistamines		
<i>desloratadine</i>	1	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tabs</i>	1	QL (1 EA per 1 days)
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate tabs 250mg</i>	1	QL (4 EA per 1 days) PA
<i>abiraterone acetate tabs 500mg</i>	4	QL (2 EA per 1 days) PA
ABRAXANE	4	PA
<i>adriamycin inj 10mg, 2mg/ml</i>	1	PA
AKEEGA TABS 500MG; 50MG	4	QL (1 EA per 1 days) PA
AKEEGA TABS 500MG; 100MG	4	QL (2 EA per 1 days) PA
ALECENSA	4	QL (8 EA per 1 days) PA
ALIQOPA	4	PA
ALUNBRIG TBPk	4	QL (30 EA per 180 days) PA
ALUNBRIG TABS 180MG, 90MG	4	QL (1 EA per 1 days) PA
ALUNBRIG TABS 30MG	4	QL (6 EA per 1 days) PA
<i>arsenic trioxide inj</i>	1	
AUGTYRO	4	QL (8 EA per 1 days) PA
AVASTIN	4	PA
AYVAKIT	4	QL (1 EA per 1 days) PA
<i>azacitidine</i>	4	
BALVERSA TABS 5MG	4	QL (1 EA per 1 days) PA
BALVERSA TABS 4MG	4	QL (2 EA per 1 days) PA
BALVERSA TABS 3MG	4	QL (3 EA per 1 days) PA
BAVENCIO	4	PA
BELEODAQ	4	PA
<i>bendamustine hydrochloride inj 100mg, 25mg</i>	4	PA
BESREMI	4	QL (2 ML per 28 days) PA
<i>bexarotene caps 75mg</i>	4	PA
<i>bicalutamide</i>	1	
<i>bleomycin sulfate inj 30unit</i>	1	B/D
BORTEZOMIB INJ 3.5MG	4	PA
<i>bortezomib inj 3.5mg</i>	4	PA
BOSULIF	4	PA
BRAFTOVI CAPS 75MG	4	QL (6 EA per 1 days) PA
BRUKINSA	4	QL (4 EA per 1 days) PA
<i>busulfan</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	4	QL (1 EA per 1 days) PA LA
CALQUENCE	4	QL (2 EA per 1 days) PA
CAPRELSA TABS 300MG	4	QL (1 EA per 1 days) PA LA
CAPRELSA TABS 100MG	4	QL (2 EA per 1 days) PA LA
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>carmustine inj 100mg</i>	4	PA
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
<i>cladribine</i>	1	B/D
<i>clofarabine</i>	4	PA
COMETRIQ	4	PA
COPIKTRA	4	QL (2 EA per 1 days) PA
COTELLIC	4	QL (63 EA per 28 days) PA
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	1	B/D
CYRAMZA	4	PA
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D
<i>dacarbazine inj 200mg</i>	1	PA
<i>dactinomycin</i>	4	PA
DARZALEX	4	PA
DARZALEX FASPRO	4	PA
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	PA
DAURISMO TABS 100MG	4	QL (1 EA per 1 days) PA
DAURISMO TABS 25MG	4	QL (3 EA per 1 days) PA
<i>decitabine</i>	4	
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	PA
<i>doxorubicin hcl inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal</i>	1	PA
<i>doxorubicin hydrochloride inj 10mg</i>	1	PA
DROXIA	3	MO
EMCYT	4	
EMPLICITI	4	PA
<i>epirubicin hcl inj 200mg/100ml</i>	1	
ERBITUX INJ 100MG/50ML	4	PA
ERIVEDGE	4	PA LA
ERLEADA TABS 240MG	4	QL (1 EA per 1 days) PA
ERLEADA TABS 60MG	4	QL (4 EA per 1 days) PA
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	1	QL (1 EA per 1 days) PA
<i>erlotinib hydrochloride tabs 150mg</i>	4	QL (1 EA per 1 days) PA
ERWINASE	4	PA
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>everolimus tabs 10mg</i>	4	QL (1 EA per 1 days) PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	QL (1 EA per 1 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tbso 2mg, 3mg, 5mg</i>	4	PA
EXKIVITY	4	QL (4 EA per 1 days) PA
<i>fludarabine phosphate inj 50mg</i>	1	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	PA
<i>flutamide</i>	1	
FOLOTYN	4	PA
FOTIVDA	4	QL (21 EA per 28 days) PA
FRUZAQLA CAPS 5MG	4	QL (21 EA per 28 days) PA
FRUZAQLA CAPS 1MG	4	QL (84 EA per 28 days) PA
FULVESTRANT	4	PA
GAVRETO	4	QL (4 EA per 1 days) PA
<i>gefitinib</i>	1	QL (1 EA per 1 days) PA MO
<i>gemcitabine hcl</i>	1	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 1gm, 200mg/2ml, 200mg/5.26ml, 200mg, 2gm/20ml, 2gm/52.6ml</i>	1	
GILOTRIF	4	PA LA
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
HALAVEN	4	PA
<i>hydroxyurea caps</i>	1	
IBRANCE	4	QL (21 EA per 28 days) PA
ICLUSIG TABS 10MG, 30MG	4	QL (1 EA per 1 days) PA
ICLUSIG TABS 15MG, 45MG	4	QL (1 EA per 1 days) PA LA
<i>idarubicin hcl</i>	1	PA
<i>idarubicin hydrochloride</i>	1	PA
IDHIFA	4	QL (1 EA per 1 days) PA
<i>ifosfamide inj 1gm</i>	1	
<i>imatinib mesylate</i>	1	PA
IMBRUVICA SUSP	4	QL (8 ML per 1 days) PA
IMBRUVICA CAPS 70MG	4	QL (1 EA per 1 days) PA LA
IMBRUVICA CAPS 140MG	4	QL (3 EA per 1 days) PA LA
IMBRUVICA TABS 280MG, 420MG, 560MG	4	QL (1 EA per 1 days) PA LA
IMFINZI	4	PA
INLYTA	4	PA LA
INQOVI	4	QL (5 EA per 28 days) PA
INREBIC	4	QL (4 EA per 1 days) PA
INTRON A INJ 10000000UNIT/ML, 18000000UNIT, 6000000UNIT/ML	4	PA MO
<i>irinotecan hydrochloride</i>	1	
IWILFIN	4	QL (8 EA per 1 days) PA
JAKAFI	4	PA
JAYPIRCA TABS 100MG	4	QL (2 EA per 1 days) PA
JAYPIRCA TABS 50MG	4	QL (3 EA per 1 days) PA
JEVTANA	4	PA
JYLAMVO	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>kemoplat</i>	1	
KEYTRUDA INJ 100MG/4ML	4	PA
KISQALI TBPK 200MG	4	QL (21 EA per 28 days) PA
KISQALI TBPK 200MG	4	QL (42 EA per 28 days) PA
KISQALI TBPK 200MG	4	QL (63 EA per 28 days) PA
KOSELUGO	4	QL (4 EA per 1 days) PA
KRAZATI	4	QL (6 EA per 1 days) PA
KYPROLIS	4	PA
<i>lapatinib ditosylate</i>	4	QL (6 EA per 1 days) PA
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	4	PA LA
<i>lenalidomide caps 2.5mg, 20mg</i>	4	PA MO
LENVIMA 10 MG DAILY DOSE	4	QL (1 EA per 1 days) PA
LENVIMA 12MG DAILY DOSE	4	QL (3 EA per 1 days) PA
LENVIMA 14 MG DAILY DOSE	4	QL (2 EA per 1 days) PA
LENVIMA 18 MG DAILY DOSE	4	QL (3 EA per 1 days) PA
LENVIMA 20 MG DAILY DOSE	4	QL (2 EA per 1 days) PA
LENVIMA 24 MG DAILY DOSE	4	QL (3 EA per 1 days) PA
LENVIMA 4 MG DAILY DOSE	4	QL (1 EA per 1 days) PA
LENVIMA 8 MG DAILY DOSE	4	QL (2 EA per 1 days) PA
LEUKERAN	4	
LIBTAYO	4	PA
LONSURF	4	QL (8 EA per 1 days) PA
LORBRENA TABS 100MG	4	QL (1 EA per 1 days) PA
LORBRENA TABS 25MG	4	QL (3 EA per 1 days) PA
LUMAKRAS TABS 320MG	4	QL (3 EA per 1 days) PA
LUMAKRAS TABS 120MG	4	QL (8 EA per 1 days) PA
LUMOXITI	4	PA
LYNPARZA TABS	4	QL (4 EA per 1 days) PA
LYSODREN	4	
LYTGOBI TBPK 4MG	4	QL (3 EA per 1 days) PA
LYTGOBI TBPK 4MG	4	QL (4 EA per 1 days) PA
LYTGOBI TBPK 4MG	4	QL (5 EA per 1 days) PA
MATULANE	4	
MEKINIST	4	PA
MEKTOVI	4	QL (6 EA per 1 days) PA
<i>melphalan hydrochloride</i>	4	PA
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium tabs</i>	1	B/D
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mitomycin inj 20mg, 40mg, 5mg</i>	4	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mutamycin</i>	4	PA
MYLOTARG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>nelarabine</i>	4	PA
NERLYNX	4	QL (6 EA per 1 days) PA
<i>nilutamide</i>	4	
NINLARO	4	QL (3 EA per 28 days) PA
NIPENT	4	PA
NUBEQA	4	QL (4 EA per 1 days) PA
ODOMZO	4	QL (1 EA per 1 days) PA
OGSIVEO TABS 50MG	4	QL (6 EA per 1 days) PA
OJJAARA	4	QL (1 EA per 1 days) PA
ONUREG	4	QL (14 EA per 28 days) PA
OPDIVO INJ 100MG/10ML, 240MG/24ML, 40MG/4ML	4	PA
ORSERDU TABS 345MG	4	QL (1 EA per 1 days) PA
ORSERDU TABS 86MG	4	QL (3 EA per 1 days) PA
<i>oxaliplatin inj 100mg/20ml, 100mg</i>	1	PA
<i>paclitaxel protein-bound particles</i>	4	PA
<i>paclitaxel inj 150mg/25ml, 300mg/50ml, 30mg/5ml, 6mg/ml</i>	1	
<i>paraplatin inj 450mg/45ml, 50mg/5ml</i>	1	
<i>pazopanib hydrochloride</i>	4	QL (4 EA per 1 days) PA
PEMAZYRE	4	QL (14 EA per 21 days) PA
<i>pemetrexed disodium</i>	4	PA
<i>pemetrexed inj 100mg, 500mg</i>	4	PA
PERJETA	4	PA
PIQRAY 200MG DAILY DOSE	4	QL (1 EA per 1 days) PA
PIQRAY 250MG DAILY DOSE	4	QL (2 EA per 1 days) PA
PIQRAY 300MG DAILY DOSE	4	QL (2 EA per 1 days) PA
POMALYST	4	PA
PROLEUKIN	4	PA
PURIXAN	4	PA
QINLOCK	4	QL (3 EA per 1 days) PA
RETEVMO CAPS 80MG	4	QL (4 EA per 1 days) PA
RETEVMO CAPS 40MG	4	QL (6 EA per 1 days) PA
REZLIDHIA	4	QL (2 EA per 1 days) PA
RIABNI	4	PA
RITUXAN	4	PA
<i>romidepsin inj 10mg</i>	4	PA
ROZLYTREK PACK	4	QL (12 EA per 1 days) PA
ROZLYTREK CAPS 200MG	4	QL (3 EA per 1 days) PA
ROZLYTREK CAPS 100MG	4	QL (5 EA per 1 days) PA
RUBRACA	4	QL (4 EA per 1 days) PA
RUXIENCE	4	PA
RYDAPT	4	QL (8 EA per 1 days) PA
SCSEMBLIX TABS 40MG	4	QL (10 EA per 1 days) PA
SCSEMBLIX TABS 20MG	4	QL (4 EA per 1 days) PA
SIKLOS	3	PA
<i>sorafenib</i>	4	QL (4 EA per 1 days) PA LA

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Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate tabs</i>	4	QL (4 EA per 1 days) PA
SPRYCEL	4	PA
STIVARGA	4	PA LA
<i>sunitinib malate</i>	4	QL (1 EA per 1 days) PA
SYNRIBO	4	PA
TABLOID	3	
TABRECTA	4	QL (4 EA per 1 days) PA
TAFINLAR	4	PA
TAGRISO	4	QL (1 EA per 1 days) PA
TALZENNA	4	QL (1 EA per 1 days) PA
TASIGNA	4	PA
TAZVERIK	4	QL (8 EA per 1 days) PA
TECENTRIQ	4	PA
<i>temsirolimus</i>	4	PA
TEPMETKO	4	QL (2 EA per 1 days) PA
<i>thiotepa inj 15mg</i>	4	PA
TIBSOVO	4	QL (2 EA per 1 days) PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl inj 4mg</i>	1	
<i>tretinoin caps 10mg</i>	4	PA
<i>trexall</i>	3	B/D
TRUQAP	4	QL (4 EA per 1 days) PA
TRUSELTIQ CPPK 100MG	4	QL (1 EA per 1 days) PA
TRUSELTIQ CPPK 0, 25MG	4	QL (2 EA per 1 days) PA
TRUSELTIQ CPPK 25MG	4	QL (3 EA per 1 days) PA
TRUXIMA	4	PA
TUKYSA TABS 50MG	4	QL (10 EA per 1 days) PA
TUKYSA TABS 150MG	4	QL (4 EA per 1 days) PA
TURALIO	4	QL (4 EA per 1 days) PA
TYKERB	4	QL (6 EA per 1 days) PA LA
VANFLYTA	4	QL (2 EA per 1 days) PA
VECTIBIX INJ 100MG/5ML	4	PA
VENCLEXTA STARTING PACK	4	QL (42 EA per 180 days) PA
VENCLEXTA TABS 10MG	2	QL (4 EA per 1 days) PA
VENCLEXTA TABS 50MG	4	QL (4 EA per 1 days) PA
VENCLEXTA TABS 100MG	4	QL (6 EA per 1 days) PA
VERZENIO	4	QL (2 EA per 1 days) PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate inj</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
VITRAKVI SOLN	4	QL (10 ML per 1 days) PA
VITRAKVI CAPS 100MG	4	QL (2 EA per 1 days) PA
VITRAKVI CAPS 25MG	4	QL (6 EA per 1 days) PA
VIZIMPRO	4	QL (1 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
VONJO	4	QL (4 EA per 1 days) PA
VYXEOS	4	PA
WELIREG	4	QL (3 EA per 1 days) PA
XALKORI CAPS	4	QL (2 EA per 1 days) PA LA
XALKORI CPSP	4	QL (4 EA per 1 days) PA LA
XATMEP	3	B/D
XOSPATA	4	QL (3 EA per 1 days) PA
XPOVIO 100 MG ONCE WEEKLY	4	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY	4	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	4	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	4	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	4	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA
XTANDI CAPS	4	QL (4 EA per 1 days) PA
XTANDI TABS 80MG	4	QL (2 EA per 1 days) PA
XTANDI TABS 40MG	4	QL (4 EA per 1 days) PA
YERVOY	4	PA
YONDELIS	4	PA
YONSA	4	QL (4 EA per 1 days) PA
ZALTRAP	4	PA
ZANOSAR	4	PA
ZEJULA TABS	4	QL (1 EA per 1 days) PA
ZEJULA CAPS	4	QL (3 EA per 1 days) PA
ZELBORAF	4	PA LA
ZOLINZA	4	PA
ZYDELIG	4	QL (2 EA per 1 days) PA
ZYKADIA TABS	4	QL (3 EA per 1 days) PA
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK	3	PA MO
ODACTRA	3	QL (1 EA per 1 days) PA MO
RAGWITEK	3	PA MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	4	PA
FLEBOGAMMA DIF	4	PA
GAMASTAN	2	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA
GAMUNEX-C	4	PA

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA
PRIVIGEN	4	PA
VARIZIG INJ 125UNIT/1.2ML	4	PA
ZINPLAVA	4	PA
Toxoids		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	
INFANRIX	2	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
<i>quadracel inj 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml</i>	2	
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
Vaccines		
ABRYSVO	2	
ACTHIB	2	
AREXVY	2	PA
BCG VACCINE INJ 50MG	2	
BEXSERO	2	PA
DENGVAXIA	2	PA
ENGERIX-B	2	B/D
GARDASIL 9	2	PA
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
IPOL INACTIVATED IPV	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	
STAMARIL	2	PA
TICOVAC	2	PA
TRUMENBA	2	PA
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	2	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJ 0.25MG/5ML	1	
ATROVENT HFA	3	MO
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps, soln, tabs</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<i>ipratropium bromide nasal soln</i>	1	MO
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	2	QL (4 GM per 30 days) MO
<i>tiotropium bromide</i>	1	QL (30 EA per 30 days) MO
<i>Autonomic Drugs, Miscellaneous</i>		
NICOTROL INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	1	QL (53 EA per 180 days)
<i>varenicline tartrate</i>	1	QL (336 EA per 365 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs</i>	1	
<i>cevimeline hydrochloride</i>	1	MO
<i>donepezil hcl tabs 10mg</i>	1	MO
<i>donepezil hcl tabs 23mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hcl tbdp 10mg</i>	1	MO
<i>donepezil hcl tbdp 5mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt tbdp 10mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride odt tbdp 5mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 24mg</i>	1	MO
<i>galantamine hydrobromide er cp24 16mg, 8mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide soln, tabs</i>	1	MO
<i>pilocarpine hydrochloride</i>	1	MO
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide soln</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>regonol inj 10mg/2ml</i>	3	
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal system</i>	1	QL (1 EA per 1 days) MO
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen tabs 5mg</i>	1	
<i>baclofen tabs 10mg, 20mg</i>	1	MO
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	1	
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>tizanidine hcl caps 4mg</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	1	
<i>tizanidine hydrochloride tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
<i>Sympatholytic (Adrenergic Blocking) Agents</i>		
<i>alfuzosin hcl er</i>	1	MO
<i>dihydroergotamine mesylate nasal soln</i>	1	QL (8 ML per 28 days)
<i>dihydroergotamine mesylate inj</i>	4	
<i>ergoloid mesylates tabs</i>	1	MO
<i>tamsulosin hydrochloride</i>	1	MO
<i>Sympathomimetic (Adrenergic) Agents</i>		
ADVAIR HFA	2	QL (12 GM per 30 days) MO
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	1	B/D MO
<i>albuterol sulfate syrp, tabs</i>	1	MO
<i>arformoterol tartrate</i>	1	B/D MO
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days) MO
<i>droxidopa caps 100mg</i>	4	QL (15 EA per 1 days) PA
<i>droxidopa caps 200mg, 300mg</i>	4	QL (6 EA per 1 days) PA
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebu</i>	1	B/D MO
LUCEMYRA	4	QL (16 EA per 1 days) PA
<i>midodrine hcl</i>	1	
<i>midodrine hydrochloride</i>	1	
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
Blood Formation, Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>tranexamic acid</i>	1	
Antithrombotic Agents		
<i>anagrelide hydrochloride</i>	1	MO
<i>argatroban</i>	1	
<i>aspirin/dipyridamole</i>	1	MO
<i>aspirin/dipyridamole er</i>	1	MO
BRILINTA	2	QL (2 EA per 1 days) MO
CABLIVI	4	QL (1 EA per 1 days) PA
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
ELIQUIS STARTER PACK	2	QL (74 EA per 180 days) MO
ELIQUIS TABS 2.5MG	2	QL (2 EA per 1 days) MO
ELIQUIS TABS 5MG	2	QL (4 EA per 1 days) MO
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	QL (0.5 ML per 1 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	4	QL (0.4 ML per 1 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	4	QL (0.6 ML per 1 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	4	QL (0.8 ML per 1 days)
<i>heparin sodium</i>	1	
HEPARIN SODIUM/D5W	1	
HEPARIN SODIUM/DEXTROSE	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/sodium chloride</i>	1	
<i>heparin sodium/sodium chloride 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	1	MO
<i>prasugrel</i>	1	QL (1 EA per 1 days) MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 180 days)
XARELTO SUSR	3	PA MO
XARELTO TABS 15MG, 20MG	2	MO
XARELTO TABS 10MG	2	QL (1 EA per 1 days) MO
XARELTO TABS 2.5MG	2	QL (2 EA per 1 days) MO
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
OXBRYTA TBSO	3	QL (5 EA per 1 days) PA
OXBRYTA TABS 500MG	3	QL (3 EA per 1 days) PA
OXBRYTA TABS 300MG	4	QL (3 EA per 1 days) PA MO
PYRUKYND	4	QL (2 EA per 1 days) PA
PYRUKYND TAPER PACK TBPK 0	4	QL (14 EA per 180 days) PA
PYRUKYND TAPER PACK TBPK 5MG	4	QL (7 EA per 180 days) PA
TAVALISSE	4	QL (2 EA per 1 days) PA MO
<i>Hematopoietic Agents</i>		
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	4	PA
DOPTELET	4	QL (3 EA per 1 days) PA
FULPHILA	4	PA
FYLNETRA	4	PA
GRANIX	4	PA
LEUKINE	4	PA
MOZOBIL	4	PA
MULPLETA	4	QL (1 EA per 1 days) PA
NEULASTA	4	PA
NYVEPRIA	4	PA
<i>plerixafor</i>	4	PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 40000UNIT/ML	4	PA
PROMACTA PACK	4	QL (6 EA per 1 days) PA LA MO
PROMACTA TABS 12.5MG, 25MG	4	QL (1 EA per 1 days) PA LA MO
PROMACTA TABS 50MG, 75MG	4	QL (2 EA per 1 days) PA LA MO
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	4	PA
ROLVEDON	4	PA
STIMUFEND	4	PA

