

More choice, better care. **That's our Advantage.**

2024

Drug List (Formulary)

CareOregon Advantage **Plus**
(HMO-POS D-SNP)

For Oregon counties: Clackamas, Columbia, Jackson,
Multnomah, Tillamook and Washington

H5859_CO2024_CFO_C

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 24549, Version 13

This formulary was updated April 2024. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call TTY 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30, or visit careoregonadvantage.org/druglist.



CareOregon Advantage Plus (HMO-POS D-SNP)

2024 Formulary (List of Covered Drugs)

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means CareOregon Advantage. When it refers to “plan” or “our plan,” it means CareOregon Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of April 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the CareOregon Advantage Plus Formulary?

A formulary is a list of covered drugs selected by CareOregon Advantage Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CareOregon Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage Plus network pharmacy, and other plan rules are followed. For more

information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information

on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also

find information in the section below entitled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of April 2024. To get updated information about the drugs covered by CareOregon Advantage Plus please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first day of each month throughout the plan year.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

1. Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 152. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CareOregon Advantage Plus covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareOregon Advantage Plus before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that we will cover. For example, we provide 9 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareOregon Advantage Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CareOregon Advantage Plus formulary?” on page vii. for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that CareOregon Advantage Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CareOregon Advantage Plus.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CareOregon Advantage Plus Formulary?

You can ask CareOregon Advantage Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 90-day supply (or a 31-day supply if you reside in a long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 90-day supply of medication (or a 31-day supply if you reside in a long-term care facility). After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you transition from one level of care to another (for example, if you are discharged from a hospital or change hospice status) we will cover a temporary 30-day supply of that drug while you pursue a formulary exception.

For more information

For more detailed information about your CareOregon Advantage Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareOregon Advantage Plus, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 800-MEDICARE (800-633-4227) 24 hours a day/7 days a week. TTY users should call 877-486-2048. Or, visit ***www.medicare.gov***.

CareOregon Advantage Plus Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CareOregon Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 152.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., OZEMPIC) and generic drugs are listed in lower-case italics (e.g., *etodolac*).

The information in the Requirements/Limits column tells you if CareOregon Advantage has any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 503-416-4279 or toll-free, 888-712-3258 or, for TTY/TDD users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

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

QL: Quantity Limit. The drug has a maximum quantity limit for each prescription.

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

Discrimination is Against the Law

CareOregon Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareOregon Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareOregon Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CareOregon Advantage Customer Service.

If you believe that CareOregon Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Coordinator

315 SW Fifth Ave Portland, OR 97204

Toll-free: 888-712-3258

Fax: 503-416-1313 TTY 711

Email: ***customerservice@careoregon.org***

You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Customer Service is available to help you.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at ***hhs.gov/ocr/office/file/index.html***

CareOregon Advantage Plus is an HMO-POS SNP with a Medicare/Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal. “More choice, better care” refers to our larger pharmacy and provider networks in 2024 as compared to plan year 2023. The pharmacy network may change at any time. You will receive notice when necessary.

COA-23592787-0927-EN-LP

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	

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
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	
CEFAZOLIN INJ 3GM		
<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	

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>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<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/60ml, 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

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
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	

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>gentamicin sulfate inj 40mg/ml</i>	1	
<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	

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>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	

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
TEFLARO	4	
<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	

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
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	
<i>Antifungals</i>		
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	

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>ketoconazole tabs 200mg</i>	1	
<i>micafungin</i>	4	
NOXAFIL INJ	3	PA MO
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
<i>Antimycobacterials</i>		
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	

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
SIRTURO	4	PA
TRECTOR	3	
<i>Antiprotozoals</i>		
<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	
<i>pyrimethamine tabs</i>	4	

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>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
BARACLUDGE 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	

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
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

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>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
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)

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Drug Name	Drug Tier	Requirements/Limits
<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

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
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	
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

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
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

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
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride inj, syrp, 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

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
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

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
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
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

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
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

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Drug Name	Drug Tier	Requirements/Limits
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
<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

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
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

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>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

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
JYLAMVO	3	B/D
<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

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
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

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
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
<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

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
ODOMZO	4	QL (1 EA per 1 days) PA
OGSIVEO	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

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
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

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
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
<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

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Drug Name	Drug Tier	Requirements/Limits
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