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY	4	PA
UDENYCA INJ 6MG/0.6ML	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hemorrhologic Agents		
<i>pentoxifylline er</i>	1	MO
Blood Formation,Coagulation + Thrombosis		
Hematopoietic Agents		
UDENYCA INJ 6MG/0.6ML	4	PA
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate tabs</i>	1	MO
<i>doxazosin tabs 2mg</i>	1	MO
<i>prazosin hydrochloride caps</i>	1	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	QL (1 EA per 1 days) MO
<i>cholestyramine light</i>	1	MO
<i>cholestyramine pack, powd</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>colestipol hydrochloride</i>	1	MO
<i>ezetimibe</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin</i>	1	QL (1 EA per 1 days) MO
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	MO
<i>fenofibrate caps 130mg, 134mg, 200mg, 43mg, 67mg</i>	1	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr</i>	1	MO
<i>gemfibrozil tabs</i>	1	MO
<i>icosapent ethyl caps 1gm</i>	1	QL (4 EA per 1 days) MO
<i>icosapent ethyl caps 0.5gm</i>	1	QL (8 EA per 1 days) MO
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	4	QL (2 EA per 1 days) PA MO
<i>lovastatin tabs</i>	1	MO
<i>niacin er</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	MO
PRALUENT	2	QL (2 ML per 28 days) PA MO
<i>pravastatin sodium</i>	1	MO
<i>prevalite</i>	1	MO
REPATHA	2	QL (3 ML per 30 days) PA MO
REPATHA PUSHTRONEX SYSTEM	2	QL (3.5 ML per 30 days) PA MO
REPATHA SURECLICK	2	QL (3 ML per 30 days) PA MO
<i>rosuvastatin calcium</i>	1	MO
<i>simvastatin tabs</i>	1	MO
beta-Adrenergic Blocking Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl caps</i>	1	MO
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>atenolol tabs</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>bisoprolol fumarate tabs</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hydrochloride tabs</i>	1	MO
<i>labetalol hydrochloride inj 10mg/2ml, 5mg/ml</i>	1	
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MO
<i>nebivolol hydrochloride tabs 20mg, 5mg</i>	1	QL (2 EA per 1 days) ST MO
<i>nebivolol hydrochloride tabs 10mg</i>	1	QL (3 EA per 1 days) ST MO
<i>nebivolol hydrochloride tabs 2.5mg</i>	1	QL (5 EA per 1 days) ST MO
<i>nebivolol tabs 20mg, 5mg</i>	1	QL (2 EA per 1 days) ST MO
<i>nebivolol tabs 10mg</i>	1	QL (3 EA per 1 days) ST MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er cp24 120mg, 160mg</i>	1	MO
<i>propranolol hcl soln</i>	1	MO
<i>propranolol hcl tabs 40mg, 60mg</i>	1	MO
<i>propranolol hydrochloride</i>	1	MO
<i>propranolol hydrochloride er</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af) tabs 120mg, 80mg</i>	1	MO
<i>sotalol hcl af</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
<i>sotalol hydrochloride af</i>	1	MO
<i>sotalol hydrochloride tabs</i>	1	MO
SOTYLIZE	3	PA MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate tabs</i>	1	MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er cp12, tb24</i>	1	MO
<i>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hydrochloride er cp24</i>	1	MO
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride tabs</i>	1	MO
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>felodipine er</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl caps</i>	1	MO
<i>nicardipine hydrochloride caps</i>	1	MO
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	1	
<i>nifediac cc tb24 30mg</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>taztia xt</i>	1	MO
<i>telmisartan/amlodipine</i>	1	QL (1 EA per 1 days) MO
<i>tiadylt er</i>	1	MO
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er tbcr 120mg, 240mg</i>	1	MO
<i>verapamil hcl sr cp24</i>	1	MO
<i>verapamil hcl tabs 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er cp24 200mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 180mg, 240mg</i>	1	MO
<i>verapamil hydrochloride inj</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
Cardiac Drugs		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hcl tabs 400mg</i>	1	MO
<i>amiodarone hydrochloride inj</i>	1	
<i>amiodarone hydrochloride tabs</i>	1	MO
CAMZYOS	4	QL (1 EA per 1 days) PA
CORLANOR SOLN	3	PA MO
CORLANOR TABS	3	QL (2 EA per 1 days) PA MO
<i>digitek tabs 0.125mg, 0.25mg</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin oral soln</i>	1	MO
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	MO
<i>mexiletine hydrochloride caps</i>	1	MO
MULTAQ	2	PA MO
NORPACE CR	3	MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	MO
<i>procainamide hcl inj</i>	1	
<i>procainamide hydrochloride inj 500mg/ml</i>	1	
<i>propafenone hcl</i>	1	MO
<i>propafenone hydrochloride</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate tabs</i>	1	MO
<i>ranolazine er</i>	1	MO
VYNDAMAX	4	QL (1 EA per 1 days) PA
VYNDAQEL	4	QL (4 EA per 1 days) PA
<i>Hypotensive Agents</i>		
<i>clonidine</i>	1	MO
<i>clonidine hydrochloride tabs</i>	1	MO
<i>guanfacine hydrochloride tabs 1mg, 2mg</i>	1	MO
<i>hydralazine hcl inj</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs</i>	1	MO
<i>methyldopa tabs 250mg, 500mg</i>	1	MO
<i>minoxidil tabs</i>	1	MO
<i>Renin-Angiotensin-Aldosterone Sys Inhib</i>		
<i>aliskiren</i>	1	MO
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>candesartan cilexetil</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>captopril tabs</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
ENTRESTO	2	QL (2 EA per 1 days) MO
<i>eplerenone</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan/hydrochlorothiazide</i>	1	MO
KERENDIA	3	QL (1 EA per 1 days) PA MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium/hydrochlorothiazide</i>	1	MO
<i>losartan potassium tabs</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs</i>	1	QL (1 EA per 1 days) MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>spironolactone tabs</i>	1	MO
<i>telmisartan</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>trandolapril</i>	1	MO
<i>valsartan/hydrochlorothiazide</i>	1	MO
<i>valsartan tabs</i>	1	MO
Vasodilating Agents		
<i>alyq</i>	1	QL (2 EA per 1 days) PA MO
<i>dipyridamole tabs</i>	1	MO
<i>isosorbide dinitrate tabs</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minitran</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin translingual soln 0.4mg/spray</i>	1	MO
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	MO
<i>sildenafil citrate susr</i>	4	QL (6 ML per 1 days) PA MO
<i>sildenafil citrate tabs 20mg</i>	1	QL (3 EA per 1 days) PA MO
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil tabs 100mg, 25mg, 50mg</i>	5	QL (6 EA per 30 days) ED
<i>tadalafil tabs 20mg</i>	1	QL (2 EA per 1 days) PA MO
TADLIQ	4	QL (10 ML per 1 days) PA
VERQUVO	3	QL (1 EA per 1 days) PA
Central Nervous System Agents		
Analgesics and Antipyretics		
<i>acetaminophen/codeine phosphate tabs</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine soln</i>	1	QL (166 ML per 1 days)
<i>ascomp/codeine</i>	1	
<i>bac</i>	1	QL (12 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl subl 8mg</i>	1	QL (4 EA per 1 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (2 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine ptwk</i>	1	QL (4 EA per 28 days) ST
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine</i>	1	
<i>celecoxib caps</i>	1	QL (2 EA per 1 days) MO
<i>codeine sulfate tabs 30mg, 60mg</i>	1	
<i>diclofenac potassium tabs 50mg</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>duramorph</i>	1	
<i>ec-naproxen tbec 375mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>etodolac caps, tabs</i>	1	MO
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (4 EA per 1 days) PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	QL (4 EA per 1 days) PA
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	QL (10 EA per 30 days) ST
<i>flurbiprofen tabs 50mg</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (184 ML per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs</i>	1	
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	
<i>ibu</i>	1	MO
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
LAZANDA SOLN 100MCG/ACT, 400MCG/ACT	4	PA
<i>meloxicam tabs</i>	1	MO
<i>methadone hcl inj, oral soln, tabs</i>	1	
<i>methadone hydrochloride intensol</i>	1	
<i>methadone hydrochloride conc, soln, tabs</i>	1	
<i>methadose sugar-free</i>	2	
METHADOSE CONC 10MG/ML	2	
<i>morphine sulfate er tbc</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate tabs</i>	1	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	1	
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml, 20mg/ml</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	
<i>naproxen susp, tbc</i>	1	MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO
OXYCODONE HCL ER T12A 15MG, 30MG, 40MG, 60MG, 80MG	3	QL (3 EA per 1 days) PA
<i>oxycodone hcl caps</i>	1	
<i>oxycodone hydrochloride</i>	1	
OXYCODONE HYDROCHLORIDE ER T12A 10MG, 20MG	3	QL (3 EA per 1 days) PA
<i>oxycodone hydrochloride er t12a 40mg</i>	3	QL (3 EA per 1 days) PA
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
OXYCONTIN T12A	3	QL (3 EA per 1 days) PA
<i>piroxicam caps</i>	1	MO
<i>sulindac tabs</i>	1	MO
<i>tencon tabs 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (8 EA per 1 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL (8 EA per 1 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine tabs</i>	1	MO
<i>amphetamine/dextroamphetamine cp24</i>	1	QL (1 EA per 1 days) MO
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	1	QL (1 EA per 1 days) PA MO
<i>armodafinil tabs 50mg</i>	1	QL (3 EA per 1 days) PA MO
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hydrochloride tabs</i>	1	MO
<i>dextroamphetamine sulfate er</i>	1	MO
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	1	MO
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 50mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 10mg, 40mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 18mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 10mg, 20mg</i>	1	MO
<i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 36mg, 54mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride tabs</i>	1	MO
<i>modafinil tabs 100mg</i>	1	QL (1 EA per 1 days) PA MO
<i>modafinil tabs 200mg</i>	1	QL (2 EA per 1 days) PA MO
WAKIX TABS 17.8MG	4	QL (2 EA per 1 days) PA
WAKIX TABS 4.45MG	4	QL (4 EA per 1 days) PA
Anticonvulsants		
APTIOM TABS 200MG, 400MG, 800MG	4	QL (1 EA per 1 days) PA MO
APTIOM TABS 600MG	4	QL (2 EA per 1 days) PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN	4	PA MO
BRIVIACT TABS	4	QL (2 EA per 1 days) PA MO
<i>carbamazepine er</i>	1	MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
<i>clobazam tabs</i>	1	MO
<i>clobazam susp</i>	1	PA MO
<i>clonazepam odt</i>	1	MO
<i>clonazepam tabs</i>	1	MO
DIACOMIT	4	PA MO
<i>dilantin infatabs</i>	1	MO
DILANTIN-125	2	MO
<i>dilantin caps 100mg</i>	1	MO
<i>dilantin caps 30mg</i>	3	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>divalproex sodium csdr</i>	1	MO
EPIDIOLEX	4	PA MO
<i>epitol</i>	1	MO
EPRONTIA	3	QL (16 ML per 1 days) PA
<i>ethosuximide caps, soln</i>	1	MO
<i>felbamate tabs</i>	1	MO
<i>felbamate susp</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
FINTEPLA	4	QL (11.82 ML per 1 days) PA
<i>fosphenytoin sodium</i>	1	
FYCOMPA SUSP	4	QL (24 ML per 1 days) PA MO
FYCOMPA TABS 2MG	3	QL (1 EA per 1 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (1 EA per 1 days) PA MO
<i>gabapentin caps, soln</i>	1	MO
<i>gabapentin tabs 600mg, 800mg</i>	1	MO
<i>lacosamide inj</i>	1	
<i>lacosamide oral soln</i>	1	MO
<i>lacosamide tabs</i>	1	QL (2 EA per 1 days) MO
<i>lamotrigine er</i>	1	ST
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	QL (35 EA per 180 days)
<i>lamotrigine starter kit/green</i>	1	QL (98 EA per 180 days)
<i>lamotrigine starter kit/orange</i>	1	QL (49 EA per 180 days)
<i>lamotrigine chew, tabs</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam inj</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 50%</i>	1	
<i>methsuximide</i>	1	MO
NAYZILAM	3	QL (10 EA per 30 days)
<i>oxcarbazepine</i>	1	MO
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	MO
<i>pregabalin soln</i>	1	MO
<i>pregabalin caps</i>	1	QL (3 EA per 1 days) MO
<i>primidone tabs</i>	1	MO
ROWEEPRA TABS 500MG	1	MO
<i>rufinamide susp</i>	4	PA MO
<i>rufinamide tabs 200mg</i>	1	MO
<i>rufinamide tabs 400mg</i>	4	MO
SPRITAM TB3D 1000MG, 250MG, 500MG	3	QL (2 EA per 1 days) PA MO
SPRITAM TB3D 750MG	3	QL (4 EA per 1 days) PA MO
<i>subvenite</i>	1	MO
<i>subvenite starter kit/blue</i>	1	QL (35 EA per 180 days)
<i>subvenite starter kit/green</i>	1	QL (98 EA per 180 days)
<i>subvenite starter kit/orange</i>	1	QL (49 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 5MG	3	QL (2 EA per 1 days) PA
SYMPAZAN FILM 10MG, 20MG	4	QL (2 EA per 1 days) PA
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate cpsp, tabs</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid caps, soln</i>	1	MO
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days)
<i>vigabatrin</i>	4	PA LA MO
<i>vigadrone</i>	4	PA LA MO
<i>vigpoder</i>	4	PA
XCOPRI TABS 100MG, 50MG	4	QL (1 EA per 1 days) PA
XCOPRI TABS 150MG, 200MG	4	QL (2 EA per 1 days) PA
XCOPRI TBPK 0	3	QL (28 EA per 180 days) PA
XCOPRI TBPK 0	4	QL (2 EA per 1 days) PA
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA
ZONISADE	3	QL (20 ML per 1 days) PA MO
<i>zonisamide caps</i>	1	MO
ZTALMY	4	PA MO
Antimanic Agents		
LITHIUM	2	PA
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate caps, tabs</i>	1	MO
Antimigraine Agents		
AIMOVIG	3	QL (1 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days)
EMGALITY INJ 120MG/ML	3	PA
EMGALITY INJ 100MG/ML	4	PA
<i>migergot</i>	4	
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
REYVOW TABS 50MG	2	QL (4 EA per 30 days) PA
REYVOW TABS 100MG	2	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
<i>sumatriptan soln</i>	1	QL (12 EA per 30 days)
UBRELVY	4	QL (16 EA per 30 days) PA
<i>zolmitriptan odt</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs</i>	1	QL (12 EA per 30 days)
Antiparkinsonian Agents		
<i>amantadine hcl caps, soln, tabs</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hydrochloride tabs</i>	1	MO
<i>apomorphine hydrochloride inj</i>	4	PA
<i>benztropine mesylate tabs</i>	1	MO
<i>bromocriptine mesylate caps, tabs</i>	1	MO
<i>cabergoline</i>	1	
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa/entacapone</i>	1	MO
<i>carbidopa tabs</i>	1	MO
EMSAM	4	QL (1 EA per 1 days) PA MO
<i>entacapone</i>	1	MO
INBRIJA	4	PA
KYNMOBI	4	PA
KYNMOBI TITRATION KIT	4	PA
NEUPRO	3	QL (1 EA per 1 days) PA MO
ONGENTYS	2	QL (1 EA per 1 days) ST MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>rasagiline mesylate tabs</i>	1	QL (1 EA per 1 days) ST MO
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
<i>selegiline hcl caps, tabs</i>	1	MO
<i>selegiline hydrochloride</i>	1	MO
<i>trihexyphenidyl hcl soln</i>	1	MO
<i>trihexyphenidyl hydrochloride</i>	1	MO
<i>Anxiolytics, Sedatives, and Hypnotics</i>		
<i>alprazolam intensol</i>	1	
<i>alprazolam tabs</i>	1	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs</i>	1	
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	1	
<i>chlordiazepoxide hydrochloride</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
<i>diazepam intensol</i>	1	
DIAZEPAM RECTAL GEL	1	
<i>diazepam conc, oral soln, tabs</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>eszopiclone</i>	1	QL (1 EA per 1 days)
HETLIOZ LQ	4	QL (5 ML per 1 days) PA
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride inj, syrp</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine hydrochloride tabs 50mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate caps 100mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	1	MO
<i>lorazepam intensol</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam tabs</i>	1	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	MO
<i>ramelteon</i>	1	ST MO
<i>tasimelteon</i>	4	QL (1 EA per 1 days) PA MO
<i>temazepam</i>	1	QL (1 EA per 1 days)
<i>zaleplon</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs</i>	1	QL (1 EA per 1 days)
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	1	MO
<i>atomoxetine hydrochloride caps 100mg, 40mg, 60mg, 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 18mg</i>	1	QL (5 EA per 1 days) MO
<i>atomoxetine caps 100mg, 40mg, 60mg, 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 10mg, 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine caps 18mg</i>	1	QL (5 EA per 1 days) MO
DAYBUE	4	QL (120 ML per 1 days) PA
<i>guanfacine er tb24 2mg, 4mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride tb24 1mg, 2mg, 4mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride tb24 3mg</i>	1	QL (2 EA per 1 days) MO
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride soln, tabs</i>	1	MO
NUEDEXTA	4	QL (2 EA per 1 days) PA MO
RADICAVA	4	PA MO
RADICAVA ORS	4	QL (50 ML per 28 days) PA
RADICAVA ORS STARTER KIT	4	QL (70 ML per 180 days) PA
RELYVRIO	4	QL (2 EA per 1 days) PA
<i>riluzole</i>	1	MO
<i>sodium oxybate</i>	4	PA LA
VEOZAH	2	QL (1 EA per 1 days) PA MO
XYREM	4	PA LA
XYWAV	4	QL (18 ML per 1 days) PA
Fibromyalgia Agents		
SAVELLA	2	QL (2 EA per 1 days) PA MO
SAVELLA TITRATION PACK	2	QL (55 EA per 180 days) PA
Opiate Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
KLOXXADO	2	
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
<i>naltrexone hydrochloride tabs</i>	1	
OPVEE	2	
ZIMHI	2	
Psychotherapeutic Agents		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	4	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INJ 960MG/3.2ML	4	QL (3.2 ML per 56 days)
ABILIFY MAINTENA	4	MO
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG, 30MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE MAINTENANCE KIT TBPk 15MG, 20MG, 2MG, 5MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPk 10MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE TABS 30MG	4	QL (1 EA per 1 days) PA MO
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	MO
<i>amitriptyline hydrochloride tabs</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole</i>	1	MO
<i>aripiprazole odt</i>	4	MO
ARISTADA INJ 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	4	PA MO
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 60 days) PA MO
<i>asenapine maleate sl</i>	1	ST MO
AUVELITY	3	QL (2 EA per 1 days) PA MO
<i>bupropion hcl tabs</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	MO
<i>bupropion hydrochloride tabs</i>	1	MO
CAPLYTA	4	QL (1 EA per 1 days) PA MO
<i>chlordiazepoxide/amitriptyline</i>	1	MO
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i>	1	MO
<i>chlorpromazine hydrochloride tabs</i>	1	MO
<i>chlorpromazine hydrochloride inj 25mg/ml</i>	1	
<i>citalopram hydrobromide soln</i>	1	MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (1 EA per 1 days) PA MO
<i>citalopram hydrobromide tabs 10mg, 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram tabs 40mg</i>	1	QL (1 EA per 1 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>clomipramine hcl caps</i>	1	MO
<i>clomipramine hydrochloride</i>	1	MO
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 25mg</i>	1	ST
<i>clozapine odt tbdp 200mg</i>	4	ST
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
<i>compro</i>	1	
<i>desipramine hcl tabs</i>	1	MO
<i>desipramine hydrochloride</i>	1	MO
<i>desvenlafaxine er</i>	1	QL (1 EA per 1 days) MO
<i>doxepin hcl caps 100mg, 10mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl conc</i>	1	MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	1	QL (1 EA per 1 days) ST MO
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL (1 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL (2 EA per 1 days) PA MO
<i>duloxetine hcl cpep 30mg, 40mg</i>	1	MO
<i>duloxetine hydrochloride cpep</i>	1	MO
<i>escitalopram oxalate soln, tabs</i>	1	MO
FANAPT	4	QL (2 EA per 1 days) ST
FANAPT TITRATION PACK	3	QL (8 EA per 180 days) ST
FETZIMA	3	QL (1 EA per 1 days) PA MO
FETZIMA TITRATION PACK	3	PA
<i>fluoxetine dr</i>	1	MO
<i>fluoxetine hydrochloride caps, soln, tabs</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl inj</i>	1	
<i>fluphenazine hcl conc</i>	1	MO
<i>fluphenazine hcl tabs 1mg</i>	1	MO
<i>fluphenazine hydrochloride</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	MO
<i>imipramine hcl tabs</i>	1	MO
<i>imipramine hydrochloride</i>	1	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	4	QL (3.5 ML per 180 days) PA
INVEGA HAFYERA INJ 1560MG/5ML	4	QL (5 ML per 180 days) PA
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	
INVEGA TRINZA	4	PA
<i>loxapine</i>	1	MO
<i>loxapine succinate</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL (2 EA per 1 days) MO
LYBALVI	4	QL (1 EA per 1 days) PA MO
MARPLAN	3	MO
<i>mirtazapine odt</i>	1	MO
<i>mirtazapine tabs</i>	1	MO
<i>molindone hydrochloride</i>	1	MO
<i>nefazodone hydrochloride</i>	1	MO
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	MO
<i>nortriptyline hcl soln</i>	1	MO
<i>nortriptyline hydrochloride caps</i>	1	MO
NUPLAZID CAPS	4	QL (1 EA per 1 days) PA MO
NUPLAZID TABS 10MG	4	QL (1 EA per 1 days) PA MO
<i>olanzapine odt</i>	1	MO
<i>olanzapine/fluoxetine</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine inj</i>	1	
<i>olanzapine tabs</i>	1	MO
<i>paliperidone er</i>	1	ST MO
<i>paroxetine</i>	1	QL (1 EA per 1 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	MO
<i>paroxetine hydrochloride tabs</i>	1	MO
<i>paroxetine hydrochloride susp</i>	1	PA MO
<i>perphenazine/amitriptyline</i>	1	MO
<i>perphenazine tabs</i>	1	MO
<i>phenelzine sulfate tabs</i>	1	MO
<i>pimozide</i>	1	MO
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine supp 25mg</i>	1	
<i>protriptyline hcl</i>	1	MO
<i>quetiapine fumarate</i>	1	MO
<i>quetiapine fumarate er</i>	1	MO
REXULTI	4	QL (1 EA per 1 days) MO
<i>risperidone</i>	1	MO
<i>risperidone er</i>	1	
<i>risperidone odt</i>	1	MO
SECUADO	4	QL (1 EA per 1 days) PA
<i>sertraline hcl conc</i>	1	MO
<i>sertraline hcl tabs 50mg</i>	1	MO
<i>sertraline hydrochloride conc, tabs</i>	1	MO
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	MO
<i>trazodone hydrochloride</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs</i>	1	MO
<i>trifluoperazine hydrochloride</i>	1	MO
<i>trimipramine maleate caps</i>	1	MO
TRINTELLIX	3	QL (1 EA per 1 days) PA MO
UZEDY INJ 50MG/0.14ML	4	QL (0.14 ML per 30 days)
UZEDY INJ 75MG/0.21ML	4	QL (0.21 ML per 30 days)
UZEDY INJ 100MG/0.28ML	4	QL (0.28 ML per 30 days)
UZEDY INJ 125MG/0.35ML	4	QL (0.35 ML per 30 days)
UZEDY INJ 150MG/0.42ML	4	QL (0.42 ML per 56 days)
UZEDY INJ 200MG/0.56ML	4	QL (0.56 ML per 56 days)
UZEDY INJ 250MG/0.7ML	4	QL (0.7 ML per 56 days)
VENLAFAXINE BESYLATE ER	3	QL (1 EA per 1 days) MO
<i>venlafaxine hcl tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride</i>	1	MO
<i>venlafaxine hydrochloride er cp24</i>	1	MO
<i>venlafaxine hydrochloride er tb24 225mg</i>	1	QL (1 EA per 1 days) MO
VERSACLOZ	4	PA
VIIBRYD STARTER PACK	3	PA
<i>vilazodone hydrochloride</i>	1	QL (1 EA per 1 days) PA MO
VRAYLAR CPPK	3	QL (7 EA per 180 days) ST
VRAYLAR CAPS	4	QL (1 EA per 1 days) ST MO
<i>ziprasidone hcl</i>	1	MO
<i>ziprasidone hydrochloride</i>	1	MO
<i>ziprasidone mesylate</i>	1	
ZURZUVAE CAPS 30MG	2	QL (1 EA per 1 days) PA MO
ZURZUVAE CAPS 20MG, 25MG	2	QL (2 EA per 1 days) PA MO
ZYPREXA RELPREVV INJ 210MG	3	PA
ZYPREXA RELPREVV INJ 300MG, 405MG	4	PA
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO TABS 6MG	4	QL (2 EA per 1 days) PA MO
AUSTEDO TABS 12MG, 9MG	4	QL (4 EA per 1 days) PA MO
INGREZZA CAPS	4	QL (1 EA per 1 days) PA MO
INGREZZA CPPK	4	QL (28 EA per 180 days) PA MO
<i>tetrabenazine tabs 25mg</i>	1	QL (4 EA per 1 days) PA MO
<i>tetrabenazine tabs 12.5mg</i>	1	QL (8 EA per 1 days) PA MO
Devices		
<i>Devices</i>		
ALCOHOL PREP PADS	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (3 EA per 365 days) PA
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (10 EA per 30 days) PA
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL (3 EA per 365 days) PA
OMNIPOD 5 G7 PODS (GEN 5)	2	QL (10 EA per 30 days) PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL (3 EA per 365 days) PA
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (10 EA per 30 days) PA
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (3 EA per 365 days) PA
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (3 EA per 365 days) PA
OMNIPOD DASH PODS (GEN 4)	2	QL (10 EA per 30 days) PA
Electrolytic, Caloric, and Water Balance		
Alkalinizing Agents		
<i>potassium citrate er</i>	1	
<i>sodium bicarbonate inj 4.2%, 7.5%, 8.4%</i>	1	
Ammonia Detoxicants		
<i>carglumic acid</i>	4	PA LA MO
<i>constulose</i>	1	MO
<i>enulose</i>	1	MO
<i>generlac</i>	1	MO
<i>lactulose soln</i>	1	MO
RAVICTI	4	PA MO
<i>sodium phenylbutyrate powd, tabs</i>	4	PA MO
Caloric Agents		
AMINOSYN II INJ 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>clinolipid</i>	4	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose inj 40%</i>	1	
DOJOLVI	4	PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
INTRALIPID INJ 20GM/100ML	2	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	1	B/D
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Diuretics		
<i>amiloride hcl tabs</i>	1	MO
<i>amiloride hydrochloride</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide inj</i>	1	
<i>bumetanide tabs</i>	1	MO
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>furosemide inj</i>	1	
<i>furosemide oral soln, tabs</i>	1	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide</i>	1	MO
JYNARQUE TABS	4	QL (4 EA per 1 days) PA MO
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA
JYNARQUE TBPK 0, 15MG	4	QL (2 EA per 1 days) PA MO
<i>metolazone</i>	1	MO
<i>toremide tabs</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs</i>	1	MO
<i>triamterene caps</i>	1	MO
Ion-removing Agents		
FOSRENOL PACK	3	ST MO
<i>lanthanum carbonate</i>	1	ST MO
LOKELMA	3	QL (3 EA per 1 days) PA MO
<i>sevelamer carbonate</i>	1	MO
<i>sevelamer hydrochloride</i>	1	MO
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
VELPHORO	4	ST MO
VELTASSA	3	QL (1 EA per 1 days) PA
Irrigating Solutions		
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
Replacement Preparations		
<i>calcium acetate caps</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose/sodium chloride</i>	1	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225% INJ 5%; 20MEQ/L; 0.225%	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
NORMOSOL -R	2	
NORMOSOL-M/D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	1	
<i>potassium chloride cr tbc 10meq</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride sr tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.45%, 0.9%, 2.5meq/ml, 3%, 5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES	3	
Uricosuric Agents		
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tabs</i>	1	MO
Enzymes		
Enzymes		
ALDURAZYME	4	PA LA
CEREZYME	4	PA
ELAPRASE	4	PA LA
FABRAZYME	4	PA LA
LUMIZYME	4	PA LA
NAGLAZYME	4	PA LA
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML	4	QL (1 ML per 1 days) PA MO
PALYNZIQ INJ 20MG/ML	4	QL (2 ML per 1 days) PA MO
REVCOVI	4	PA
STRENSIQ	4	PA MO
SUCRAID	4	PA LA MO
VPRIV	4	PA
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
CIPROFLOXACIN SOLN 0.2%	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	1	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
PERIOGARD	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>sulfacetamide sodium oint, soln</i>	1	
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
XDEMVY	4	QL (10 ML per 30 days) PA
ZIRGAN	3	
Anti-inflammatory Agents		
<i>blephamide s.o.p.</i>	3	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>cyclosporine emul 0.05%</i>	1	QL (60 EA per 30 days) MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
<i>difluprednate</i>	1	ST
<i>flac</i>	1	
<i>flunisolide soln 0.025%</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluorometholone susp</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	
FML	3	
FML FORTE	3	
<i>hydrocortisone/acetic acid</i>	1	
<i>ketorolac tromethamine</i>	1	
MAXIDEX SUSP	3	
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i>	1	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
PRED MILD	3	
PREDNISOLONE ACETATE	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	1	
VERKAZIA	4	QL (4 EA per 1 days) PA
Antiallergic Agents		
<i>azelastine hcl soln</i>	1	
<i>azelastine hydrochloride ophthalmic soln</i>	1	
<i>azelastine hydrochloride nasal soln 0.1%</i>	1	QL (60 ML per 30 days)
<i>cromolyn sodium soln 4%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl</i>	1	
Antiglaucoma Agents		
<i>acetazolamide er</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>acetazolamide tabs</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>brimonidine tartrate/timolol maleate</i>	1	ST MO
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride soln</i>	1	MO
<i>latanoprost soln</i>	1	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
LUMIGAN	2	ST MO
<i>methazolamide tabs</i>	1	MO
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	MO
RHOPRESSA	2	ST MO
ROCKLATAN	2	QL (5 ML per 28 days) ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	1	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>travoprost</i>	1	ST MO
VUITY	3	QL (0.09 ML per 1 days)
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	1	
<i>apraclonidine</i>	1	
CYSTADROPS	4	QL (20 ML per 28 days) PA MO
CYSTARAN	4	PA MO
IOPIDINE SOLN 1%	3	
OXERVATE	4	QL (1 ML per 1 days) PA
Local Anesthetics		
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>proparacaine hcl soln</i>	1	
Mydriatics		
ATROPINE SULFATE SOLN 1%	1	MO
<i>cyclopentolate hcl soln 1%</i>	1	
Eye, Ear, Nose + Throat Preparations		
Antiallergic Agents		
<i>olopatadine hcl</i>	1	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hydrochloride tabs 1mg</i>	4	PA MO
<i>balsalazide disodium</i>	1	
DIPENTUM	4	MO
<i>mesalamine dr tbec</i>	1	
<i>mesalamine dr cpdr</i>	1	MO
<i>mesalamine er cpcr</i>	1	MO
<i>mesalamine enem, kit, supp</i>	1	
PENTASA	3	MO
Antidiarrhea Agents		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	
<i>diphenoxylate/atropine liqd</i>	1	
<i>loperamide hcl caps</i>	1	
<i>loperamide hydrochloride caps</i>	1	
<i>opium</i>	1	QL (2.4 ML per 1 days) PA
<i>opium tincture tinc 1%</i>	1	QL (2.4 ML per 1 days) PA
XERMELO	4	QL (3 EA per 1 days) PA MO
Antiemetics		
<i>aprepitant caps 40mg</i>	1	QL (1 EA per 30 days) PA
<i>aprepitant caps 125mg</i>	1	QL (2 EA per 30 days) PA
<i>aprepitant caps 80mg</i>	1	QL (4 EA per 30 days) PA
<i>aprepitant caps 0</i>	1	QL (6 EA per 30 days) PA
<i>dronabinol</i>	1	QL (4 EA per 1 days) PA
EMEND SUSR	3	QL (2 EA per 30 days) PA
<i>granisetron hcl inj 1mg/ml</i>	1	PA
<i>granisetron hydrochloride inj</i>	1	PA
<i>granisetron hydrochloride tabs</i>	1	QL (2 EA per 1 days) PA
<i>meclizine hcl tabs</i>	1	
<i>meclizine hydrochloride tabs 12.5mg, 25mg</i>	1	
<i>ondansetron hcl soln</i>	1	B/D
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hydrochloride inj</i>	1	
<i>ondansetron hydrochloride oral soln, tabs</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>scopolamine</i>	1	PA
Antiulcer Agents and Acid Suppressants		
<i>cimetidine hcl soln</i>	1	MO
<i>cimetidine hydrochloride soln 300mg/5ml</i>	1	MO
<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg, 400mg, 800mg</i>	1	MO
<i>esomeprazole magnesium cpdr</i>	1	MO
<i>famotidine susr</i>	1	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	MO
<i>lansoprazole odt</i>	1	MO
<i>lansoprazole cpdr, tbdd</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol tabs</i>	1	MO
<i>omeprazole dr cpdr</i>	1	MO
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	MO
<i>pantoprazole sodium inj</i>	1	
<i>pantoprazole sodium tbec</i>	1	MO
<i>rabeprazole sodium</i>	1	MO
<i>sucralfate susp, tabs</i>	1	MO
<i>Cathartics and Laxatives</i>		
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
OSMOPREP	3	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
<i>Cholelitholytic Agents</i>		
<i>chenodal</i>	4	PA
<i>ursodiol caps 300mg</i>	1	MO
<i>ursodiol tabs</i>	1	MO
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT	2	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	MO
<i>GI Drugs, Miscellaneous</i>		
BYLVAY	4	PA
BYLVAY (PELLETS)	4	PA
CHOLBAM	4	PA MO
ENTYVIO INJ 108MG/0.68ML	3	QL (1.36 ML per 28 days) PA
GATTEX	4	PA MO
LINZESS	2	QL (1 EA per 1 days) MO
LIVMARLI	4	QL (3 ML per 1 days) PA
LUBIPROSTONE	1	QL (2 EA per 1 days) MO
MOTEGRITY	2	QL (1 EA per 1 days) PA MO
MOVANTIK	3	QL (1 EA per 1 days) PA MO
OCALIVA	4	QL (1 EA per 1 days) PA MO
RELISTOR INJ	4	PA
RELISTOR TABS	4	QL (3 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA MO
SKYRIZI INJ 600MG/10ML	4	QL (30 ML per 180 days) PA
STELARA INJ 130MG/26ML	4	QL (104 ML per 180 days) PA
SYMPROIC	3	QL (1 EA per 1 days) PA
VIBERZI	4	QL (2 EA per 1 days) PA MO
Prokinetic Agents		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride inj, tabs</i>	1	
<i>metoclopramide hydrochloride oral soln 10mg/10ml</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	4	MO
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique</i>	4	
CUVRIOR	4	PA
<i>deferasirox pack</i>	4	PA
<i>deferasirox tabs 360mg, 90mg</i>	1	PA
<i>deferasirox tabs 180mg</i>	1	PA MO
<i>deferasirox tbso 125mg</i>	1	PA MO
<i>deferasirox tbso 250mg, 500mg</i>	4	PA MO
<i>deferiprone tabs 1000mg</i>	1	PA MO
<i>deferiprone tabs 500mg</i>	4	PA MO
FERRIPROX SOLN	4	PA MO
<i>penicillamine tabs</i>	4	
<i>trientine hydrochloride caps 250mg</i>	4	
Hormones and Synthetic Substitutes		
Adrenals		
ARMONAIR DIGIHALER	3	MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>breynd</i>	1	QL (20.4 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) ST MO
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL (20.4 GM per 30 days) MO
<i>budesonide cpep 3mg</i>	1	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
CORTISONE ACETATE TABS 25MG	2	
<i>deflazacort</i>	4	PA
DEPO-MEDROL INJ 20MG/ML	3	B/D
<i>dexabliss</i>	3	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone 6-day therapy pack</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>dxevo 11-day</i>	3	
EMFLAZA SUSP	4	PA
<i>fludrocortisone acetate tabs</i>	1	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
KENALOG-10	3	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone sodium succinate</i>	1	B/D
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	B/D
<i>methylprednisolone tabs</i>	1	B/D
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln</i>	1	
<i>prednisone tbpk</i>	1	
<i>prednisone soln</i>	1	B/D
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D
QVAR REDIHALER AERB 40MCG/ACT	2	QL (10.6 GM per 60 days) MO
QVAR REDIHALER AERB 80MCG/ACT	2	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJ 100MG, 250MG	3	
SOLU-MEDROL INJ 500MG	2	B/D
TARPEYO	4	QL (4 EA per 1 days) PA
TRELEGY ELLIPTA	2	QL (2 EA per 1 days) ST MO
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
Androgens		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	MO
<i>danazol caps</i>	1	
<i>methitest</i>	3	PA MO
<i>oxandrolone tabs 10mg</i>	1	QL (2 EA per 1 days) PA
<i>oxandrolone tabs 2.5mg</i>	1	QL (4 EA per 1 days) PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate inj</i>	1	
<i>testosterone pump</i>	1	MO
<i>testosterone gel</i>	1	MO
Antidiabetic Agents		
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 100mg, 50mg</i>	1	QL (3 EA per 1 days) MO
<i>alogliptin</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hcl</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hydrochloride</i>	2	QL (2 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin/pioglitazone tabs 12.5mg; 30mg, 25mg; 15mg, 25mg; 30mg, 25mg; 45mg</i>	2	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN	2	MO
BYDUREON BCISE	2	QL (4 ML per 28 days) PA MO
BYETTA INJ 5MCG/0.02ML	2	QL (1.2 ML per 30 days) PA MO
BYETTA INJ 10MCG/0.04ML	2	QL (2.4 ML per 30 days) PA MO
CYCLOSET	3	MO
DAPAGLIFLOZIN PROPANEDIOL	2	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 10MG; 1000MG	2	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 5MG; 1000MG	2	QL (2 EA per 1 days) MO
FARXIGA	2	QL (1 EA per 1 days) MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
<i>glimepiride tabs 4mg</i>	1	QL (2 EA per 1 days) MO
<i>glimepiride tabs 2mg</i>	1	QL (4 EA per 1 days) MO
<i>glimepiride tabs 1mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide er tb24 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide xl tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide xl tb24 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide tabs 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide tabs 10mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tabs 5mg</i>	1	QL (8 EA per 1 days) MO
GLYXAMBI	2	QL (1 EA per 1 days) MO
INSULIN ASPART	2	MO
INSULIN ASPART FLEXPEN	2	MO
INSULIN ASPART PENFILL	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART	2	MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	2	
INSULIN LISPRO	2	MO
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	2	
JANUMET	2	QL (2 EA per 1 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	2	QL (1 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000MG; 50MG	2	QL (2 EA per 1 days) MO
JANUVIA	2	QL (1 EA per 1 days) MO
JARDIANCE	2	QL (1 EA per 1 days) MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
<i>metformin hydrochloride er tb24 750mg</i>	1	QL (2 EA per 1 days) MO
<i>metformin hydrochloride er tb24 500mg</i>	1	QL (4 EA per 1 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (3 EA per 1 days) MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (5 EA per 1 days) MO
<i>mifepristone tabs 300mg</i>	4	PA
<i>miglitol</i>	1	QL (3 EA per 1 days) MO
MOUNJARO	2	QL (2 ML per 28 days) PA MO
<i>nateglinide</i>	1	QL (3 EA per 1 days) MO
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG FLEXPEN RELION	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	MO
NOVOLOG MIX 70/30 RELION	2	MO
NOVOLOG PENFILL	2	MO
NOVOLOG RELION	2	MO
OZEMPIC INJ 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA MO
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (1 EA per 1 days) MO
QTERN	3	QL (1 EA per 1 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (4 EA per 1 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (8 EA per 1 days) MO
<i>saxagliptin hydrochloride</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg, 500mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO
SYMLINPEN 120	4	MO
SYMLINPEN 60	3	MO
SYNJARDY	2	QL (2 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TB24 25MG; 1000MG	2	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (2 EA per 1 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
<i>tranylcypromine sulfate</i>	1	MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA MO
VICTOZA	2	QL (9 ML per 30 days) PA MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	2	QL (1 EA per 1 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	2	QL (2 EA per 1 days) MO
Antihypoglycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide susp</i>	4	MO
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	2	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
PROGLYCEM	2	
ZEGALOGUE	3	
Contraceptives		
<i>afirmelle</i>	1	
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>amethia</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30</i>	1	MO
<i>aurovela 1/20</i>	1	MO
<i>aurovela 24 fe</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30</i>	1	MO
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	MO
<i>ayuna</i>	1	MO
<i>azurette</i>	1	MO
<i>balziva</i>	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant</i>	1	MO
<i>charlotte 24 fe</i>	1	MO
<i>chateal</i>	1	MO
<i>chateal eq</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
<i>cyred</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35</i>	1	MO
<i>dasetta 7/7/7</i>	1	MO
<i>daysee</i>	1	MO
<i>deblitane</i>	1	MO
<i>delyla</i>	1	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elinest</i>	1	MO
<i>eluryng</i>	1	MO
<i>emoquette</i>	1	MO
<i>enilloring</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>finzala</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gemmily</i>	1	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30</i>	1	MO
<i>hailey fe 1/20</i>	1	MO
<i>haloette</i>	1	MO
<i>heather</i>	1	MO
<i>iclevia</i>	1	MO
<i>incassia</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	MO
<i>jencycla</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	MO
KYLEENA	2	QL (1 EA per 365 days)
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	MO
LILETTA	2	QL (1 EA per 365 days)
<i>lillow</i>	1	MO
LO LOESTRIN FE	3	MO
<i>lo-zumandimine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>luteru</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyza</i>	1	MO
<i>marlissa</i>	1	MO
<i>merzee</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin 24 fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>microgestin fe 1/20</i>	1	MO
<i>mili</i>	1	MO
MIRENA	2	QL (1 EA per 365 days)
<i>mono-linyah</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35-28</i>	1	MO
NEXPLANON	2	QL (1 EA per 365 days)
<i>nikki</i>	1	MO
<i>nora-be</i>	1	MO
<i>norelgestromin/ethinyl estradiol</i>	1	MO
<i>norethindrone</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>nylia 1/35</i>	1	MO
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
<i>ocella</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea</i>	1	MO
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	MO
<i>previfem</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>reclipsen</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>sharobel</i>	1	MO
<i>simliya</i>	1	MO
<i>simpesse</i>	1	MO
SKYLA	2	QL (1 EA per 365 days)
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20</i>	1	MO
<i>tarina fe 1/20 eq</i>	1	MO
<i>taysofy</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>trivora-28</i>	1	MO
<i>tulana</i>	1	MO
<i>turqoz</i>	1	MO
<i>tyblume</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet</i>	1	MO
<i>vestura</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele</i>	1	MO
<i>volnea</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zarah</i>	1	MO
<i>zovia 1/35</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>zumandimine</i>	1	MO
<i>Estrogens and Antiestrogens</i>		
<i>amabelz</i>	1	MO
<i>anastrozole</i>	1	MO
<i>dotti</i>	1	QL (16 EA per 28 days) MO
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	MO
<i>estradiol crea, oral tabs, vaginal tabs</i>	1	MO
<i>estradiol pttw</i>	1	QL (16 EA per 28 days) MO
<i>estradiol ptwk</i>	1	QL (4 EA per 28 days) MO
ESTRING	3	MO
<i>exemestane</i>	1	MO
KISQALI FEMARA 200 DOSE	4	QL (49 EA per 28 days) PA
KISQALI FEMARA 400 DOSE	4	QL (70 EA per 28 days) PA
KISQALI FEMARA 600 DOSE	4	QL (91 EA per 28 days) PA
<i>letrozole</i>	1	MO
<i>lyllana</i>	1	QL (16 EA per 28 days) MO
<i>menest</i>	3	MO
<i>mimvey</i>	1	MO
<i>prefest</i>	3	MO
PREMARIN	3	MO
<i>raloxifene hydrochloride</i>	1	MO
SOLTAMOX	4	PA MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	4	PA MO
<i>yuvaferm</i>	1	MO
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD	2	PA
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG/VIAL	4	PA
LEUPROLIDE ACETATE INJ 22.5MG	4	PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LUPRON DEPOT (4-MONTH)	4	PA
LUPRON DEPOT (6-MONTH)	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA
MYFEMBREE	4	QL (1 EA per 1 days) PA
ORGOVYX	4	PA
ORIAHNN	4	QL (2 EA per 1 days) PA
ORILISSA TABS 150MG	4	QL (1 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABS 200MG	4	QL (2 EA per 1 days) PA
SYNAREL	4	PA
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	2	PA
TRELSTAR MIXJECT INJ 11.25MG	3	PA
Leptins		
MYALEPT	4	PA MO
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon nasal soln</i>	1	MO
<i>calcitonin salmon inj</i>	4	
<i>calcitonin-salmon soln</i>	1	MO
<i>cinacalcet hydrochloride</i>	1	MO
FORTEO INJ 600MCG/2.4ML	4	QL (2.4 ML per 28 days) PA MO
NATPARA	4	QL (2 EA per 28 days) PA MO
TERIPARATIDE INJ 620MCG/2.48ML	4	QL (2.48 ML per 28 days) PA MO
<i>teriparatide inj 600mcg/2.4ml</i>	4	QL (2.48 ML per 28 days) PA MO
TYMLOS	4	QL (1.56 ML per 30 days) PA MO
Pituitary		
ACTHAR	4	PA
<i>cortrophin</i>	4	PA
<i>desmopressin acetate tabs</i>	1	MO
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate nasal soln 0.01%</i>	1	MO
Progestins		
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate inj</i>	1	
<i>medroxyprogesterone acetate tabs</i>	1	MO
<i>megestrol acetate susp, tabs</i>	1	
<i>norethindrone acetate tabs</i>	1	MO
<i>progesterone caps</i>	1	MO
Somatostatin Agonists and Antagonists		
<i>lanreotide acetate</i>	4	PA
MYCAPSSA	4	QL (4 EA per 1 days) PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	MO
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	4	MO
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	PA MO
SOMATULINE DEPOT	4	PA
Somatotropin Agonists and Antagonists		
EGRIFTA SV	4	QL (1 EA per 1 days) PA
GENOTROPIN	4	PA MO
GENOTROPIN MINIQUICK	4	PA MO
HUMATROPE INJ 12MG, 24MG, 6MG	4	PA MO
INCRELEX	4	PA LA MO
NORDITROPIN FLEXPRO	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 10	4	PA MO
NUTROPIN AQ NUSPIN 20	4	PA MO
NUTROPIN AQ NUSPIN 5	4	PA MO
OMNITROPE	4	PA MO
SAIZEN	4	PA MO
SAIZENPREP RECONSTITUTIONKIT	4	PA MO
SOMAVERT	4	PA LA MO
ZORBTIVE	4	PA LA MO
Thyroid and Antithyroid Agents		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	MO
ARMOUR THYROID	3	MO
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	MO
<i>levo-t</i>	2	MO
<i>levothyroxine sodium tabs</i>	1	MO
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	4	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	MO
<i>liothyronine sodium tabs</i>	1	MO
<i>methimazole tabs 10mg, 5mg</i>	1	MO
<i>np thyroid 120</i>	1	MO
<i>np thyroid 15</i>	1	MO
<i>np thyroid 30</i>	1	MO
<i>np thyroid 60</i>	1	MO
<i>np thyroid 90</i>	1	MO
<i>propylthiouracil tabs</i>	1	MO
SYNTHROID TABS	2	MO
TIROSINT-SOL	3	PA MO
<i>unithroid</i>	2	MO
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride caps</i>	1	MO
<i>finasteride tabs</i>	1	MO
Alcohol Deterrents		
<i>disulfiram tabs 250mg</i>	1	MO
Antidotes		
<i>acetylcysteine soln</i>	1	B/D
<i>leucovorin calcium tabs</i>	1	
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	
<i>levoleucovorin calcium</i>	4	PA
<i>levoleucovorin inj 50mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	MO
<i>colchicine tabs</i>	1	
<i>febuxostat</i>	1	QL (1 EA per 1 days) MO
Antisense Oligonucleotides		
EXONDYS 51	4	PA
TEGSEDI	4	QL (6 ML per 28 days) PA MO
Bone Anabolic Agents		
EVENITY	4	QL (2.34 ML per 28 days) PA
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	1	MO
ALENDRONATE SODIUM TABS 5MG	1	QL (1 EA per 1 days)
<i>alendronate sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>ibandronate sodium inj</i>	1	
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	PA
PROLIA	3	QL (1 ML per 180 days)
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST MO
<i>risedronate sodium tabs 30mg</i>	1	ST
<i>risedronate sodium tabs 150mg, 5mg</i>	1	ST MO
XGEVA	4	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	PA
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	4	QL (4 EA per 1 days) PA
KEVEYIS	4	QL (4 EA per 1 days) PA LA
Cariostatic Agents		
<i>dentagel</i>	1	
<i>fluoride chew 1mg</i>	1	
<i>nafrinse</i>	1	
<i>prevident 5000 dry mouth</i>	1	
<i>prevident fluoride</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 1.1</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm</i>	1	
<i>sodium fluoride 5000 ppm dry mouth</i>	1	
SODIUM FLUORIDE CHEW 1MG	1	MO
<i>sodium fluoride gel</i>	1	
Complement Inhibitors		
CINRYZE	4	PA
HAEGARDA	4	PA
<i>icatibant acetate</i>	4	PA
ORLADEYO CAPS 110MG	4	QL (1 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sajazir</i>	4	PA
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA MO
<i>Disease-modifying Antirheumatic Drugs</i>		
ACTEMRA ACTPEN	4	PA
ACTEMRA INJ 162MG/0.9ML	4	PA
AVSOLA	4	PA
CIMZIA STARTER KIT	4	QL (3 EA per 180 days) PA MO
CIMZIA INJ 200MG	4	QL (1 EA per 28 days) PA
CIMZIA INJ 200MG/ML	4	QL (1 EA per 28 days) PA MO
COSENTYX UNOREADY	4	PA
COSENTYX INJ 125MG/5ML	4	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	4	QL (6 EA per 180 days) PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	4	QL (4 EA per 180 days) PA
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	4	QL (2 EA per 28 days) PA
CYLTEZO INJ 40MG/0.8ML	4	QL (4 EA per 28 days) PA
ENBREL MINI	4	QL (8 ML per 28 days) PA MO
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA MO
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA MO
ENBREL INJ 25MG	4	QL (8 EA per 28 days) PA MO
ENBREL INJ 50MG/ML	4	QL (8 ML per 28 days) PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	4	QL (2 EA per 180 days) PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	4	QL (6 EA per 180 days) PA MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	QL (4 EA per 180 days) PA MO
HUMIRA PEN-PS/UV STARTER INJ 0	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	4	QL (4 EA per 180 days) PA MO
HUMIRA PEN INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA MO
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA MO
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	4	QL (2 EA per 28 days) PA MO
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA MO
INFLECTRA	4	PA
KINERET	4	QL (18.76 ML per 28 days) PA MO
<i>leflunomide tabs</i>	1	MO
ORENCIA	4	PA MO
ORENCIA CLICKJECT	4	PA MO
OTEZLA TBPK	4	QL (55 EA per 180 days) PA
OTEZLA TABS	4	QL (60 EA per 30 days) PA MO
RENFLEXIS	4	PA
RINVOQ	4	QL (1 EA per 1 days) PA MO
SIMPONI ARIA	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 30 days) PA MO
SIMPONI INJ 100MG/ML	4	QL (1 ML per 28 days) PA MO
XELJANZ XR	4	QL (1 EA per 1 days) PA
XELJANZ SOLN	4	PA
XELJANZ TABS	4	QL (2 EA per 1 days) PA
YUFLYMA 1-PEN KIT INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	4	QL (6 EA per 28 days) PA
YUFLYMA 2-PEN KIT	4	QL (1 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT	4	QL (1 EA per 28 days) PA
YUFLYMA CD/UC/HS STARTER	4	QL (3 EA per 180 days) PA
Immunomodulatory Agents		
ACTIMMUNE	4	PA LA MO
AVONEX PEN	4	QL (4 EA per 28 days) MO
AVONEX INJ 30MCG/0.5ML	4	QL (1 EA per 28 days) MO
BETASERON	4	QL (14 EA per 28 days) MO
<i>dimethyl fumarate starterpack</i>	1	
<i>dimethyl fumarate cpdr</i>	1	MO
ENSPRYNG	4	QL (3 ML per 28 days) PA
EXTAVIA	4	QL (15 EA per 30 days) MO
<i>fingolimod hydrochloride</i>	4	QL (1 EA per 1 days) PA MO
GILENYA CAPS 0.25MG	4	QL (1 EA per 1 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatiramer acetate inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
<i>glatopa inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatopa inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
JOENJA	4	QL (2 EA per 1 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	2	QL (7 EA per 180 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	4	QL (12 EA per 180 days) PA
MAYZENT TABS 1MG	4	QL (1 EA per 1 days) PA
MAYZENT TABS 2MG	4	QL (1 EA per 1 days) PA MO
MAYZENT TABS 0.25MG	4	QL (4 EA per 1 days) PA MO
OCREVUS	4	QL (20 ML per 180 days) PA
PLEGRIDY INJ 125MCG/0.5ML	3	QL (1 ML per 28 days) MO
REBIF	4	QL (6 ML per 28 days) MO
REBIF REBIDOSE	4	QL (6 ML per 28 days) MO
REBIF REBIDOSE TITRATION PACK	4	QL (4.2 ML per 180 days) MO
REBIF TITRATION PACK	4	QL (4.2 ML per 180 days) MO
<i>teriflunomide</i>	4	PA MO
THALOMID	4	PA MO
TYSABRI	4	PA LA
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5MG, 1MG	3	PA MO
ASTAGRAF XL CP24 5MG	4	PA MO
ATGAM	4	PA
<i>azasan</i>	1	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine inj</i>	1	B/D
<i>azathioprine tabs</i>	1	B/D MO
BENLYSTA INJ 120MG, 400MG	4	PA
BENLYSTA INJ 200MG/ML	4	QL (8 ML per 28 days) PA MO
<i>cyclosporine modified</i>	1	B/D MO
<i>cyclosporine caps 100mg, 25mg</i>	1	B/D MO
<i>cyclosporine inj 50mg/ml</i>	1	B/D
<i>everolimus tabs 0.25mg</i>	1	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	4	B/D MO
<i>gengraf caps 100mg, 25mg</i>	1	B/D MO
<i>gengraf soln</i>	1	B/D MO
LUPKYNIS	4	QL (6 EA per 1 days) PA
<i>mycophenolate mofetil inj</i>	1	B/D
<i>mycophenolate mofetil caps, tabs</i>	1	B/D MO
<i>mycophenolate mofetil susr</i>	4	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	4	PA
PROGRAF INJ	3	B/D
PROGRAF PACK	3	B/D MO
SAPHNELO	4	PA
SIMULECT	4	B/D
<i>sirolimus soln, tabs</i>	1	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	4	PA
<i>Kallikrein-Kinin System Inhibitors</i>		
FABHALTA	4	QL (2 EA per 1 days) PA
ORLADEYO CAPS 150MG	4	QL (1 EA per 1 days) PA
TAKHZYRO INJ 150MG/ML	4	QL (4 ML per 28 days) PA
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA MO
TAVNEOS	4	QL (6 EA per 1 days) PA
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST	4	PA LA MO
<i>betaine anhydrous</i>	4	PA MO
BOTOX	3	PA
CERDELGA	4	QL (2 EA per 1 days) PA MO
CYSTAGON	3	LA MO
<i>dalfampridine er</i>	1	QL (2 EA per 1 days) PA MO
ELMIRON	3	PA
ENDARI	4	PA
EVRYSDI	4	QL (6.67 ML per 1 days) PA
FILSPARI	4	QL (1 EA per 1 days) PA
FIRDAPSE	4	QL (8 EA per 1 days) PA
GALAFOLD	4	QL (0.5 EA per 1 days) PA MO
<i>javygtor tabs</i>	4	PA MO
<i>javygtor pack 500mg</i>	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine sf</i>	1	MO
<i>levocarnitine soln, tabs</i>	1	MO
LODOCO	3	QL (1 EA per 1 days) PA MO
<i>metirosine</i>	4	PA
<i>miglustat</i>	4	PA LA MO
<i>nitisinone caps 20mg</i>	1	PA MO
<i>nitisinone caps 10mg, 2mg, 5mg</i>	4	PA MO
NITYR	4	PA LA
OPFOLDA	2	QL (8 EA per 28 days) PA
ORFADIN SUSP	4	PA MO
REZUROCK	4	QL (2 EA per 1 days) PA
<i>sapropterin dihydrochloride</i>	4	PA MO
SKYCLARYS	4	QL (3 EA per 1 days) PA
SOHONOS CAPS 1MG	4	QL (4 EA per 1 days) PA
TYBOST	3	MO
VIJOICE TBPK 125MG, 50MG	4	QL (1 EA per 1 days) PA
VIJOICE TBPK 0	4	QL (2 EA per 1 days) PA
VOWST	4	QL (4 EA per 1 days) PA
VOXZOGO	4	QL (1 EA per 1 days) PA
XEOMIN	3	PA
XURIDEN	4	QL (8 EA per 1 days) PA MO
<i>yargesa</i>	4	PA MO
ZOKINVY	4	PA
Protective Agents		
<i>dexrazoxane</i>	4	
MESNEX TABS	4	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	QL (1 EA per 365 days)
Oxytocics		
Oxytocics		
<i>mifepristone tabs 200mg</i>	1	QL (1 EA per 1 days)
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	1	MO
<i>cromolyn sodium nebu 20mg/2ml</i>	4	B/D MO
DUPIXENT INJ 200MG/1.14ML	4	PA
DUPIXENT INJ 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA
FASENRA	4	PA
FASENRA PEN	4	PA
<i>montelukast sodium chew 4mg</i>	1	MO
<i>montelukast sodium chew 5mg</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium pack, tabs</i>	1	QL (1 EA per 1 days) MO
NUCALA INJ 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG	4	QL (3 EA per 28 days) PA MO
NUCALA INJ 100MG/ML	4	QL (3 ML per 28 days) PA MO
<i>zafirlukast</i>	1	QL (2 EA per 1 days) MO
Antifibrotic Agents		
OFEV	4	QL (2 EA per 1 days) PA MO
<i>pirfenidone caps</i>	4	QL (9 EA per 1 days) PA MO
PIRFENIDONE TABS 534MG	4	QL (3 EA per 1 days) PA MO
<i>pirfenidone tabs 801mg</i>	4	QL (3 EA per 1 days) PA MO
<i>pirfenidone tabs 267mg</i>	4	QL (6 EA per 1 days) PA MO
Antitussives		
<i>promethazine/codeine</i>	5	QL (420 ML per 30 days) ED
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO	4	QL (2 EA per 1 days) PA MO
ORKAMBI PACK	4	QL (2 EA per 1 days) PA MO
ORKAMBI TABS	4	QL (4 EA per 1 days) PA MO
SYMDEKO	4	QL (2 EA per 1 days) PA MO
TRIKAFTA THPK	4	QL (2 EA per 1 days) PA MO
TRIKAFTA TBPk	4	QL (3 EA per 1 days) PA MO
Mucolytic Agents		
PULMOZYME	4	QL (150 ML per 30 days) B/D MO
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast tabs 500mcg</i>	1	PA MO
<i>roflumilast tabs 250mcg</i>	1	QL (1 EA per 1 days) PA MO
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INJ 1000MG, 500MG	4	PA LA
BRONCHITOL	4	QL (560 EA per 28 days) PA
PROLASTIN-C	4	PA LA
XOLAIR INJ 150MG/ML, 300MG/2ML, 75MG/0.5ML	4	PA
XOLAIR INJ 150MG/ML, 150MG, 75MG/0.5ML	4	PA LA
ZEMAIRA	4	PA LA
Vasodilating Agents		
ADEMPAS	4	PA MO
<i>ambrisentan</i>	4	PA LA MO
<i>bosentan</i>	4	PA LA MO
OPSUMIT	4	QL (1 EA per 1 days) PA MO
TRACLEER TBSO	4	QL (4 EA per 1 days) PA LA MO
<i>treprostinil</i>	4	PA LA
VENTAVIS	4	PA MO
Skin and Mucous Membrane Agents		
Anti-inflammatory Agents		
<i>kourzeq</i>	1	
Antipruritics and Local Anesthetics		
<i>lidocaine hcl jelly gel 2%</i>	1	QL (60 ML per 30 days)
Skin and Mucous Membrane Agents, Misc		