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Drug Name	Drug Tier	Requirements/Limits
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

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
VITRAKVI CAPS 25MG	4	QL (6 EA per 1 days) PA
VIZIMPRO	4	QL (1 EA per 1 days) PA
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

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
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

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
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
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN	4	PA
VARIZIG INJ 125UNIT/1.2ML	4	PA
ZINPLAVA	4	PA
<i>Toxoids</i>		
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	
<i>Vaccines</i>		
ABRYSVO	2	
ACTHIB	2	
AREXVY	2	PA
BCG VACCINE INJ 50MG	2	
BEXSERO	2	PA

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Drug Name	Drug Tier	Requirements/Limits
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	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
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

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
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

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>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

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Drug Name	Drug Tier	Requirements/Limits
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
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	

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
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		
<i>Antihemorrhagic Agents</i>		
<i>tranexamic acid</i>	1	
<i>Antithrombotic Agents</i>		
<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

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
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	
<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

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
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

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
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
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

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
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
UDENYCA INJ 6MG/0.6ML	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
<i>Hemorrhologic Agents</i>		
<i>pentoxifylline er</i>	1	MO
Blood Formation,Coagulation + Thrombosis Agents		
<i>Hematopoietic Agents</i>		
UDENYCA ONBODY	4	PA
Blood Formation,Coagulation + Thrombosis		
<i>plerixafor</i>	4	PA
UDENYCA INJ 6MG/0.6ML	4	PA
Cardiovascular Drugs		
<i>alpha-Adrenergic Blocking Agents</i>		
<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

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>Antilipemic Agents</i>		
<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

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>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
<i>beta-Adrenergic Blocking Agents</i>		
<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

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>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

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
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
<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

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>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>tiadyt er</i>	1	MO
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er tbc 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

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>verapamil hydrochloride er tbc</i> <i>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,</i> <i>900mg/18ml</i>	1	
<i>amiodarone hcl tabs 400mg</i>	1	MO
<i>amiodarone hydrochloride tabs</i>	1	MO
<i>amiodarone hydrochloride inj</i> <i>150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
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,</i> <i>5%; 8mg/ml</i>	1	

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>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 hcl ptwk</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	

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>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

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>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO
<i>losartan</i>	1	MO
<i>potassium/hydrochlorothiazide</i>		
<i>losartan potassium tabs</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>olmesartan</i>	1	QL (1 EA per 1 days)
<i>medoxomil/hydrochlorothiazide</i>		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
<i>Vasodilating Agents</i>		
<i>alyq</i>	1	QL (2 EA per 1 days)
		PA MO
<i>dipyridamole tabs</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>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		
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine phosphate tabs</i>	1	QL (13 EA per 1 days)

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>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)
<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

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>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

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>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	
<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

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>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 oral soln, 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>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)

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
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)
<i>Anorexigenic Agents and Respiratory and CNS Stimulants</i>		
<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
<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

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>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</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
<i>Anticonvulsants</i>		
APTIOM TABS 200MG, 400MG, 800MG	4	QL (1 EA per 1 days) 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.

Drug Name	Drug Tier	Requirements/Limits
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

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
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

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>levetiracetam/sodium chloride inj</i> <i>1000mg/100ml; 750mg/100ml,</i> <i>1500mg/100ml; 540mg/100ml,</i> <i>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,</i> <i>2gm/50ml, 40gm/1000ml, 4gm/100ml,</i> <i>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

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
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)
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 csp, 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)

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>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
<i>Antimanic Agents</i>		
LITHIUM	2	PA
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate caps, tabs</i>	1	MO
<i>Antimigraine Agents</i>		
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

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
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)
<i>Antiparkinsonian Agents</i>		

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>amantadine hcl caps, soln, tabs</i>	1	MO
<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

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>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
<i>hydroxyzine pamoate caps 100mg</i>	1	

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>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

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Drug Name	Drug Tier	Requirements/Limits
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>Fibromyalgia Agents</i>		
SAVELLA	2	QL (2 EA per 1 days) PA MO
SAVELLA TITRATION PACK	2	QL (55 EA per 180 days) PA
<i>Opiate Antagonists</i>		
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	
<i>Psychotherapeutic Agents</i>		
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)

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Drug Name	Drug Tier	Requirements/Limits
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