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin oint 0.4%</i>	3	QL (30 GM per 30 days)
Skin and Mucous Membrane Preparations		
Anti-infectives		
<i>acyclovir crea 5%</i>	1	PA
<i>acyclovir oint 5%</i>	1	PA
<i>ciclodan</i>	1	
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate external soln 1%</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>crotan</i>	3	
<i>econazole nitrate</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>ketconazole crea 2%</i>	1	
<i>ketconazole sham 2%</i>	1	
<i>klayesta</i>	1	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>miconazole 3</i>	1	
<i>mupirocin</i>	1	
<i>nyamyc</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystop</i>	1	
<i>penciclovir</i>	1	PA
<i>permethrin</i>	1	
<i>rosadan</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>terconazole</i>	1	
<i>vandazole</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>budesonide foam 2mg</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
<i>clodan</i>	1	
<i>desonide</i>	1	
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
<i>mometasone furoate</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide</i>	1	
<i>oralone dental paste</i>	1	
<i>prednicarbate</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>tovet</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
<i>Antipruritics and Local Anesthetics</i>		

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Drug Name	Drug Tier	Requirements/Limits
DOXEPIN HYDROCHLORIDE CREA 5%	1	QL (90 GM per 30 days)
<i>glydo</i>	1	
<i>lidocaine hcl jelly prsy 2%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	
<i>lidocaine hydrochloride external soln 4%</i>	1	QL (250 ML per 30 days)
<i>lidocaine patch 5%</i>	1	QL (3 EA per 1 days) PA
<i>lidocaine/prilocaine</i>	1	QL (60 GM per 30 days)
<i>lidocaine ptch</i>	1	QL (3 EA per 1 days) PA
<i>lidocaine oint</i>	1	QL (70.88 GM per 30 days)
<i>phenazopyridine hydrochloride</i>	1	
<i>premium lidocaine</i>	1	QL (70.88 GM per 30 days)
Cell Stimulants and Proliferants		
KEPIVANCE	4	PA LA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%, 0.025%</i>	1	QL (45 GM per 30 days)
Depigmenting and Pigmenting Agents		
<i>methoxsalen</i>	1	
Emollients, Demulcents, and Protectants		
<i>ammonium lactate</i>	1	
Skin and Mucous Membrane Agents, Misc		
<i>accutane</i>	1	PA
<i>acitretin</i>	1	
ADBRY	4	QL (6 ML per 28 days) PA MO
<i>amnestem</i>	1	PA
ARAZLO	3	PA
<i>bexarotene gel 1%</i>	4	PA
<i>calcipotriene crea, oint</i>	1	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	1	QL (120 ML per 30 days)
<i>calcitrene</i>	1	QL (120 GM per 30 days)
<i>claravis</i>	1	PA
COSENTYX SENSOREADY PEN	4	PA MO
COSENTYX INJ 150MG/ML	4	PA MO
DUPIXENT INJ 300MG/2ML	4	PA
DUPIXENT INJ 200MG/1.14ML	4	PA MO
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil external soln 2%, 5%</i>	1	
HYFTOR	4	PA
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	PA
<i>myorisan</i>	1	PA
PANRETIN	4	PA
<i>podofilox</i>	1	
QBREXZA	3	QL (1 EA per 1 days) PA
RECTIV	3	QL (30 GM per 30 days)
REGRANEX	4	QL (15 GM per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
SANTYL	3	
SKYRIZI PEN	4	QL (1 ML per 28 days) PA MO
SKYRIZI INJ 150MG/ML	4	QL (1 ML per 28 days) PA MO
SKYRIZI INJ 75MG/0.83ML	4	QL (2 EA per 84 days) PA MO
STELARA INJ 45MG/0.5ML	4	QL (1.5 ML per 84 days) PA
STELARA INJ 90MG/ML	4	QL (2 ML per 56 days) PA
<i>tacrolimus oint 0.03%, 0.1%</i>	1	PA
TALTZ	4	PA MO
<i>tazarotene crea</i>	1	PA
<i>tazarotene gel</i>	1	QL (30 GM per 30 days) PA
VALCHLOR	4	PA
VEREGEN	4	
<i>zenatane</i>	1	PA
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>flavoxate hcl</i>	1	MO
MYRBETRIQ TB24	2	QL (1 EA per 1 days) MO
<i>oxybutynin chloride er</i>	1	MO
<i>oxybutynin chloride soln</i>	1	MO
<i>oxybutynin chloride tabs 5mg</i>	1	MO
<i>solifenacin succinate</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate</i>	1	QL (2 EA per 1 days) MO
<i>tolterodine tartrate er</i>	1	QL (1 EA per 1 days) MO
<i>tropium chloride</i>	1	QL (2 EA per 1 days) MO
<i>tropium chloride er</i>	1	QL (1 EA per 1 days) MO
VESICARE LS	3	PA MO
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>aminophylline inj</i>	1	
<i>theo-24</i>	3	MO
<i>theophylline er tb24</i>	1	MO
THEOPHYLLINE ER TB12 200MG	1	MO
<i>theophylline er tb12 100mg, 300mg, 450mg</i>	1	MO
<i>theophylline elix, soln</i>	1	MO
Vitamins		
<i>Multivitamin Preparations</i>		
<i>pnv prenatal plus multivitamin + dha</i>	1	PA
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	PA
<i>Vitamin D</i>		
<i>calcitriol caps, oral soln</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>doxercalciferol inj</i>	1	
<i>doxercalciferol caps</i>	1	MO
<i>paricalcitol inj</i>	1	PA
<i>paricalcitol caps</i>	1	PA MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Index