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Drug Name	Drug Tier	Requirements/Limits
<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>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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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

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
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

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>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

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>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	MO
<i>trazodone hydrochloride</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride er tb24</i> 225mg	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

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
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)
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

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
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		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	1	
<i>sodium bicarbonate inj 4.2%, 7.5%, 8.4%</i>	1	
<i>Ammonia Detoxicants</i>		
<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

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Drug Name	Drug Tier	Requirements/Limits
RAVICTI	4	PA MO
<i>sodium phenylbutyrate powd, tabs</i>	4	PA MO
<i>Caloric Agents</i>		
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; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 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

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
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
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

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Drug Name	Drug Tier	Requirements/Limits
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

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Drug Name	Drug Tier	Requirements/Limits
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
<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

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
JYNARQUE TBPK 0, 15MG	4	QL (2 EA per 1 days) PA MO
<i>metolazone</i>	1	MO
<i>torseamide 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
<i>Ion-removing Agents</i>		
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 sps</i>	1	
VELPHORO	4	ST MO
VELTASSA	3	QL (1 EA per 1 days) PA
<i>Irrigating Solutions</i>		
<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	
<i>Replacement Preparations</i>		

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>calcium acetate caps</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 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%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<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	

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>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

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE/DEXTROSE/LACTATE D 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	
TPN ELECTROLYTES	3	
Uricosuric Agents		
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tabs</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
Enzymes		
<i>Enzymes</i>		
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		
<i>Anti-infectives</i>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
XDEMVIY	4	QL (10 ML per 30 days) PA
ZIRGAN	3	
<i>Anti-inflammatory Agents</i>		
<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	

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>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
<i>Antiallergic Agents</i>		
<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	
<i>epinastine hcl</i>	1	
<i>Antiglaucoma Agents</i>		
<i>acetazolamide er</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>EENT Drugs, Miscellaneous</i>		
<i>acetic acid</i>	1	
<i>apraclonidine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>Local Anesthetics</i>		
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>proparacaine hcl soln</i>	1	
<i>Mydriatics</i>		
ATROPINE SULFATE SOLN 1%	1	MO
<i>cyclopentolate hcl soln 1%</i>	1	
Eye, Ear, Nose + Throat Preparations		
<i>Antiallergic Agents</i>		
<i>olopatadine hcl</i>	1	
Gastrointestinal Drugs		
<i>Anti-inflammatory Agents</i>		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA MO
<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	

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Drug Name	Drug Tier	Requirements/Limits
PENTASA	3	MO
<i>Antidiarrhea Agents</i>		
<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
<i>Antiemetics</i>		
<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

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>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
<i>Antiulcer Agents and Acid Suppressants</i>		
<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
<i>misoprostol tabs</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>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

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
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

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
MOVANTIK	3	QL (1 EA per 1 days) PA MO
OICALIVA	4	QL (1 EA per 1 days) PA MO
RELISTOR INJ	4	PA
RELISTOR TABS	4	QL (3 EA per 1 days) PA
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
<i>Prokinetic Agents</i>		
<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		

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
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
ARNUIITY ELLIPTA	2	QL (30 EA per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>breynga</i>	1	QL (20.4 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) ST 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>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	
<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	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

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>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

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>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
<i>Antidiabetic Agents</i>		
<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
<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

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
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

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>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

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
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
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
KORLYM	4	PA 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

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Drug Name	Drug Tier	Requirements/Limits
<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

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Drug Name	Drug Tier	Requirements/Limits
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

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60	3	MO
SYNJARDY	2	QL (2 EA per 1 days) MO
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
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>Contraceptives</i>		
<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

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>aurovela 1/20</i>	1	MO
<i>aurovela 24 fe</i>	1	MO
<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

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>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
<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

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>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

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>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
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutra</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

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>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

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>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
<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

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>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

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>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<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>yuvafem</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

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Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	4	PA
ORIAHNN	4	QL (2 EA per 1 days) PA
ORILISSA TABS 150MG	4	QL (1 EA per 1 days) PA
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
<i>Leptins</i>		
MYALEPT	4	PA MO
<i>Parathyroid and Antiparathyroid Agents</i>		
<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

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS	4	QL (1.56 ML per 30 days) PA MO
<i>Pituitary</i>		
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
<i>Progestins</i>		
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
<i>Somatostatin Agonists and Antagonists</i>		
<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

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
SOMATULINE DEPOT	4	PA
<i>Somatotropin Agonists and Antagonists</i>		
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
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
<i>Thyroid and Antithyroid Agents</i>		
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

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Drug Name	Drug Tier	Requirements/Limits
<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		
<i>Local Anesthetics</i>		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
Miscellaneous Therapeutic Agents		
<i>5-alpha-Reductase Inhibitors</i>		
<i>dutasteride caps</i>	1	MO
<i>finasteride tabs</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>Alcohol Deterrents</i>		
<i>disulfiram tabs 250mg</i>	1	MO
<i>Antidotes</i>		
<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
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	MO
<i>colchicine tabs</i>	1	
<i>febuxostat</i>	1	QL (1 EA per 1 days) MO
<i>Antisense Oligonucleotides</i>		
EXONDYS 51	4	PA
TEGSEDI	4	QL (6 ML per 28 days) PA MO
<i>Bone Anabolic Agents</i>		
EVENITY	4	QL (2.34 ML per 28 days) PA
<i>Bone Resorption Inhibitors</i>		
<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

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>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
<i>Carbonic Anhydrase Inhibitors</i>		
<i>dichlorphenamide</i>	4	QL (4 EA per 1 days) PA
KEVEYIS	4	QL (4 EA per 1 days) PA LA
<i>Cariostatic Agents</i>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>Complement Inhibitors</i>		
CINRYZE	4	PA
HAEGARDA	4	PA
<i>icatibant acetate</i>	4	PA
ORLADEYO CAPS 110MG	4	QL (1 EA per 1 days) PA
<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

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Drug Name	Drug Tier	Requirements/Limits
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

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
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 80	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

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
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
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 INJ 40MG/0.4ML	4	QL (1 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT INJ 20MG/0.2ML	4	QL (2 EA per 28 days) PA
YUFLYMA CD/UC/HS STARTER	4	QL (3 EA per 180 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>Immunomodulatory Agents</i>		
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</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

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
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

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>Immunosuppressive Agents</i>		
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
<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>engraf caps 100mg, 25mg</i>	1	B/D MO
<i>engraf 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

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Drug Name	Drug Tier	Requirements/Limits
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

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
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
<i>levocarnitine sf</i>	1	MO
<i>levocarnitine soln, tabs</i>	1	MO
LODOCO	3	QL (1 EA per 1 days) PA MO
<i>metyrosine</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

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
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
<i>Protective Agents</i>		
<i>dexrazoxane</i>	4	
MESNEX TABS	4	
Nonhormonal Contraceptives		
<i>Nonhormonal Contraceptives</i>		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	QL (1 EA per 365 days)
Oxytocics		
<i>Oxytocics</i>		
<i>mifepristone tabs 200mg</i>	1	QL (1 EA per 1 days)
Respiratory Tract Agents		

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>Anti-inflammatory Agents</i>		
<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
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
<i>Antifibrotic Agents</i>		
OFEV	4	QL (2 EA per 1 days) PA MO
<i>pirfenidone caps</i>	4	QL (9 EA per 1 days) 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.

Drug Name	Drug Tier	Requirements/Limits
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
<i>Antitussives</i>		
<i>promethazine/codeine</i>	5	QL (420 ML per 30 days) ED
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
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
<i>Mucolytic Agents</i>		
PULMOZYME	4	QL (150 ML per 30 days) B/D MO
<i>Phosphodiesterase Type 4 Inhibitors</i>		

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>roflumilast tabs 500mcg</i>	1	PA MO
<i>roflumilast tabs 250mcg</i>	1	QL (1 EA per 1 days) PA MO
<i>Respiratory Tract Agents, Miscellaneous</i>		
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
<i>Vasodilating Agents</i>		
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		
<i>Anti-infectives</i>		
<i>klayesta</i>	1	
<i>Anti-inflammatory Agents</i>		