Drug Name	Page #
<i>abacavir</i>	6
<i>abacavir sulfate</i>	6
<i>abacavir sulfate/lamivudine</i>	6
<i>abacavir sulfate/lamivudine/zidovudine</i>	6
ABELCET	4
ABILIFY ASIMTUFII	33
ABILIFY MAINTENA	33
ABILIFY MYCITE	33
ABILIFY MYCITE MAINTENANCE KIT	33
ABILIFY MYCITE STARTER KIT	33
<i>abiraterone acetate</i>	9
ABRAXANE	9
ABRYSVO	16
<i>acamprosate calcium dr</i>	32
<i>acarbose</i>	47
<i>accutane</i>	66
<i>acebutolol hcl</i>	22
<i>acebutolol hydrochloride</i>	22
<i>acetaminophen/codeine</i>	25
<i>acetaminophen/codeine phosphate</i>	25
<i>acetazolamide</i>	43
<i>acetazolamide er</i>	43
<i>acetazolamide sodium</i>	43
<i>acetic acid</i>	43
<i>acetylcysteine</i>	57
<i>acitretin</i>	66
ACTEMRA	59
ACTEMRA ACTPEN	59
ACTHAR	56
ACTHIB	16
ACTIMMUNE	60
<i>acyclovir</i>	6
<i>acyclovir</i>	64
<i>acyclovir sodium</i>	6
ADACEL	16
ADBRY	66
<i>adefovir dipivoxil</i>	6
ADEMPAS	63
<i>adriamycin</i>	9
ADTHYZA	57
ADVAIR HFA	18
<i>afirmelle</i>	50
AIMOVIG	30
AKEEGA	9
<i>ala-cort</i>	64

Drug Name	Page #
<i>albendazole</i>	1
<i>albuterol sulfate</i>	18
ALBUTEROL SULFATE HFA	18
<i>alclometasone dipropionate</i>	64
ALCOHOL PREP PADS	36
ALDURAZYME	41
ALECENSA	9
<i>alendronate sodium</i>	58
<i>alfuzosin hcl er</i>	18
ALIQOPA	9
<i>aliskiren</i>	24
<i>allopurinol</i>	58
<i>alogliptin</i>	47
<i>alogliptin/metformin hcl</i>	47
<i>alogliptin/metformin hydrochloride</i>	47
<i>alogliptin/pioglitazone</i>	48
<i>alosetron hydrochloride</i>	43
<i>alprazolam</i>	31
<i>alprazolam intensol</i>	31
<i>altavera</i>	50
ALUNBRIG	9
<i>alyacen 1/35</i>	50
<i>alyacen 7/7/7</i>	50
<i>alyq</i>	25
<i>amabelz</i>	55
<i>amantadine hcl</i>	30
<i>amantadine hydrochloride</i>	31
<i>ambrisentan</i>	63
<i>amcinonide</i>	64
<i>amethia</i>	50
<i>amethyst</i>	50
<i>amikacin sulfate</i>	1
<i>amiloride hcl</i>	38
<i>amiloride hydrochloride</i>	38
<i>amiloride/hydrochlorothiazide</i>	39
<i>aminophylline</i>	67
AMINOSYN II	37
AMINOSYN-PF 7%	37
<i>amiodarone hcl</i>	23
<i>amiodarone hydrochloride</i>	23
<i>amitriptyline hcl</i>	33
<i>amitriptyline hydrochloride</i>	33
<i>amlodipine besylate</i>	22
<i>amlodipine besylate/atorvastatin calcium</i>	22
<i>amlodipine besylate/benazepril hcl</i>	22
<i>amlodipine besylate/benazepril hydrochloride</i>	22
<i>amlodipine besylate/valsartan</i>	22
<i>amlodipine/olmesartan medoxomil</i>	22

Drug Name	Page #
<i>amlodipine/valsartan/hydrochlorothiazide</i>	22
<i>ammonium lactate</i>	66
<i>amnesteem</i>	66
<i>amoxapine</i>	33
<i>amoxicillin</i>	1
<i>amoxicillin/clavulanate potassium</i>	1
<i>amoxicillin/clavulanate potassium er</i>	1
<i>amphetamine/dextroamphetamine</i>	27
<i>amphotericin b</i>	4
<i>amphotericin b liposome</i>	4
<i>ampicillin</i>	1
<i>ampicillin sodium</i>	1
<i>ampicillin/sulbactam</i>	1
<i>ampicillin-sulbactam</i>	1
<i>anagrelide hydrochloride</i>	19
<i>anastrozole</i>	55
ANDRODERM	47
ANORO ELLIPTA	17
<i>apomorphine hydrochloride</i>	31
<i>apraclonidine</i>	43
<i>aprepitant</i>	44
<i>apri</i>	50
APTIOM	28
APTIVUS	6
ARALAST NP	63
<i>aranelle</i>	50
ARANESP ALBUMIN FREE	20
ARAZLO	66
ARCALYST	61
AREXVY	16
<i>arformoterol tartrate</i>	18
<i>argatroban</i>	19
ARIKAYCE	1
<i>aripiprazole</i>	33
<i>aripiprazole odt</i>	33
ARISTADA	33
<i>armodafinil</i>	27
ARMONAIR DIGIHALER	46
ARMOUR THYROID	57
ARNUITY ELLIPTA	46
<i>arsenic trioxide</i>	9
<i>ascomp/codeine</i>	25
<i>asenapine maleate sl</i>	33
<i>ashlyna</i>	50
<i>aspirin/dipyridamole</i>	19
<i>aspirin/dipyridamole er</i>	19
ASTAGRAF XL	60
<i>atazanavir</i>	6
<i>atazanavir sulfate</i>	6

Drug Name	Page #
<i>atenolol</i>	22
<i>atenolol/chlorthalidone</i>	22
ATGAM	60
<i>atomoxetine</i>	32
<i>atomoxetine hydrochloride</i>	32
<i>atorvastatin calcium</i>	21
<i>atovaquone</i>	5
<i>atovaquone/proguanil hcl</i>	5
ATROPINE SULFATE	17
ATROPINE SULFATE	43
ATROVENT HFA	17
<i>aubra</i>	50
<i>aubra eq</i>	50
AUGTYRO	9
<i>aurovela 1.5/30</i>	50
<i>aurovela 1/20</i>	50
<i>aurovela 24 fe</i>	50
<i>aurovela fe 1.5/30</i>	51
<i>aurovela fe 1/20</i>	51
AUSTEDO	36
AUVELITY	33
AVASTIN	9
<i>aviane</i>	51
AVONEX	60
AVONEX PEN	60
AVSOLA	59
<i>ayuna</i>	51
AYVAKIT	9
<i>azacitidine</i>	9
<i>azasan</i>	60
<i>azathioprine</i>	61
<i>azelastine hcl</i>	42
<i>azelastine hydrochloride</i>	42
<i>azithromycin</i>	1
<i>aztreonam</i>	1
<i>azurette</i>	51
<i>bac</i>	25
<i>bacitracin</i>	41
<i>bacitracin/polymyxin b</i>	41
<i>baclofen</i>	18
<i>balsalazide disodium</i>	44
BALVERSA	9
<i>balziva</i>	51
BAQSIMI ONE PACK	50
BAQSIMI TWO PACK	50
BARACLUDE	6
BASAGLAR KWIKPEN	48
BAVENCIO	9
BCG VACCINE	16

Drug Name	Page #
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	36
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	36
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	36
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM	36
BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM	37
BELEODAQ	9
<i>benazepril hcl</i>	24
<i>benazepril hydrochloride</i>	24
<i>benazepril hydrochloride/hydrochlorothiazide</i>	24
<i>bendamustine hydrochloride</i>	9
BENLYSTA	61
BENZNIDAZOLE	5
<i>benztropine mesylate</i>	31
BESREMI	9
<i>betaine anhydrous</i>	61
<i>betamethasone dipropionate</i>	65
<i>betamethasone dipropionate augmented</i>	65
<i>betamethasone valerate</i>	65
BETASERON	60
<i>betaxolol hcl</i>	43
<i>bethanechol chloride</i>	17
<i>bexarotene</i>	9
<i>bexarotene</i>	66
BEXSERO	16
BEYFORTUS	6
<i>bicalutamide</i>	9
BICILLIN L-A	1
BIKTARVY	6
<i>bisoprolol fumarate</i>	22
<i>bisoprolol fumarate/hydrochlorothiazide</i>	22
BIVIGAM	15
<i>bleomycin sulfate</i>	9
<i>blephamide s.o.p.</i>	42
<i>blisovi 24 fe</i>	51
<i>blisovi fe 1.5/30</i>	51
<i>blisovi fe 1/20</i>	51
BOOSTRIX	16
BORTEZOMIB	9
<i>bosentan</i>	63
BOSULIF	9
BOTOX	61
BRAFTOVI	9
BREO ELLIPTA	46

Drug Name	Page #
<i>breyna</i>	46
BREZTRI AEROSPHERE	46
<i>briellyn</i>	51
BRILINTA	19
<i>brimonidine tartrate</i>	43
<i>brimonidine tartrate/timolol maleate</i>	43
<i>brinzolamide</i>	43
BRIVIACT	28
<i>bromocriptine mesylate</i>	31
BRONCHITOL	63
BRUKINSA	9
<i>budesonide</i>	46
<i>budesonide</i>	65
<i>budesonide/formoterol fumarate dihydrate</i>	46
<i>bumetanide</i>	39
<i>buprenorphine</i>	26
<i>buprenorphine hcl</i>	25
<i>buprenorphine hcl/naloxone hcl</i>	25
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	26
<i>bupropion hcl</i>	33
<i>bupropion hydrochloride</i>	33
<i>bupropion hydrochloride er (sr)</i>	33
<i>bupropion hydrochloride er (xl)</i>	33
<i>bupirone hcl</i>	31
<i>bupirone hydrochloride</i>	31
<i>busulfan</i>	9
<i>butalbital/acetaminophen</i>	26
<i>butalbital/acetaminophen/caffeine</i>	26
<i>butalbital/acetaminophen/caffeine/codeine</i>	26
<i>butalbital/aspirin/caffeine/codeine</i>	26
BYDUREON BCISE	48
BYETTA	48
BYLVAY	45
BYLVAY (PELLETS)	45
<i>cabergoline</i>	31
CABLIVI	19
CABOMETYX	10
<i>calcipotriene</i>	66
<i>calcitonin salmon</i>	56
<i>calcitonin-salmon</i>	56
<i>calcitrene</i>	66
<i>calcitriol</i>	67
<i>calcium acetate</i>	39
CALQUENCE	10
<i>camila</i>	51
<i>camrese</i>	51
<i>camrese lo</i>	51
CAMZYOS	23

Drug Name	Page #
<i>candesartan cilexetil</i>	24
<i>candesartan cilexetil/hydrochlorothiazide</i>	24
CAPASTAT SULFATE	5
CAPLYTA	33
CAPRELSA	10
<i>captopril</i>	24
<i>carbamazepine</i>	28
<i>carbamazepine er</i>	28
<i>carbidopa</i>	31
<i>carbidopa/levodopa</i>	31
<i>carbidopa/levodopa er</i>	31
<i>carbidopa/levodopa/entacapone</i>	31
<i>carboplatin</i>	10
<i>carglumic acid</i>	37
<i>carmustine</i>	10
<i>carteolol hcl</i>	43
<i>cartia xt</i>	22
<i>carvedilol</i>	22
<i>caspofungin acetate</i>	4
CAYSTON	1
<i>caziant</i>	51
<i>cefaclor</i>	1
<i>cefadroxil</i>	1
<i>cefazolin</i>	1
<i>cefazolin sodium</i>	1
<i>cefazolin sodium/dextrose</i>	1
<i>cefdinir</i>	1
<i>cefepime</i>	1
<i>cefepime hydrochloride</i>	1
<i>cefepime/dextrose</i>	1
<i>cefixime</i>	1
CEFOTAXIME SODIUM	1
<i>cefoxitin sodium</i>	1
<i>cefpodoxime proxetil</i>	1
<i>cefprozil</i>	1
<i>ceftazidime</i>	1
<i>ceftazidime/dextrose</i>	1
<i>ceftriaxone in iso-osmotic dextrose</i>	1
<i>ceftriaxone sodium</i>	1
<i>ceftriaxone/dextrose</i>	1
<i>cefuroxime axetil</i>	2
<i>cefuroxime sodium</i>	2
<i>celecoxib</i>	26
<i>cephalexin</i>	2
CERDELGA	61
CEREZYME	41
<i>cevimeline hydrochloride</i>	17
<i>charlotte 24 fe</i>	51
<i>chateal</i>	51

Drug Name	Page #
<i>chateal eq</i>	51
<i>chenodal</i>	45
<i>chloramphenicol sodium succinate</i>	2
<i>chlordiazepoxide hcl</i>	31
<i>chlordiazepoxide hydrochloride</i>	31
<i>chlordiazepoxide/amitriptyline</i>	33
<i>chlorhexidine gluconate</i>	41
<i>chloroquine phosphate</i>	5
<i>chlorothiazide sodium</i>	39
<i>chlorpromazine hcl</i>	33
<i>chlorpromazine hydrochloride</i>	33
<i>chlorthalidone</i>	39
<i>chlorzoxazone</i>	18
CHOLBAM	45
<i>cholestyramine</i>	21
<i>cholestyramine light</i>	21
<i>ciclodan</i>	64
<i>ciclopirox</i>	64
<i>ciclopirox nail lacquer</i>	64
<i>ciclopirox olamine</i>	64
<i>cidofovir</i>	6
<i>cilostazol</i>	19
CIMDUO	6
<i>cimetidine</i>	44
<i>cimetidine hcl</i>	44
<i>cimetidine hydrochloride</i>	44
CIMZIA	59
CIMZIA STARTER KIT	59
<i>cinacalcet hydrochloride</i>	56
CINRYZE	58
<i>ciprofloxacin</i>	2
CIPROFLOXACIN	41
<i>ciprofloxacin hcl</i>	2
<i>ciprofloxacin hydrochloride</i>	2
<i>ciprofloxacin hydrochloride</i>	41
<i>ciprofloxacin i.v.-in d5w</i>	2
<i>ciprofloxacin/dexamethasone</i>	42
<i>cisplatin</i>	10
<i>citalopram</i>	33
<i>citalopram hydrobromide</i>	33
<i>cladribine</i>	10
<i>claravis</i>	66
<i>clarithromycin</i>	2
<i>clarithromycin er</i>	2
<i>clemastine fumarate</i>	8
<i>clindamycin hcl</i>	2
<i>clindamycin hydrochloride</i>	2
<i>clindamycin palmitate hydrochloride</i>	2
<i>clindamycin phosphate</i>	2

Drug Name	Page #
<i>clindamycin phosphate</i>	64
<i>clindamycin phosphate in d5w</i>	2
<i>clindamycin phosphate/dextrose</i>	2
CLINIMIX 4.25%/DEXTROSE 10%	37
CLINIMIX 4.25%/DEXTROSE 5%	37
CLINIMIX 5%/DEXTROSE 15%	37
CLINIMIX 5%/DEXTROSE 20%	37
CLINIMIX E 2.75%/DEXTROSE 5%	37
CLINIMIX E 4.25%/DEXTROSE 10%	37
CLINIMIX E 4.25%/DEXTROSE 5%	37
CLINIMIX E 5%/DEXTROSE 15%	38
CLINIMIX E 5%/DEXTROSE 20%	38
<i>clinisol sf 15%</i>	38
<i>clinolipid</i>	38
<i>clobazam</i>	28
<i>clobetasol propionate</i>	65
<i>clobetasol propionate e</i>	65
<i>clobetasol propionate emollient</i>	65
<i>clodan</i>	65
<i>clofarabine</i>	10
<i>clomipramine hcl</i>	34
<i>clomipramine hydrochloride</i>	34
<i>clonazepam</i>	28
<i>clonazepam odt</i>	28
<i>clonidine</i>	24
<i>clonidine hydrochloride</i>	24
<i>clopidogrel</i>	19
<i>clorazepate dipotassium</i>	31
<i>clotrimazole</i>	64
<i>clotrimazole/betamethasone dipropionate</i>	64
<i>clovique</i>	46
<i>clozapine</i>	34
<i>clozapine odt</i>	34
COARTEM	5
<i>codeine sulfate</i>	26
<i>colchicine</i>	58
<i>colesevelam hydrochloride</i>	21
<i>colestipol hcl</i>	21
<i>colestipol hydrochloride</i>	21
<i>colistimethate sodium</i>	2
COMBIVENT RESPIMAT	18
COMETRIQ	10
COMPLERA	6
<i>compro</i>	34
<i>constulose</i>	37
COPIKTRA	10
CORLANOR	23
CORTISONE ACETATE	46
<i>cortrophin</i>	56

Drug Name	Page #
COSENTYX	59
COSENTYX	66
COSENTYX SENSOREADY PEN	66
COSENTYX UNOREADY	59
COTELLIC	10
CREON	45
CRESEMBA	4
<i>cromolyn sodium</i>	42
<i>cromolyn sodium</i>	62
<i>crotan</i>	64
<i>cryselle-28</i>	51
CURITY GAUZE PADS 2"X2" 12 PLY	37
CUVRIOR	46
<i>cyclafem 1/35</i>	51
<i>cyclafem 7/7/7</i>	51
<i>cyclobenzaprine hydrochloride</i>	18
<i>cyclopentolate hcl</i>	43
CYCLOPHOSPHAMIDE	10
<i>cycloserine</i>	5
CYCLOSET	48
<i>cyclosporine</i>	42
<i>cyclosporine</i>	61
<i>cyclosporine modified</i>	61
CYLTEZO	59
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	59
CYLTEZO STARTER PACKAGE FOR PSORIASIS	59
CYRAMZA	10
<i>cyred</i>	51
<i>cyred eq</i>	51
CYSTADROPS	43
CYSTAGON	61
CYSTARAN	43
<i>cytarabine</i>	10
<i>cytarabine aqueous</i>	10
<i>dacarbazine</i>	10
<i>dactinomycin</i>	10
<i>dalfampridine er</i>	61
<i>danazol</i>	47
DAPAGLIFLOZIN PROPANEDIOL	48
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE	48
<i>dapsone</i>	5
DAPTACEL	16
<i>daptomycin</i>	2
DARAPRIM	5
<i>darunavir</i>	6