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>fluocinolone acetonide topical</i>	1	
<i>kourzeq</i>	1	
<i>Antipruritics and Local Anesthetics</i>		
<i>lidocaine hcl jelly gel 2%</i>	1	QL (60 ML per 30 days)
<i>premium lidocaine</i>	1	QL (70.88 GM per 30 days)
<i>Skin and Mucous Membrane Agents, Misc</i>		
<i>nitroglycerin oint 0.4%</i>	3	QL (30 GM per 30 days)
Skin and Mucous Membrane Preparations		
<i>Anti-infectives</i>		
<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	

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>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>ketoconazole crea 2%</i>	1	
<i>ketoconazole sham 2%</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	
<i>Anti-inflammatory Agents</i>		
<i>ala-cort</i>	1	

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>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<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 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	

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>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>		

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
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>Cell Stimulants and Proliferants</i>		
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)
<i>Depigmenting and Pigmenting Agents</i>		
<i>methoxsalen</i>	1	
<i>Emollients, Demulcents, and Protectants</i>		
<i>ammonium lactate</i>	1	

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>Skin and Mucous Membrane Agents, Misc</i>		
<i>accutane</i>	1	PA
<i>acitretin</i>	1	
ADBRY	4	QL (6 ML per 28 days) PA MO
<i>amnesteam</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

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>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
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		

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>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>trospium chloride</i>	1	QL (2 EA per 1 days) MO
<i>trospium 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		

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>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>	11
<i>abacavir sulfate</i>	11
<i>abacavir sulfate/lamivudine</i>	11
<i>abacavir sulfate/lamivudine/zidovudine</i>	11
ABELCET	8
ABILIFY ASIMTUFII	74
ABILIFY MAINTENA	75
ABILIFY MYCITE	75
ABILIFY MYCITE MAINTENANCE KIT	75
ABILIFY MYCITE STARTER KIT	75
<i>abiraterone acetate</i>	18
ABRAXANE	18
ABRYSVO	36
<i>acamprosate calcium dr</i>	72
<i>acarbose</i>	107
<i>accutane</i>	148
<i>acebutolol hcl</i>	49
<i>acebutolol hydrochloride</i>	49
<i>acetaminophen/codeine</i>	58
<i>acetaminophen/codeine phosphate</i>	57
<i>acetazolamide</i>	97
<i>acetazolamide er</i>	96
<i>acetazolamide sodium</i>	97
<i>acetic acid</i>	97
<i>acetylcysteine</i>	128

Drug Name	Page #
<i>acitretin</i>	148
ACTEMRA	130
ACTEMRA ACTPEN	130
ACTHAR	125
ACTHIB	36
ACTIMMUNE	134
<i>acyclovir</i>	11
<i>acyclovir</i>	143
<i>acyclovir sodium</i>	11
ADACEL	36
ADBRY	148
<i>adefovir dipivoxil</i>	11
ADEMPAS	142
<i>adriamycin</i>	18
ADTHYZA	126
ADVAIR HFA	41
<i>afirmelle</i>	114
AIMOVIG	68
AKEEGA	18
<i>ala-cort</i>	144
<i>albendazole</i>	1
<i>albuterol sulfate</i>	41
ALBUTEROL SULFATE HFA	41
<i>alclometasone dipropionate</i>	145
ALCOHOL PREP PADS	83
ALDURAZYME	93
ALECENSA	18
<i>alendronate sodium</i>	128
<i>alfuzosin hcl er</i>	41
ALIQOPA	18
<i>aliskiren</i>	55

Drug Name	Page #
<i>allopurinol</i>	128
<i>alogliptin</i>	107
<i>alogliptin/metformin hcl</i>	107
<i>alogliptin/metformin hydrochloride</i>	107
<i>alogliptin/pioglitazone</i>	107
<i>alose tron hydrochloride</i>	98
<i>alprazolam</i>	71
<i>alprazolam intensol</i>	71
<i>altavera</i>	114
ALUNBRIG	18
<i>alyacen 1/35</i>	114
<i>alyacen 7/7/7</i>	114
<i>alyq</i>	56
<i>amabelz</i>	122
<i>amantadine hcl</i>	70
<i>amantadine hydrochloride</i>	70
<i>ambrisentan</i>	142
<i>amcinonide</i>	145
<i>amethia</i>	114
<i>amethyst</i>	114
<i>amikacin sulfate</i>	1
<i>amiloride hcl</i>	88
<i>amiloride hydrochloride</i>	88
<i>amiloride/hydrochlorothiazid e</i>	88
<i>aminophylline</i>	150
AMINOSYN II	85
AMINOSYN-PF 7%	85
<i>amiodarone hcl</i>	53
<i>amiodarone hydrochloride</i>	53
<i>amitriptyline hcl</i>	75