Drug Name	Page #
DARZALEX	10
DARZALEX FASPRO	10
<i>dasetta 1/35</i>	51
<i>dasetta 7/7/7</i>	51
<i>daunorubicin hydrochloride</i>	10
DAURISMO	10
DAYBUE	32
<i>daysee</i>	51
<i>deblitane</i>	51
<i>decitabine</i>	10
<i>deferasirox</i>	46
<i>deferiprone</i>	46
<i>deflazacort</i>	46
DELSTRIGO	6
<i>delyla</i>	51
DENGVAXIA	16
<i>dentagel</i>	58
DEPO-MEDROL	46
DEPO-SUBQ PROVERA 104	56
DESCOVY	6
<i>desipramine hcl</i>	34
<i>desipramine hydrochloride</i>	34
<i>desloratadine</i>	9
<i>desmopressin acetate</i>	56
<i>desogestrel/ethinyl estradiol</i>	51
<i>desonide</i>	65
<i>desvenlafaxine er</i>	34
<i>dexabliss</i>	46
<i>dexamethasone</i>	47
<i>dexamethasone 10-day dose pack</i>	46
<i>dexamethasone 13-day dose pack</i>	46
<i>dexamethasone 6-day dose pack</i>	46
<i>dexamethasone 6-day therapy pack</i>	47
<i>dexamethasone intensol</i>	47
<i>dexamethasone sodium phosphate</i>	42
<i>dexamethasone sodium phosphate</i>	47
<i>dexmethylphenidate hcl</i>	27
<i>dexmethylphenidate hydrochloride</i>	28
<i>dexrazoxane</i>	62
<i>dextroamphetamine sulfate</i>	28
<i>dextroamphetamine sulfate er</i>	28
<i>dextrose</i>	38
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	39
<i>dextrose 10%</i>	38
<i>dextrose 10%/sodium chloride 0.2%</i>	39
<i>dextrose 10%/sodium chloride 0.45%</i>	39
<i>dextrose 2.5%/sodium chloride 0.45%</i>	39
<i>dextrose 25%</i>	38

Drug Name	Page #
<i>dextrose 30%</i>	38
<i>dextrose 5%</i>	38
<i>dextrose 5%/lactated ringers</i>	39
<i>dextrose 5%/sodium chloride 0.2%</i>	39
<i>dextrose 5%/sodium chloride 0.33%</i>	39
<i>dextrose 5%/sodium chloride 0.45%</i>	39
<i>dextrose 5%/sodium chloride 0.9%</i>	39
<i>dextrose 50%</i>	38
<i>dextrose 70%</i>	38
<i>dextrose/sodium chloride</i>	40
DIACOMIT	28
DIASTAT ACUDIAL	31
DIASTAT PEDIATRIC	31
<i>diazepam</i>	31
<i>diazepam intensol</i>	31
DIAZEPAM RECTAL GEL	31
<i>diazoxide</i>	50
<i>dichlorphenamide</i>	58
<i>diclofenac potassium</i>	26
<i>diclofenac sodium</i>	42
<i>diclofenac sodium</i>	65
<i>diclofenac sodium dr</i>	26
<i>diclofenac sodium er</i>	26
<i>dicloxacillin sodium</i>	2
<i>dicyclomine hcl</i>	17
<i>dicyclomine hydrochloride</i>	17
DIFICID	2
<i>difluprednate</i>	42
<i>digitek</i>	23
<i>digox</i>	23
<i>digoxin</i>	23
<i>dihydroergotamine mesylate</i>	18
<i>dilantin</i>	28
<i>dilantin infatabs</i>	28
DILANTIN-125	28
<i>diltiazem hcl</i>	23
<i>diltiazem hcl cd</i>	22
<i>diltiazem hcl er</i>	23
<i>diltiazem hydrochloride</i>	23
<i>diltiazem hydrochloride er</i>	23
<i>dilt-xr</i>	22
<i>dimethyl fumarate</i>	60
<i>dimethyl fumarate starterpack</i>	60
DIPENTUM	44
<i>diphenhydramine hcl</i>	8
<i>diphenhydramine hydrochloride</i>	9
<i>diphenoxylate hydrochloride/atropine sulfate</i>	44
<i>diphenoxylate/atropine</i>	44

Drug Name	Page #
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	16
<i>dipyridamole</i>	25
<i>disopyramide phosphate</i>	23
<i>disulfiram</i>	57
<i>divalproex sodium</i>	28
<i>divalproex sodium dr</i>	28
<i>divalproex sodium er</i>	28
<i>docetaxel</i>	10
<i>dofetilide</i>	23
DOJOLVI	38
<i>dolishale</i>	51
<i>donepezil hcl</i>	17
<i>donepezil hydrochloride</i>	18
<i>donepezil hydrochloride odt</i>	17
DOPTELET	20
<i>dorzolamide hcl</i>	43
<i>dorzolamide hcl/timolol maleate</i>	43
<i>dorzolamide hydrochloride</i>	43
<i>dotti</i>	55
DOVATO	6
<i>doxazosin</i>	21
<i>doxazosin mesylate</i>	21
<i>doxepin hcl</i>	34
<i>doxepin hydrochloride</i>	34
DOXEPIN HYDROCHLORIDE	66
<i>doxercalciferol</i>	67
<i>doxorubicin hcl</i>	10
<i>doxorubicin hydrochloride</i>	10
<i>doxorubicin hydrochloride liposomal</i>	10
<i>doxy 100</i>	2
<i>doxycycline</i>	2
<i>doxycycline hyclate</i>	2
<i>doxycycline monohydrate</i>	2
DRIZALMA SPRINKLE	34
<i>dronabinol</i>	44
<i>drospirenone/ethinyl estradiol</i>	51
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	51
DROXIA	10
<i>droxidopa</i>	18
<i>duloxetine hcl</i>	34
<i>duloxetine hydrochloride</i>	34
DUPIXENT	62
DUPIXENT	66
<i>duramorph</i>	26
<i>dutasteride</i>	57
<i>dxevo 11-day</i>	47
E.E.S. 400	2

Drug Name	Page #
<i>ec-naproxen</i>	26
<i>econazole nitrate</i>	64
EDURANT	6
<i>efavirenz</i>	6
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	6
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	6
EGRIFTA SV	56
ELAPRASE	41
<i>eletriptan hydrobromide</i>	30
ELIGARD	55
<i>elinest</i>	51
ELIQUIS	19
ELIQUIS STARTER PACK	19
ELMIRON	61
<i>eluryng</i>	51
EMCYT	10
EMEND	44
EMFLAZA	47
EMGALITY	30
<i>emoquette</i>	51
EMPLICITI	10
EMSAM	31
<i>emtricitabine</i>	6
<i>emtricitabine/tenofovir disoproxil</i>	6
<i>emtricitabine/tenofovir disoproxil fumarate</i>	6
EMTRIVA	6
<i>emverm</i>	1
<i>enalapril maleate</i>	24
<i>enalapril maleate/hydrochlorothiazide</i>	24
ENBREL	59
ENBREL MINI	59
ENBREL SURECLICK	59
ENDARI	61
<i>endocet</i>	26
ENGERIX-B	16
<i>enilloring</i>	51
<i>enoxaparin sodium</i>	19
<i>enpresse-28</i>	51
<i>enskyce</i>	51
ENSPRYNG	60
<i>entacapone</i>	31
<i>entecavir</i>	6
ENTRESTO	24
ENTYVIO	45
<i>enulose</i>	37
EPCLUSA	7
EPIDIOLEX	28

Drug Name	Page #
<i>epinastine hcl</i>	43
<i>epinephrine</i>	18
<i>epirubicin hcl</i>	10
<i>epitol</i>	28
EPIVIR HBV	7
<i>eplerenone</i>	24
EPRONTIA	28
ERAXIS	4
ERBITUX	10
<i>ergoloid mesylates</i>	18
ERIVEDGE	10
ERLEADA	10
<i>erlotinib hydrochloride</i>	10
<i>errin</i>	51
<i>ertapenem</i>	2
<i>ertapenem sodium</i>	2
ERWINASE	10
<i>ery-tab</i>	2
<i>erythrocine lactobionate</i>	2
<i>erythrocine stearate</i>	2
<i>erythromycin</i>	2
<i>erythromycin</i>	41
<i>erythromycin base</i>	2
<i>erythromycin dr</i>	2
<i>erythromycin ethylsuccinate</i>	2
<i>erythromycin lactobionate</i>	2
<i>escitalopram oxalate</i>	34
<i>esomeprazole magnesium</i>	44
<i>estarylla</i>	51
<i>estradiol</i>	55
<i>estradiol valerate</i>	55
<i>estradiol/norethindrone acetate</i>	55
ESTRING	55
<i>eszopiclone</i>	31
<i>ethambutol hydrochloride</i>	5
<i>ethosuximide</i>	28
<i>ethynodiol diacetate/ethinyl estradiol</i>	51
<i>etodolac</i>	26
<i>etonogestrel/ethinyl estradiol</i>	51
<i>etoposide</i>	10
<i>etravirine</i>	7
<i>euthyrox</i>	57
EVENITY	58
<i>everolimus</i>	10
<i>everolimus</i>	61
EVOTAZ	7
EVRYSDI	61
<i>exemestane</i>	55
EXKIVITY	11

Drug Name	Page #
EXONDYS 51	58
EXTAVIA	60
<i>ezetimibe</i>	21
<i>ezetimibe/simvastatin</i>	21
FABHALTA	61
FABRAZYME	41
<i>falmina</i>	51
<i>famciclovir</i>	7
<i>famotidine</i>	44
FANAPT	34
FANAPT TITRATION PACK	34
FARXIGA	48
FASENRA	62
FASENRA PEN	62
<i>fayosim</i>	51
<i>febuxostat</i>	58
<i>felbamate</i>	28
<i>felodipine er</i>	23
<i>femynor</i>	51
<i>fenofibrate</i>	21
<i>fenofibrate micronized</i>	21
<i>fenofibric acid dr</i>	21
<i>fentanyl</i>	26
<i>fentanyl citrate oral transmucosal</i>	26
FERRIPROX	46
FETZIMA	34
FETZIMA TITRATION PACK	34
FIASP	48
FIASP FLEXTOUCH	48
FIASP PENFILL	48
FILSPARI	61
<i>finasteride</i>	57
<i>fingolimod hydrochloride</i>	60
FINTEPLA	29
<i>finzala</i>	51
FIRDAPSE	61
FIRMAGON	55
FIRVANQ	2
<i>flac</i>	42
<i>flavoxate hcl</i>	67
FLEBOGAMMA DIF	15
<i>flecainide acetate</i>	23
<i>fluconazole</i>	4
<i>fluconazole in nacl</i>	4
<i>fluconazole in sodium chloride</i>	4
<i>flucytosine</i>	4
<i>fludarabine phosphate</i>	11
<i>fludrocortisone acetate</i>	47
<i>flunisolide</i>	42

Drug Name	Page #
<i>fluocinolone acetonide</i>	42
<i>fluocinolone acetonide</i>	65
<i>fluocinolone acetonide body</i>	65
<i>fluocinolone acetonide ear drops</i>	42
<i>fluocinolone acetonide scalp</i>	65
<i>fluocinolone acetonide topical</i>	65
<i>fluocinonide</i>	65
<i>fluocinonide emulsified base</i>	65
<i>fluoride</i>	58
<i>fluorometholone</i>	42
<i>fluorouracil</i>	11
<i>fluorouracil</i>	66
<i>fluoxetine dr</i>	34
<i>fluoxetine hydrochloride</i>	34
<i>fluphenazine decanoate</i>	34
<i>fluphenazine hcl</i>	34
<i>fluphenazine hydrochloride</i>	34
<i>flurbiprofen</i>	26
<i>flurbiprofen sodium</i>	42
<i>flutamide</i>	11
<i>fluticasone propionate</i>	42
<i>fluticasone propionate</i>	65
FLUTICASONE PROPIONATE/SALMETEROL	19
<i>fluticasone propionate/salmeterol diskus</i>	18
<i>fluvoxamine maleate</i>	34
FML	42
FML FORTE	42
FOLOTYN	11
<i>fondaparinux sodium</i>	19
FORTEO	56
<i>fosamprenavir calcium</i>	7
<i>fosfomycin tromethamine</i>	8
<i>fosinopril sodium</i>	24
<i>fosinopril sodium/hydrochlorothiazide</i>	24
<i>fosphenytoin sodium</i>	29
FOSRENOL	39
FOTIVDA	11
FREAMINE III	38
FRUZAQLA	11
FULPHILA	20
FULVESTRANT	11
<i>furosemide</i>	39
FUZEON	7
FYCOMPA	29
FYLNTRA	20
<i>gabapentin</i>	29
GALAFOLD	61
<i>galantamine hydrobromide</i>	18

Drug Name	Page #
<i>galantamine hydrobromide er</i>	18
GAMASTAN	15
GAMMAGARD LIQUID	15
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	15
GAMMAKED	15
GAMMAPLEX	15
GAMUNEX-C	15
<i>ganciclovir</i>	7
GARDASIL 9	16
<i>gatifloxacin</i>	41
GATTEX	45
<i>gavilyte-c</i>	45
<i>gavilyte-g</i>	45
<i>gavilyte-n/ flavor pack</i>	45
GAVRETO	11
<i>gefitinib</i>	11
<i>gemcitabine hcl</i>	11
<i>gemcitabine hydrochloride</i>	11
<i>gemfibrozil</i>	21
<i>gemmily</i>	52
<i>generlac</i>	37
<i>gengraf</i>	61
GENOTROPIN	56
GENOTROPIN MINIQUICK	56
<i>gentak</i>	41
<i>gentamicin sulfate</i>	2
<i>gentamicin sulfate</i>	41
<i>gentamicin sulfate</i>	64
<i>gentamicin sulfate pediatric</i>	2
<i>gentamicin sulfate/0.9% sodium chloride</i>	2
GENVOYA	7
GILENYA	60
GILOTRIF	11
<i>glatiramer acetate</i>	60
<i>glatopa</i>	60
GLEOSTINE	11
<i>glimepiride</i>	48
<i>glipizide</i>	48
<i>glipizide er</i>	48
<i>glipizide xl</i>	48
<i>glipizide/metformin hydrochloride</i>	48
GLUCAGEN HYPOKIT	50
GLUCAGON EMERGENCY KIT	50
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	50
<i>glycopyrrolate</i>	17
<i>glydo</i>	66
GLYXAMBI	48

Drug Name	Page #
<i>granisetron hcl</i>	44
<i>granisetron hydrochloride</i>	44
GRANIX	20
GRASTEK	15
<i>griseofulvin microsize</i>	4
<i>griseofulvin ultramicronize</i>	4
<i>guanfacine er</i>	32
<i>guanfacine hydrochloride</i>	24
<i>guanfacine hydrochloride</i>	32
GVOKE HYPOPEN 1-PACK	50
GVOKE HYPOPEN 2-PACK	50
GVOKE KIT	50
GVOKE PFS	50
HAEGARDA	58
<i>hailey 1.5/30</i>	52
<i>hailey 24 fe</i>	52
<i>hailey fe 1.5/30</i>	52
<i>hailey fe 1/20</i>	52
HALAVEN	11
<i>halobetasol propionate</i>	65
<i>haloette</i>	52
<i>haloperidol</i>	34
<i>haloperidol decanoate</i>	34
<i>haloperidol lactate</i>	34
HAVRIX	16
<i>heather</i>	52
<i>heparin sodium</i>	19
HEPARIN SODIUM/D5W	19
HEPARIN SODIUM/DEXTROSE	19
<i>heparin sodium/nacl 0.45%</i>	19
<i>heparin sodium/sodium chloride</i>	19
<i>heparin sodium/sodium chloride 0.9%</i>	19
<i>heparin sodium/sodium chloride 0.9% premix</i>	19
HEPLISAV-B	16
HETLIOZ LQ	31
HIBERIX	16
HUMATROPE	56
HUMIRA	59
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	59
HUMIRA PEN	59
HUMIRA PEN-CD/UC/HS STARTER	59
HUMIRA PEN-PEDIATRIC UC STARTER PACK	59
HUMIRA PEN-PS/UV STARTER	59
<i>hydralazine hcl</i>	24
<i>hydralazine hydrochloride</i>	24
<i>hydrochlorothiazide</i>	39

Drug Name	Page #
<i>hydrocodone bitartrate/acetaminophen</i>	26
<i>hydrocodone/acetaminophen</i>	26
<i>hydrocodone/ibuprofen</i>	26
<i>hydrocortisone</i>	47
<i>hydrocortisone</i>	65
<i>hydrocortisone butyrate</i>	65
<i>hydrocortisone valerate</i>	65
<i>hydrocortisone/acetic acid</i>	42
<i>hydromorphone hcl</i>	27
<i>hydromorphone hydrochloride</i>	27
<i>hydroxychloroquine sulfate</i>	5
<i>hydroxyurea</i>	11
<i>hydroxyzine hcl</i>	31
<i>hydroxyzine hydrochloride</i>	31
<i>hydroxyzine pamoate</i>	32
HYFTOR	66
<i>ibandronate sodium</i>	58
IBRANCE	11
<i>ibu</i>	27
<i>ibuprofen</i>	27
<i>icatibant acetate</i>	58
<i>iclevia</i>	52
ICLUSIG	11
<i>icosapent ethyl</i>	21
<i>idarubicin hcl</i>	11
<i>idarubicin hydrochloride</i>	11
IDHIFA	11
<i>ifosfamide</i>	11
<i>imatinib mesylate</i>	11
IMBRUVICA	11
IMFINZI	11
<i>imipenem/cilastatin</i>	3
<i>imipramine hcl</i>	34
<i>imipramine hydrochloride</i>	34
<i>imiquimod</i>	66
IMOVAX RABIES (H.D.C.V.)	16
IMPAVIDO	5
INBRIJA	31
<i>incassia</i>	52
INCRELEX	56
INCRUSE ELLIPTA	17
<i>indapamide</i>	39
INFANRIX	16
INFLECTRA	59
INGREZZA	36
INLYTA	11
INQOVI	11
INREBIC	11
INSULIN ASPART	48

Drug Name	Page #
INSULIN ASPART FLEXPEN	48
INSULIN ASPART PENFILL	48
INSULIN ASPART PROTAMINE/INSULIN ASPART	48
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	48
INSULIN LISPRO	48
INSULIN LISPRO JUNIOR KWIKPEN	48
INSULIN LISPRO KWIKPEN	48
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	48
INTELENCE	7
INTRALIPID	38
INTRON A	11
<i>introvale</i>	52
INVEGA HAFYERA	34
INVEGA SUSTENNA	34
INVEGA TRINZA	34
IOPIDINE	43
IPOL INACTIVATED IPV	16
<i>ipratropium bromide</i>	17
<i>ipratropium bromide/albuterol sulfate</i>	19
<i>irbesartan</i>	24
<i>irbesartan/hydrochlorothiazide</i>	24
<i>irinotecan hydrochloride</i>	11
ISENTRESS	7
ISENTRESS HD	7
<i>isibloom</i>	52
ISOLYTE-P/DEXTROSE 5%	40
ISOLYTE-S	40
ISOLYTE-S PH 7.4	40
<i>isoniazid</i>	5
<i>isosorbide dinitrate</i>	25
<i>isosorbide mononitrate</i>	25
<i>isosorbide mononitrate er</i>	25
<i>isotonic gentamicin</i>	3
<i>isotretinoin</i>	66
<i>itraconazole</i>	4
<i>ivermectin</i>	1
IWILFIN	11
IXCHIQ	16
IXIARO	16
<i>jaimiess</i>	52
JAKAFI	11
<i>jantoven</i>	20
JANUMET	48
JANUMET XR	48

Drug Name	Page #
JANUVIA	49
JARDIANCE	49
<i>jasmiel</i>	52
<i>javygtor</i>	61
JAYPIRCA	11
<i>jencycla</i>	52
JEVTANA	11
JOENJA	60
<i>jolessa</i>	52
<i>juleber</i>	52
JULUCA	7
<i>junel 1.5/30</i>	52
<i>junel 1/20</i>	52
<i>junel fe 1.5/30</i>	52
<i>junel fe 1/20</i>	52
<i>junel fe 24</i>	52
JUXTAPID	21
JYLAMVO	11
JYNARQUE	39
JYNNEOS	16
<i>kaitlib fe</i>	52
<i>kalliga</i>	52
KALYDECO	63
<i>kariva</i>	52
<i>kcl 0.075%/d5w/nacl 0.45%</i>	40
<i>kcl 0.15%/d5w/nacl 0.2%</i>	40
KCL 0.15%/D5W/NACL 0.225%	40
<i>kcl 0.15%/d5w/nacl 0.45%</i>	40
<i>kcl 0.15%/d5w/nacl 0.9%</i>	40
<i>kcl 0.3%/d5w/nacl 0.45%</i>	40
<i>kcl 0.3%/d5w/nacl 0.9%</i>	40
<i>kelnor 1/35</i>	52
<i>kelnor 1/50</i>	52
<i>kemoplat</i>	12
KENALOG-10	47
KEPIVANCE	66
KERENDIA	24
<i>ketoconazole</i>	4
<i>ketoconazole</i>	64
<i>ketorolac tromethamine</i>	42
KEVEYIS	58
KEYTRUDA	12
KINERET	59
KINRIX	16
KISQALI	12
KISQALI FEMARA 200 DOSE	55
KISQALI FEMARA 400 DOSE	55
KISQALI FEMARA 600 DOSE	55
<i>klayesta</i>	64