Drug Name	Page #
<i>amitriptyline hydrochloride</i>	75
<i>amlodipine besylate</i>	51
<i>amlodipine besylate/atorvastatin calcium</i>	51
<i>amlodipine besylate/benazepril hcl</i>	51
<i>amlodipine besylate/benazepril hydrochloride</i>	51
<i>amlodipine besylate/valsartan</i>	51
<i>amlodipine/olmesartan medoxomil</i>	51
<i>amlodipine/valsartan/hydroc hlorothiazide</i>	51
<i>ammonium lactate</i>	147
<i>amnestem</i>	148
<i>amoxapine</i>	75
<i>amoxicillin</i>	1
<i>amoxicillin/clavulanate potassium</i>	1
<i>amoxicillin/clavulanate potassium er</i>	1
<i>amphetamine/dextroampheta mine</i>	62
<i>amphotericin b</i>	8
<i>amphotericin b liposome</i>	8
<i>ampicillin</i>	1
<i>ampicillin sodium</i>	1
<i>ampicillin/sulbactam</i>	1
<i>ampicillin-sulbactam</i>	1
<i>anagrelide hydrochloride</i>	43
<i>anastrozole</i>	122

Drug Name	Page #
ANDRODERM	106
ANORO ELLIPTA	38
<i>apomorphine hydrochloride</i>	70
<i>apraclonidine</i>	97
<i>aprepitant</i>	99
<i>apri</i>	114
APTIOM	63
APTIVUS	11
ARALAST NP	142
<i>aranelle</i>	114
ARANESP ALBUMIN FREE	45
ARAZLO	148
ARCALYST	137
AREXVY	36
<i>arformoterol tartrate</i>	41
<i>argatroban</i>	43
ARIKAYCE	1
<i>aripiprazole</i>	75
<i>aripiprazole odt</i>	75
ARISTADA	75
<i>armodafinil</i>	62
ARMONAIR DIGIHALER	104
ARMOUR THYROID	126
ARNUITY ELLIPTA	104
<i>arsenic trioxide</i>	19
<i>ascomp/codeine</i>	58
<i>asenapine maleate sl</i>	75
<i>ashlyna</i>	114
<i>aspirin/dipyridamole</i>	43
<i>aspirin/dipyridamole er</i>	43
ASTAGRAF XL	136

Drug Name	Page #
<i>atazanavir</i>	11
<i>atazanavir sulfate</i>	11
<i>atenolol</i>	49
<i>atenolol/chlorthalidone</i>	49
ATGAM	136
<i>atomoxetine</i>	73
<i>atomoxetine hydrochloride</i>	72
<i>atorvastatin calcium</i>	48
<i>atovaquone</i>	10
<i>atovaquone/proguanil hcl</i>	10
ATROPINE SULFATE	38
ATROPINE SULFATE	98
ATROVENT HFA	38
<i>aubra</i>	114
<i>aubra eq</i>	114
AUGTYRO	19
<i>aurovela 1.5/30</i>	114
<i>aurovela 1/20</i>	115
<i>aurovela 24 fe</i>	115
<i>aurovela fe 1.5/30</i>	115
<i>aurovela fe 1/20</i>	115
AUSTEDO	82
AUVELITY	75
AVASTIN	19
<i>aviane</i>	115
AVONEX	134
AVONEX PEN	134
AVSOLA	130
<i>ayuna</i>	115
AYVAKIT	19
<i>azacitidine</i>	19
<i>azasan</i>	136

Drug Name	Page #
<i>azathioprine</i>	136
<i>azelastine hcl</i>	96
<i>azelastine hydrochloride</i>	96
<i>azithromycin</i>	1
<i>aztreonam</i>	1
<i>azurette</i>	115
<i>bac</i>	58
<i>bacitracin</i>	93
<i>bacitracin/polymyxin b</i>	93
<i>baclofen</i>	40
<i>balsalazide disodium</i>	98
BALVERSA	19
<i>balziva</i>	115
BAQSIMI ONE PACK	113
BAQSIMI TWO PACK	113
BARACLUDGE	11
BASAGLAR KWIKPEN	107
BAVENCIO	19
BCG VACCINE	36
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	83
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	83
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	83
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	83