Drug Name	Page #
<i>klor-con</i>	40
<i>klor-con 10</i>	40
<i>klor-con 8</i>	40
<i>klor-con m10</i>	40
<i>klor-con m15</i>	40
<i>klor-con m20</i>	40
KLOXXADO	33
KOSELUGO	12
<i>kourzeq</i>	63
KRAZATI	12
KRINTAFEL	5
<i>kurvelo</i>	52
KYLEENA	52
KYNMOBI	31
KYNMOBI TITRATION KIT	31
KYPROLIS	12
<i>labetalol hydrochloride</i>	22
<i>lacosamide</i>	29
<i>lactated ringers</i>	40
<i>lactulose</i>	37
LAGEVRIO	7
<i>lamivudine</i>	7
<i>lamivudine/zidovudine</i>	7
<i>lamotrigine</i>	29
<i>lamotrigine er</i>	29
<i>lamotrigine odt</i>	29
<i>lamotrigine starter kit/blue</i>	29
<i>lamotrigine starter kit/green</i>	29
<i>lamotrigine starter kit/orange</i>	29
LAMPIT	5
<i>lanreotide acetate</i>	56
<i>lansoprazole</i>	44
<i>lansoprazole odt</i>	44
<i>lanthanum carbonate</i>	39
LANTUS	49
LANTUS SOLOSTAR	49
<i>lapatinib ditosylate</i>	12
<i>larin 1.5/30</i>	52
<i>larin 1/20</i>	52
<i>larin 24 fe</i>	52
<i>larin fe 1.5/30</i>	52
<i>larin fe 1/20</i>	52
<i>larissia</i>	52
<i>latanoprost</i>	43
<i>layolis fe</i>	52
LAZANDA	27
<i>leena</i>	52
<i>leflunomide</i>	59
<i>lenalidomide</i>	12

Drug Name	Page #
LENVIMA 10 MG DAILY DOSE	12
LENVIMA 12MG DAILY DOSE	12
LENVIMA 14 MG DAILY DOSE	12
LENVIMA 18 MG DAILY DOSE	12
LENVIMA 20 MG DAILY DOSE	12
LENVIMA 24 MG DAILY DOSE	12
LENVIMA 4 MG DAILY DOSE	12
LENVIMA 8 MG DAILY DOSE	12
<i>lessina</i>	52
<i>letrozole</i>	55
<i>leucovorin calcium</i>	57
LEUKERAN	12
LEUKINE	20
LEUPROLIDE ACETATE	55
<i>levalbuterol</i>	19
<i>levalbuterol hcl</i>	19
<i>levalbuterol hydrochloride</i>	19
LEVAlBUTEROL TARTRATE HFA	19
<i>levetiracetam</i>	29
<i>levetiracetam er</i>	29
<i>levetiracetam/sodium chloride</i>	29
<i>levobunolol hcl</i>	43
<i>levocarnitine</i>	62
<i>levocarnitine sf</i>	62
<i>levocetirizine dihydrochloride</i>	9
<i>levofloxacin</i>	3
<i>levofloxacin</i>	41
<i>levofloxacin in d5w</i>	3
<i>levoleucovorin</i>	57
<i>levoleucovorin calcium</i>	57
<i>levonest</i>	52
<i>levonorgestrel and ethinyl estradiol</i>	52
<i>levonorgestrel/ethinyl estradiol</i>	52
<i>levora 0.15/30-28</i>	52
<i>levo-t</i>	57
<i>levothyroxine sodium</i>	57
<i>levoxyl</i>	57
LEXIVA	7
LIBTAYO	12
<i>lidocaine</i>	66
<i>lidocaine hcl</i>	24
<i>lidocaine hcl</i>	57
<i>lidocaine hcl</i>	66
<i>lidocaine hcl in d5w</i>	23
<i>lidocaine hcl jelly</i>	63
<i>lidocaine hcl jelly</i>	66
<i>lidocaine hcl viscous</i>	43
<i>lidocaine hcl/dextrose</i>	24
<i>lidocaine hydrochloride</i>	57

Drug Name	Page #
<i>lidocaine hydrochloride</i>	66
<i>lidocaine hydrochloride viscous</i>	43
<i>lidocaine patch 5%</i>	66
<i>lidocaine viscous</i>	43
<i>lidocaine/prilocaine</i>	66
LILETTA	52
<i>lillow</i>	52
<i>lincomycin hcl</i>	3
<i>linezolid</i>	3
LINZESS	45
<i>liothyronine sodium</i>	57
<i>lisinopril</i>	24
<i>lisinopril/hydrochlorothiazide</i>	24
LITHIUM	30
<i>lithium carbonate</i>	30
<i>lithium carbonate er</i>	30
LIVMARLI	45
LIVTENCITY	7
LO LOESTRIN FE	52
LODOCO	62
<i>lojaimiess</i>	53
LOKELMA	39
LONSURF	12
<i>loperamide hcl</i>	44
<i>loperamide hydrochloride</i>	44
<i>lopinavir/ritonavir</i>	7
<i>lorazepam</i>	32
<i>lorazepam intensol</i>	32
LORBRENA	12
<i>loryna</i>	53
<i>losartan potassium</i>	25
<i>losartan potassium/hydrochlorothiazide</i>	25
<i>lovastatin</i>	21
<i>low-ogestrel</i>	53
<i>loxapine</i>	34
<i>loxapine succinate</i>	34
<i>lo-zumandimine</i>	52
LUBIPROSTONE	45
LUCEMYRA	19
LUMAKRAS	12
LUMIGAN	43
LUMIZYME	41
LUMOXITI	12
LUPKYNIS	61
LUPRON DEPOT (1-MONTH)	55
LUPRON DEPOT (3-MONTH)	55
LUPRON DEPOT (4-MONTH)	55
LUPRON DEPOT (6-MONTH)	55
LUPRON DEPOT-PED (1-MONTH)	55

Drug Name	Page #
LUPRON DEPOT-PED (3-MONTH)	55
<i>lurasidone hydrochloride</i>	35
<i>luteru</i>	53
LYBALVI	35
<i>lyleq</i>	53
<i>lyllana</i>	55
LYNPARZA	12
LYSODREN	12
LYTGOBI	12
<i>lyza</i>	53
<i>magnesium sulfate</i>	29
<i>maraviroc</i>	7
<i>marlissa</i>	53
MARPLAN	35
MATULANE	12
<i>matzim la</i>	23
MAVYRET	7
MAXIDEX	42
MAYZENT	60
MAYZENT STARTER PACK	60
<i>meclizine hcl</i>	44
<i>meclizine hydrochloride</i>	44
<i>medroxyprogesterone acetate</i>	56
<i>mefloquine hcl</i>	5
<i>megestrol acetate</i>	56
MEKINIST	12
MEKTOVI	12
<i>meloxicam</i>	27
<i>melphalan hydrochloride</i>	12
<i>memantine hcl titration pak</i>	32
<i>memantine hydrochloride</i>	32
MENACTRA	16
<i>menest</i>	55
MENQUADFI	16
MENVEO	16
<i>mercaptopurine</i>	12
MEROPENEM	3
<i>meropenem/sodium chloride</i>	3
<i>merzee</i>	53
<i>mesalamine</i>	44
<i>mesalamine dr</i>	44
<i>mesalamine er</i>	44
MESNEX	62
<i>metformin hydrochloride</i>	49
<i>metformin hydrochloride er</i>	49
<i>methadone hcl</i>	27
<i>methadone hydrochloride</i>	27
<i>methadone hydrochloride intensol</i>	27
METHADOSE	27

Drug Name	Page #
<i>methadose sugar-free</i>	27
<i>methazolamide</i>	43
<i>methenamine hippurate</i>	8
<i>methimazole</i>	57
<i>methitest</i>	47
<i>methocarbamol</i>	18
<i>methotrexate</i>	12
<i>methotrexate sodium</i>	12
<i>methoxsalen</i>	66
<i>methsuximide</i>	29
<i>methyl dopa</i>	24
<i>methylphenidate hydrochloride</i>	28
<i>methylphenidate hydrochloride cd</i>	28
<i>methylphenidate hydrochloride er</i>	28
<i>methylprednisolone</i>	47
<i>methylprednisolone dose pack</i>	47
<i>methylprednisolone sodium succinate</i>	47
<i>methylprednisolone sodiumsuccinate</i>	47
<i>metoclopramide hcl</i>	46
<i>metoclopramide hydrochloride</i>	46
<i>metolazone</i>	39
<i>metoprolol succinate er</i>	22
<i>metoprolol tartrate</i>	22
<i>metoprolol/hydrochlorothiazide</i>	22
<i>metronidazole</i>	5
<i>metronidazole</i>	64
<i>metronidazole vaginal</i>	64
<i>metyrosine</i>	62
<i>mexiletine hcl</i>	24
<i>mexiletine hydrochloride</i>	24
<i>mibelas 24 fe</i>	53
<i>micafungin</i>	4
<i>miconazole 3</i>	64
<i>microgestin 1.5/30</i>	53
<i>microgestin 1/20</i>	53
<i>microgestin 24 fe</i>	53
<i>microgestin fe 1.5/30</i>	53
<i>microgestin fe 1/20</i>	53
<i>midazolam hcl</i>	32
<i>midazolam hydrochloride</i>	32
<i>midodrine hcl</i>	19
<i>midodrine hydrochloride</i>	19
<i>mifepristone</i>	49
<i>mifepristone</i>	62
<i>migergot</i>	30
<i>miglitol</i>	49
<i>miglustat</i>	62
<i>mili</i>	53
<i>mimvey</i>	55

Drug Name	Page #
<i>minitran</i>	25
<i>minocycline hcl</i>	3
<i>minocycline hydrochloride</i>	3
<i>minoxidil</i>	24
MIRENA	53
<i>mirtazapine</i>	35
<i>mirtazapine odt</i>	35
<i>misoprostol</i>	45
<i>mitomycin</i>	12
<i>mitoxantrone hcl</i>	12
M-M-R II	16
<i>modafinil</i>	28
<i>moexipril hcl</i>	25
<i>molindone hydrochloride</i>	35
<i>mometasone furoate</i>	65
<i>mondoxyne nl</i>	3
<i>mono-lynyah</i>	53
<i>montelukast sodium</i>	62
<i>morgidox 1x100mg</i>	3
<i>morgidox 2x100mg</i>	3
<i>morphine sulfate</i>	27
<i>morphine sulfate er</i>	27
MOTEGRITY	45
MOUNJARO	49
MOVANTIK	45
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	3
<i>moxifloxacin hydrochloride</i>	3
<i>moxifloxacin hydrochloride</i>	41
MOZOBIL	20
MULPLETA	20
MULTAQ	24
<i>multiple electrolytes injection type 1</i>	40
<i>mupirocin</i>	64
<i>mutamycin</i>	12
MYALEPT	56
MYCAPSSA	56
<i>mycophenolate mofetil</i>	61
<i>mycophenolic acid dr</i>	61
MYFEMBREE	55
MYLOTARG	12
<i>myorisan</i>	66
MYRBETRIQ	67
<i>nabumetone</i>	27
<i>nadolol</i>	22
NAFCILLIN	3
<i>nafcillin sodium</i>	3
<i>nafrinse</i>	58
NAGLAZYME	41

Drug Name	Page #
<i>nalbuphine hcl</i>	27
<i>naloxone hcl</i>	33
<i>naloxone hydrochloride</i>	33
<i>naltrexone hcl</i>	33
<i>naltrexone hydrochloride</i>	33
<i>naproxen</i>	27
<i>naratriptan hcl</i>	30
NATACYN	41
NATAZIA	53
<i>nateglinide</i>	49
NATPARA	56
NAYZILAM	29
<i>nebivolol</i>	22
<i>nebivolol hydrochloride</i>	22
<i>necon 0.5/35-28</i>	53
<i>nefazodone hydrochloride</i>	35
<i>nelarabine</i>	13
<i>neomycin sulfate</i>	3
<i>neomycin/bacitracin/polymyxin</i>	41
<i>neomycin/polymyxin/bacitracin</i>	41
<i>neomycin/polymyxin/bacitracin zinc</i>	41
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	42
<i>neomycin/polymyxin/dexamethasone</i>	42
<i>neomycin/polymyxin/gramicidin</i>	41
<i>neomycin/polymyxin/hc</i>	42
<i>neomycin/polymyxin/hydrocortisone</i>	42
<i>neo-polycin</i>	41
<i>neo-polycin hc</i>	42
NERLYNX	13
NEULASTA	20
NEUPRO	31
<i>nevirapine</i>	7
<i>nevirapine er</i>	7
NEXPLANON	53
<i>niacin er</i>	21
<i>nicardipine hcl</i>	23
<i>nicardipine hydrochloride</i>	23
NICOTROL INHALER	17
NICOTROL NS	17
<i>nifediac cc</i>	23
<i>nifedipine er</i>	23
<i>nikki</i>	53
<i>nilutamide</i>	13
NINLARO	13
NIPENT	13
<i>nitazoxanide</i>	5
<i>nitisinone</i>	62
<i>nitrofurantoin macrocrystals</i>	8

Drug Name	Page #
<i>nitrofurantoin monohydrate</i>	8
<i>nitrofurantoin monohydrate/macrocrystals</i>	8
<i>nitroglycerin</i>	25
<i>nitroglycerin</i>	64
<i>nitroglycerin transdermal</i>	25
NITYR	62
<i>nora-be</i>	53
NORDITROPIN FLEXPEN	56
<i>norelgestromin/ethinyl estradiol</i>	53
<i>norethindrone</i>	53
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	53
<i>norethindrone acetate</i>	56
<i>norethindrone acetate/ethinyl estradiol</i>	53
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	53
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	53
<i>norgestimate/ethinyl estradiol</i>	53
<i>norlyda</i>	53
<i>norlyroc</i>	53
NORMOSOL -R	40
NORMOSOL-M/D5W	40
NORMOSOL-R	40
NORPACE CR	24
<i>nortrel 0.5/35 (28)</i>	53
<i>nortrel 1/35</i>	53
<i>nortrel 7/7/7</i>	53
<i>nortriptyline hcl</i>	35
<i>nortriptyline hydrochloride</i>	35
NORVIR	7
NOVOLIN 70/30	49
NOVOLIN 70/30 FLEXPEN	49
NOVOLIN N	49
NOVOLIN N FLEXPEN	49
NOVOLIN R	49
NOVOLIN R FLEXPEN	49
NOVOLOG	49
NOVOLOG FLEXPEN	49
NOVOLOG FLEXPEN RELION	49
NOVOLOG MIX 70/30	49
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	49
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	49
NOVOLOG MIX 70/30 RELION	49
NOVOLOG PENFILL	49
NOVOLOG RELION	49
NOXAFIL	4

Drug Name	Page #
<i>np thyroid 120</i>	57
<i>np thyroid 15</i>	57
<i>np thyroid 30</i>	57
<i>np thyroid 60</i>	57
<i>np thyroid 90</i>	57
NUBEQA	13
NUCALA	62
NUEDEXTA	32
NULOJIX	61
NUPLAZID	35
NUTRILIPID	38
NUTROPIN AQ NUSPIN 10	57
NUTROPIN AQ NUSPIN 20	57
NUTROPIN AQ NUSPIN 5	57
<i>nyamyc</i>	64
<i>nylia 1/35</i>	53
<i>nylia 7/7/7</i>	53
<i>nymyo</i>	53
<i>nystatin</i>	5
<i>nystatin</i>	64
<i>nystatin/triamcinolone</i>	65
<i>nystatin/triamcinolone acetonide</i>	65
<i>nystop</i>	64
NYVEPRIA	20
OICALIVA	45
<i>ocella</i>	53
OCREVUS	60
OCTAGAM	16
<i>octreotide acetate</i>	56
ODACTRA	15
ODEFSEY	7
ODOMZO	13
OFEV	63
<i>ofloxacin</i>	41
OGSIVEO	13
OJJAARA	13
<i>olanzapine</i>	35
<i>olanzapine odt</i>	35
<i>olanzapine/fluoxetine</i>	35
<i>olmesartan medoxomil</i>	25
<i>olmesartan</i>	23
<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	25
<i>olopatadine hcl</i>	43
<i>omega-3-acid ethyl esters</i>	21
<i>omeprazole</i>	45
<i>omeprazole dr</i>	45
OMNIPOD 5 G6 INTRO KIT (GEN 5)	37
OMNIPOD 5 G6 PODS (GEN 5)	37

Drug Name	Page #
OMNIPOD 5 G7 INTRO KIT (GEN 5)	37
OMNIPOD 5 G7 PODS (GEN 5)	37
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	37
OMNIPOD CLASSIC PODS (GEN 3)	37
OMNIPOD DASH INTRO KIT (GEN 4)	37
OMNIPOD DASH PDM KIT (GEN 4)	37
OMNIPOD DASH PODS (GEN 4)	37
OMNITROPE	57
<i>ondansetron hcl</i>	44
<i>ondansetron hydrochloride</i>	44
<i>ondansetron odt</i>	44
ONGENTYS	31
ONUREG	13
OPDIVO	13
OPFOLDA	62
<i>opium</i>	44
<i>opium tincture</i>	44
OPSUMIT	63
OPVEE	33
<i>oralone dental paste</i>	65
ORENCIA	59
ORENCIA CLICKJECT	59
ORFADIN	62
ORGOVYX	55
ORIAHNN	55
ORLISSA	55
ORKAMBI	63
ORLADEYO	58
ORLADEYO	61
ORSERDU	13
<i>orsythia</i>	53
<i>oseltamivir phosphate</i>	7
OSMOPREP	45
OTEZLA	59
OXACILLIN SODIUM	3
<i>oxaliplatin</i>	13
<i>oxandrolone</i>	47
OXBRYTA	20
<i>oxcarbazepine</i>	29
OXERVATE	43
<i>oxybutynin chloride</i>	67
<i>oxybutynin chloride er</i>	67
<i>oxycodone hcl</i>	27
OXYCODONE HCL ER	27
<i>oxycodone hydrochloride</i>	27
OXYCODONE HYDROCHLORIDE ER	27
<i>oxycodone/acetaminophen</i>	27
OXYCONTIN	27

Drug Name	Page #
OZEMPIC	49
<i>pacerone</i>	24
<i>paclitaxel</i>	13
<i>paclitaxel protein-bound particles</i>	13
<i>paliperidone er</i>	35
PALYNZIQ	41
<i>pamidronate disodium</i>	58
PANRETIN	66
<i>pantoprazole sodium</i>	45
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	62
<i>paraplatin</i>	13
<i>paricalcitol</i>	67
<i>paromomycin sulfate</i>	5
<i>paroxetine</i>	35
<i>paroxetine hcl</i>	35
<i>paroxetine hydrochloride</i>	35
PAXLOVID	7
<i>pazopanib hydrochloride</i>	13
PEDIARIX	16
PEDVAX HIB	16
<i>peg-3350/electrolytes</i>	45
<i>peg-3350/nacl/na bicarbonate/kcl</i>	45
PEGASYS	7
PEMAZYRE	13
<i>pemetrexed</i>	13
<i>pemetrexed disodium</i>	13
PENBRAYA	17
<i>penciclovir</i>	64
<i>penicillamine</i>	46
<i>penicillin g potassium</i>	3
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3
<i>penicillin g sodium</i>	3
<i>penicillin v potassium</i>	3
PENTACEL	17
PENTAM 300	5
<i>pentamidine isethionate</i>	5
PENTASA	44
<i>pentoxifylline er</i>	21
<i>perindopril erbumine</i>	25
PERIOGARD	41
PERJETA	13
<i>permethrin</i>	64
<i>perphenazine</i>	35
<i>perphenazine/amitriptyline</i>	35
<i>phenazopyridine hydrochloride</i>	66
<i>phenelzine sulfate</i>	35
<i>phenobarbital</i>	32

Drug Name	Page #
<i>phenytek</i>	29
<i>phenytoin</i>	29
<i>phenytoin infatabs</i>	29
<i>phenytoin sodium</i>	29
<i>phenytoin sodium extended</i>	29
<i>philith</i>	53
PIFELTRO	7
<i>pilocarpine hcl</i>	43
<i>pilocarpine hydrochloride</i>	18
<i>pimozide</i>	35
<i>pimtree</i>	53
<i>pindolol</i>	22
<i>pioglitazone hcl</i>	49
<i>pioglitazone hcl/metformin hcl</i>	49
<i>pioglitazone hydrochloride</i>	49
<i>piperacillin sodium/tazobactam sodium</i>	3
PIQRAY 200MG DAILY DOSE	13
PIQRAY 250MG DAILY DOSE	13
PIQRAY 300MG DAILY DOSE	13
<i>pirfenidone</i>	63
<i>pirmella 1/35</i>	53
<i>pirmella 7/7/7</i>	53
<i>piroxicam</i>	27
PLASMA-LYTE A	40
PLASMA-LYTE-148	40
PLEGRIDY	7
PLEGRIDY	60
PLEGRIDY STARTER PACK	7
<i>plenamine</i>	38
<i>plerixafor</i>	20
<i>pnv prenatal plus multivitamin + dha</i>	67
<i>podofilox</i>	66
<i>polycin</i>	41
<i>polymyxin b sulfate/trimethoprim sulfate</i>	41
POMALYST	13
<i>portia-28</i>	53
<i>posaconazole</i>	5
<i>posaconazole dr</i>	5
<i>potassium chloride</i>	40
<i>potassium chloride cr</i>	40
<i>potassium chloride er</i>	40
<i>potassium chloride sr</i>	40
<i>potassium chloride/dextrose</i>	40
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	40
<i>potassium chloride/dextrose/sodium chloride</i>	40
<i>potassium chloride/sodium chloride</i>	40

Drug Name	Page #
<i>potassium citrate er</i>	37
PRALUENT	21
<i>pramipexole dihydrochloride</i>	31
<i>prasugrel</i>	20
<i>pravastatin sodium</i>	21
<i>praziquantel</i>	1
<i>prazosin hydrochloride</i>	21
PRED MILD	42
<i>prednicarbate</i>	65
<i>prednisolone</i>	47
PREDNISOLONE ACETATE	42
<i>prednisolone sodium phosphate</i>	42
<i>prednisolone sodium phosphate</i>	47
<i>prednisone</i>	47
<i>prefest</i>	55
<i>pregabalin</i>	29
PREHEVBRIO	17
PREMARIN	55
<i>premasol</i>	38
<i>premium lidocaine</i>	66
<i>prenatal</i>	67
PRETOMANID	5
<i>prevalite</i>	21
<i>prevident 5000 dry mouth</i>	58
<i>prevident fluoride</i>	58
<i>previfem</i>	53
PREVYMIS	7
PREZCOBIX	7
PREZISTA	7
PRIFTIN	5
<i>primaquine phosphate</i>	5
<i>primidone</i>	29
PRIORIX	17
PRIVIGEN	16
<i>probenecid</i>	41
<i>probenecid/colchicine</i>	41
<i>procainamide hcl</i>	24
<i>procainamide hydrochloride</i>	24
PROCALAMINE	38
<i>prochlorperazine</i>	35
<i>prochlorperazine edisylate</i>	35
<i>prochlorperazine maleate</i>	35
PROCRIT	20
<i>procto-med hc</i>	65
<i>procto-pak</i>	65
<i>proctosol hc</i>	65
<i>proctozone-hc</i>	65
<i>progesterone</i>	56
PROGLYCEM	50

Drug Name	Page #
PROGRAF	61
PROLASTIN-C	63
PROLEUKIN	13
PROLIA	58
PROMACTA	20
<i>promethazine hcl</i>	9
<i>promethazine hydrochloride</i>	9
<i>promethazine hydrochloride plain</i>	9
<i>promethazine vc</i>	9
<i>promethazine/codeine</i>	63
<i>promethazine/phenylephrine</i>	9
<i>propafenone hcl</i>	24
<i>propafenone hydrochloride</i>	24
<i>proparacaine hcl</i>	43
<i>propranolol hcl</i>	22
<i>propranolol hcl er</i>	22
<i>propranolol hydrochloride</i>	22
<i>propranolol hydrochloride er</i>	22
<i>propylthiouracil</i>	57
PROQUAD	17
PROSOL	38
<i>protriptyline hcl</i>	35
PULMOZYME	63
PURIXAN	13
<i>pyrazinamide</i>	5
<i>pyridostigmine bromide</i>	18
<i>pyridostigmine bromide er</i>	18
<i>pyrimethamine</i>	6
PYRUKYND	20
PYRUKYND TAPER PACK	20
QBREXZA	66
QINLOCK	13
QTERN	49
QUADRACEL	16
<i>quetiapine fumarate</i>	35
<i>quetiapine fumarate er</i>	35
<i>quinapril hydrochloride</i>	25
<i>quinapril/hydrochlorothiazide</i>	25
<i>quinidine gluconate cr</i>	24
<i>quinidine gluconate er</i>	24
<i>quinidine sulfate</i>	24
<i>quinine sulfate</i>	6
QVAR REDIHALER	47
RABAVERT	17
<i>rabeprazole sodium</i>	45
RADICAVA	32
RADICAVA ORS	32
RADICAVA ORS STARTER KIT	32
RAGWITEK	15

Drug Name	Page #
<i>raloxifene hydrochloride</i>	55
<i>ramelteon</i>	32
<i>ramipril</i>	25
<i>ranolazine er</i>	24
<i>rasagiline mesylate</i>	31
RAVICTI	37
REBIF	60
REBIF REBIDOSE	60
REBIF REBIDOSE TITRATION PACK	60
REBIF TITRATION PACK	60
<i>reclipsen</i>	54
RECOMBIVAX HB	17
RECTIV	66
<i>regonol</i>	18
REGRANEX	66
RELENZA DISKHALER	7
RELISTOR	45
RELYVRIO	32
RENFLEXIS	59
<i>repaglinide</i>	49
REPATHA	21
REPATHA PUSHTRONEX SYSTEM	21
REPATHA SURECLICK	21
RETACRIT	20
RETEVMO	13
RETROVIR IV INFUSION	7
REVCovi	41
REXULTI	35
REYATAZ	8
REYVOW	30
REZLIDHIA	13
REZUROCK	62
RHOPRESSA	43
RIABNI	13
<i>ribavirin</i>	8
RIDAURA	46
<i>rifabutin</i>	5
<i>rifampin</i>	5
<i>riluzole</i>	32
<i>rimantadine hydrochloride</i>	8
<i>ringers injection</i>	40
<i>ringers irrigation</i>	39
RINVOQ	59
<i>risedronate sodium</i>	58
<i>risperidone</i>	35
<i>risperidone er</i>	35
<i>risperidone odt</i>	35
<i>ritonavir</i>	8
RITUXAN	13

Drug Name	Page #
<i>rivastigmine tartrate</i>	18
<i>rivastigmine transdermal system</i>	18
<i>rivelsa</i>	54
<i>rizatriptan benzoate</i>	30
<i>rizatriptan benzoate odt</i>	30
ROCKLATAN	43
<i>roflumilast</i>	63
ROLVEDON	20
<i>romidepsin</i>	13
<i>ropinirole hcl</i>	31
<i>ropinirole hydrochloride</i>	31
<i>rosadan</i>	64
<i>rosuvastatin calcium</i>	21
ROTARIX	17
ROTATEQ	17
ROWEEPRA	29
ROZLYTREK	13
RUBRACA	13
<i>rufinamide</i>	29
RUKOBIA	8
RUXIENCE	13
RYDAPT	13
SAIZEN	57
SAIZENPREP RECONSTITUTIONKIT	57
<i>sajazir</i>	59
SANDOSTATIN LAR DEPOT	56
SANTYL	67
SAPHNELO	61
<i>sapropterin dihydrochloride</i>	62
SAVELLA	32
SAVELLA TITRATION PACK	32
<i>saxagliptin hydrochloride</i>	49
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	49
SCEMBLIX	13
<i>scopolamine</i>	44
SECUADO	35
<i>selegiline hcl</i>	31
<i>selegiline hydrochloride</i>	31
<i>selenium sulfide</i>	64
SELZENTRY	8
SEREVENT DISKUS	19
<i>sertraline hcl</i>	35
<i>sertraline hydrochloride</i>	35
<i>setlakin</i>	54
<i>sevelamer carbonate</i>	39
<i>sevelamer hydrochloride</i>	39
<i>sf</i>	58
<i>sf 5000 plus</i>	58

Drug Name	Page #
<i>sharobel</i>	54
SHINGRIX	17
SIGNIFOR	56
SIKLOS	13
<i>sildenafil</i>	25
<i>sildenafil citrate</i>	25
<i>silver sulfadiazine</i>	64
<i>simliya</i>	54
<i>simpesse</i>	54
SIMPONI	60
SIMPONI ARIA	59
SIMULECT	61
<i>simvastatin</i>	21
<i>sirolimus</i>	61
SIRTURO	5
SIVEXTRO	3
SKYCLARYS	62
SKYLA	54
SKYRIZI	46
SKYRIZI	67
SKYRIZI PEN	67
<i>sodium bicarbonate</i>	37
<i>sodium chloride</i>	40
<i>sodium chloride 0.45%</i>	40
<i>sodium chloride 0.9%</i>	39
SODIUM FLUORIDE	58
<i>sodium fluoride 1.1</i>	58
<i>sodium fluoride 5000 plus</i>	58
<i>sodium fluoride 5000 ppm</i>	58
<i>sodium fluoride 5000 ppm dry mouth</i>	58
<i>sodium oxybate</i>	32
<i>sodium phenylbutyrate</i>	37
<i>sodium polystyrene sulfonate</i>	39
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	45
SOFOSBUVIR/VELPATASVIR	8
SOHONOS	62
<i>solifenacin succinate</i>	67
SOLTAMOX	55
SOLU-CORTEF	47
SOLU-MEDROL	47
SOMATULINE DEPOT	56
SOMAVERT	57
<i>sorafenib</i>	13
<i>sorafenib tosylate</i>	14
<i>sorine</i>	22
<i>sotalol hcl</i>	22
<i>sotalol hcl (af)</i>	22
<i>sotalol hcl af</i>	22

Drug Name	Page #
<i>sotalol hydrochloride</i>	22
<i>sotalol hydrochloride (af)</i>	22
<i>sotalol hydrochloride af</i>	22
SOTYLIZE	22
SPIRIVA RESPIMAT	17
<i>spironolactone</i>	25
<i>spironolactone/hydrochlorothiazide</i>	25
SPRAVATO 56MG DOSE	35
SPRAVATO 84MG DOSE	35
<i>sprintec 28</i>	54
SPRITAM	29
SPRYCEL	14
<i>sps</i>	39
<i>sronyx</i>	54
<i>ssd</i>	64
STAMARIL	17
<i>stavudine</i>	8
STELARA	46
STELARA	67
<i>sterile water for irrigation</i>	39
STIMUFEND	20
STIOLTO RESPIMAT	17
STIVARGA	14
STRENSIQ	41
<i>streptomycin sulfate</i>	3
STRIBILD	8
<i>subvenite</i>	29
<i>subvenite starter kit/blue</i>	29
<i>subvenite starter kit/green</i>	29
<i>subvenite starter kit/orange</i>	29
SUCRAID	41
<i>sucralfate</i>	45
<i>sulfacetamide sodium</i>	41
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	42
<i>sulfadiazine</i>	3
<i>sulfamethoxazole/trimethoprim</i>	3
<i>sulfamethoxazole/trimethoprim ds</i>	3
<i>sulfasalazine</i>	3
<i>sulindac</i>	27
<i>sumatriptan</i>	30
<i>sumatriptan succinate</i>	30
<i>sumatriptan succinate refill</i>	30
<i>sunitinib malate</i>	14
SUNLENCA	8
<i>suprax</i>	3
<i>syeda</i>	54
SYMDEKO	63
SYMLINPEN 120	49

Drug Name	Page #
SYMLINPEN 60	49
SYMPAZAN	30
SYMPROIC	46
SYMTUZA	8
SYNAGIS	8
SYNAREL	56
SYNERCID	3
SYNJARDY	49
SYNJARDY XR	50
SYNRIBO	14
SYNTHROID	57
TABLOID	14
TABRECTA	14
<i>tacrolimus</i>	61
<i>tacrolimus</i>	67
<i>tadalafil</i>	25
TADLIQ	25
TAFINLAR	14
TAGRISSE	14
TAKHZYRO	59
TAKHZYRO	61
TALTZ	67
TALZENNA	14
<i>tamoxifen citrate</i>	55
<i>tamsulosin hydrochloride</i>	18
<i>tarina 24 fe</i>	54
<i>tarina fe 1/20</i>	54
<i>tarina fe 1/20 eq</i>	54
TARPEYO	47
TASIGNA	14
<i>tasimelteon</i>	32
TAVALISSE	20
TAVNEOS	61
<i>taysofy</i>	54
<i>tazarotene</i>	67
<i>tazicef</i>	3
<i>taztia xt</i>	23
TAZVERIK	14
TDVAX	16
TECENTRIQ	14
TEFLARO	3
TEGSEDI	58
<i>telmisartan</i>	25
<i>telmisartan/amlodipine</i>	23
<i>telmisartan/hydrochlorothiazide</i>	25
<i>temazepam</i>	32
<i>temixys</i>	8
<i>temsirolimus</i>	14
<i>tencon</i>	27

Drug Name	Page #
TENIVAC	16
<i>tenofovir disoproxil fumarate</i>	8
TEPMETKO	14
<i>terazosin hcl</i>	21
<i>terazosin hydrochloride</i>	21
<i>terbinafine hcl</i>	5
<i>terbinafine hydrochloride</i>	5
<i>terbutaline sulfate</i>	19
<i>terconazole</i>	64
<i>teriflunomide</i>	60
TERIPARATIDE	56
<i>testosterone</i>	47
<i>testosterone cypionate</i>	47
<i>testosterone enanthate</i>	47
<i>testosterone pump</i>	47
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	16
<i>tetrabenazine</i>	36
<i>tetracycline hydrochloride</i>	4
THALOMID	60
<i>theo-24</i>	67
<i>theophylline</i>	67
<i>theophylline er</i>	67
<i>thioridazine hcl</i>	35
<i>thiotepa</i>	14
<i>thiothixene</i>	35
THYMOGLOBULIN	61
<i>tiadylt er</i>	23
<i>tiagabine hydrochloride</i>	30
TIBSOVO	14
TICOVAC	17
<i>tigecycline</i>	4
<i>tilia fe</i>	54
<i>timolol maleate</i>	22
<i>timolol maleate</i>	43
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	43
<i>tinidazole</i>	6
<i>tiotropium bromide</i>	17
TIROSINT-SOL	57
<i>tis-u-sol</i>	39
TIVICAY	8
TIVICAY PD	8
<i>tizanidine hcl</i>	18
<i>tizanidine hydrochloride</i>	18
TOBRADEX	42
TOBRADEX ST	42
<i>tobramycin</i>	4
<i>tobramycin</i>	42

Drug Name	Page #
<i>tobramycin sulfate</i>	4
<i>tobramycin sulfate</i>	41
<i>tobramycin/dexamethasone</i>	42
<i>tolterodine tartrate</i>	67
<i>tolterodine tartrate er</i>	67
<i>topiramate</i>	30
<i>toposar</i>	14
<i>topotecan hcl</i>	14
<i>toremifene citrate</i>	55
<i>torseamide</i>	39
TOUJEO MAX SOLOSTAR	50
TOUJEO SOLOSTAR	50
<i>tovet</i>	65
TPN ELECTROLYTES	41
TRACLEER	63
<i>tramadol hydrochloride</i>	27
<i>tramadol hydrochloride/acetaminophen</i>	27
<i>trandolapril</i>	25
<i>tranexamic acid</i>	19
<i>tranylcypromine sulfate</i>	50
TRAVASOL	38
<i>travoprost</i>	43
<i>trazodone hydrochloride</i>	35
TRECTOR	5
TRELEGY ELLIPTA	47
TRELSTAR MIXJECT	56
<i>treprostinil</i>	63
<i>tretinoin</i>	14
<i>tretinoin</i>	66
<i>trexall</i>	14
<i>tri femynor</i>	54
<i>triamcinolone acetonide</i>	47
<i>triamcinolone acetonide</i>	65
<i>triamcinolone acetonide dental paste</i>	65
<i>triamterene</i>	39
<i>triamterene/hydrochlorothiazide</i>	39
<i>triderm</i>	65
<i>trientine hydrochloride</i>	46
<i>tri-estarylla</i>	54
<i>trifluoperazine hcl</i>	36
<i>trifluoperazine hydrochloride</i>	36
<i>trifluridine</i>	42
<i>trihexyphenidyl hcl</i>	31
<i>trihexyphenidyl hydrochloride</i>	31
TRIJARDY XR	50
TRIKAFTA	63
<i>tri-legest fe</i>	54
<i>tri-linyah</i>	54
<i>tri-lo-estarylla</i>	54

Drug Name	Page #
<i>tri-lo-marzia</i>	54
<i>tri-lo-mili</i>	54
<i>tri-lo-sprintec</i>	54
<i>trimethoprim</i>	8
<i>trimethoprim sulfate/polymyxin b sulfate</i>	42
<i>tri-mili</i>	54
<i>trimipramine maleate</i>	36
TRINTELLIX	36
<i>tri-nymyo</i>	54
<i>tri-previfem</i>	54
<i>tri-sprintec</i>	54
TRIUMEQ	8
TRIUMEQ PD	8
<i>trivora-28</i>	54
<i>tri-vylibra</i>	54
<i>tri-vylibra lo</i>	54
TRIZIVIR	8
TROPHAMINE	38
<i>tropium chloride</i>	67
<i>tropium chloride er</i>	67
TRULICITY	50
TRUMENBA	17
TRUQAP	14
TRUSELTIQ	14
TRUXIMA	14
TUKYSA	14
<i>tulana</i>	54
TURALIO	14
<i>turqoz</i>	54
TWINRIX	17
<i>tyblume</i>	54
TYBOST	62
<i>tydemy</i>	54
TYKERB	14
TYMLOS	56
TYPHIM VI	17
TYSABRI	60
UBRELVY	30
UDENYCA	21
UDENYCA	21
UDENYCA ONBODY	21
<i>unithroid</i>	57
<i>ursodiol</i>	45
UZEDY	36
<i>valacyclovir hydrochloride</i>	8
VALCHLOR	67
<i>valganciclovir</i>	8
<i>valganciclovir hydrochloride</i>	8
<i>valproate sodium</i>	30

Drug Name	Page #
<i>valproic acid</i>	30
<i>valsartan</i>	25
<i>valsartan/hydrochlorothiazide</i>	25
VALTOCO 10 MG DOSE	30
VALTOCO 15 MG DOSE	30
VALTOCO 20 MG DOSE	30
VALTOCO 5 MG DOSE	30
VANCOMYCIN	4
VANCOMYCIN HCL	4
<i>vancomycin hydrochloride</i>	4
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	4
<i>vandazole</i>	64
VANFLYTA	14
VAQTA	17
<i>varenicline starting month box</i>	17
<i>varenicline tartrate</i>	17
VARIVAX	17
VARIZIG	16
VECTIBIX	14
<i>velivet</i>	54
VELPHORO	39
VELTASSA	39
VENCLEXTA	14
VENCLEXTA STARTING PACK	14
VENLAFAXINE BESYLATE ER	36
<i>venlafaxine hcl</i>	36
<i>venlafaxine hydrochloride</i>	36
<i>venlafaxine hydrochloride er</i>	36
VENTAVIS	63
VEOZAH	32
<i>verapamil hcl</i>	23
<i>verapamil hcl er</i>	23
<i>verapamil hcl sr</i>	23
<i>verapamil hydrochloride</i>	23
<i>verapamil hydrochloride er</i>	23
VEREGEN	67
VERKAZIA	42
VERQUVO	25
VERSACLOZ	36
VERZENIO	14
VESICARE LS	67
<i>vestura</i>	54
VIBERZI	46
VICTOZA	50
<i>vienna</i>	54
<i>vigabatrin</i>	30
<i>vigadrone</i>	30
<i>vigpoder</i>	30

Drug Name	Page #
VIIBRYD STARTER PACK	36
VIJOICE	62
<i>vilazodone hydrochloride</i>	36
<i>vinblastine sulfate</i>	14
<i>vincasar pfs</i>	14
<i>vincristine sulfate</i>	14
<i>vinorelbine tartrate</i>	14
<i>viorele</i>	54
VIRACEPT	8
VIREAD	8
VITRAKVI	14
VIZIMPRO	14
<i>volnea</i>	54
VONJO	15
<i>voriconazole</i>	5
VOSEVI	8
VOWST	62
VOXZOGO	62
VPRIV	41
VRAYLAR	36
VUITY	43
<i>vyfemla</i>	54
<i>vylibra</i>	54
VYNDAMAX	24
VYNDAQEL	24
VYXEOS	15
WAKIX	28
<i>warfarin sodium</i>	20
WELIREG	15
<i>wera</i>	54
<i>wixela inhub</i>	19
<i>wymzya fe</i>	54
XALKORI	15
XARELTO	20
XARELTO STARTER PACK	20
XATMEP	15
XCOPRI	30
XDEMVY	42
XELJANZ	60
XELJANZ XR	60
XENLETA	4
XEOMIN	62
XERMELO	44
XGEVA	58
XIFAXAN	4
XIGDUO XR	50
XOLAIR	63
XOSPATA	15
XPOVIO 100 MG ONCE WEEKLY	15

Drug Name	Page #
XPOVIO 40 MG ONCE WEEKLY	15
XPOVIO 40 MG TWICE WEEKLY	15
XPOVIO 60 MG ONCE WEEKLY	15
XPOVIO 60 MG TWICE WEEKLY	15
XPOVIO 80 MG ONCE WEEKLY	15
XPOVIO 80 MG TWICE WEEKLY	15
XTANDI	15
<i>xulane</i>	54
XURIDEN	62
XYREM	32
XYWAV	32
<i>yargesa</i>	62
YERVOY	15
YF-VAX	17
YONDELIS	15
YONSA	15
YUFLYMA 1-PEN KIT	60
YUFLYMA 2-PEN KIT	60
YUFLYMA 2-SYRINGE KIT	60
YUFLYMA CD/UC/HS STARTER	60
<i>yuvafem</i>	55
<i>zafemy</i>	54
<i>zafirlukast</i>	63
<i>zaleplon</i>	32
ZALTRAP	15
ZANOSAR	15
<i>zarah</i>	55
ZARXIO	21
ZEGALOGUE	50
ZEJULA	15
ZELBORAF	15
ZEMAIRA	63
<i>zenatane</i>	67
ZENPEP	45
ZERBAXA	4
<i>zidovudine</i>	8
ZIEXTENZO	21
ZIMHI	33
ZINPLAVA	16
<i>ziprasidone hcl</i>	36
<i>ziprasidone hydrochloride</i>	36
<i>ziprasidone mesylate</i>	36
ZIRGAN	42
ZOKINVY	62
<i>zoledronic acid</i>	58
ZOLINZA	15
<i>zolmitriptan</i>	30
<i>zolmitriptan odt</i>	30
<i>zolpidem tartrate</i>	32

Drug Name	Page #
ZONISADE	30
<i>zonisamide</i>	30
ZORBTIVE	57
ZOSYN	4
<i>zovia 1/35</i>	55
<i>zovia 1/35e</i>	55
ZTALMY	30
<i>zumandimine</i>	55
ZURZUVAE	36
ZYDELIG	15
ZYKADIA	15
ZYPREXA RELPREVV	36