Drug Name	Page #
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	83
BELEODAQ	19
<i>benazepril hcl</i>	55
<i>benazepril hydrochloride</i>	55
<i>benazepril hydrochloride/hydrochlorothiazide</i>	55
<i>bendamustine hydrochloride</i>	19
BENLYSTA	136
BENZNIDAZOLE	10
<i>benztropine mesylate</i>	70
BESREMI	19
<i>betaine anhydrous</i>	137
<i>betamethasone dipropionate</i>	145
<i>betamethasone dipropionate augmented</i>	145
<i>betamethasone valerate</i>	145
BETASERON	134
<i>betaxolol hcl</i>	97
<i>bethanechol chloride</i>	39
<i>bexarotene</i>	19
<i>bexarotene</i>	148
BEXSERO	36
BEYFORTUS	11
<i>bicalutamide</i>	19
BICILLIN L-A	1
BIKTARVY	11
<i>bisoprolol fumarate</i>	49

Drug Name	Page #
<i>bisoprolol fumarate/hydrochlorothiazid e</i>	49
BIVIGAM	35
<i>bleomycin sulfate</i>	19
<i>blephamide s.o.p.</i>	95
<i>blisovi 24 fe</i>	115
<i>blisovi fe 1.5/30</i>	115
<i>blisovi fe 1/20</i>	115
BOOSTRIX	36
BORTEZOMIB	19
<i>bosentan</i>	142
BOSULIF	19
BOTOX	137
BRAFTOVI	20
BREO ELLIPTA	104
<i>brey-na</i>	104
BREZTRI AEROSPHERE	104
<i>briellyn</i>	115
BRILINTA	43
<i>brimonidine tartrate</i>	97
<i>brimonidine tartrate/timolol maleate</i>	97
<i>brinzolamide</i>	97
BRIVIACT	64
<i>bromocriptine mesylate</i>	70
BRONCHITOL	142
BRUKINSA	20
<i>budesonide</i>	105
<i>budesonide</i>	145
<i>budesonide/formoterol fumarate dihydrate</i>	105

Drug Name	Page #
<i>bumetanide</i>	88
<i>buprenorphine</i>	58
<i>buprenorphine hcl</i>	58
<i>buprenorphine hcl/naloxone hcl</i>	58
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	58
<i>bupropion hcl</i>	75
<i>bupropion hydrochloride</i>	76
<i>bupropion hydrochloride er (sr)</i>	76
<i>bupropion hydrochloride er (xl)</i>	76
<i>bupirone hcl</i>	71
<i>bupirone hydrochloride</i>	71
<i>busulfan</i>	20
<i>butalbital/acetaminophen</i>	59
<i>butalbital/acetaminophen/caf feine</i>	59
<i>butalbital/acetaminophen/caf feine/codeine</i>	59
<i>butalbital/aspirin/caffeine/co deine</i>	59
BYDUREON BCISE	107
BYETTA	107
BYLVAY	102
BYLVAY (PELLETS)	102
<i>cabergoline</i>	70
CABLIVI	43
CABOMETYX	20
<i>calcipotriene</i>	148

Drug Name	Page #
<i>calcitonin salmon</i>	124
<i>calcitonin-salmon</i>	124
<i>calcitrene</i>	148
<i>calcitriol</i>	151
<i>calcium acetate</i>	90
CALQUENCE	20
<i>camila</i>	115
<i>camrese</i>	115
<i>camrese lo</i>	115
CAMZYOS	53
<i>candesartan cilexetil</i>	55
<i>candesartan cilexetil/hydrochlorothiazide</i>	55
CAPASTAT SULFATE	9
CAPLYTA	76
CAPRELSA	20
<i>captopril</i>	55
<i>carbamazepine</i>	64
<i>carbamazepine er</i>	64
<i>carbidopa</i>	70
<i>carbidopa/levodopa</i>	70
<i>carbidopa/levodopa er</i>	70
<i>carbidopa/levodopa/entacapone</i>	70
<i>carboplatin</i>	20
<i>carglumic acid</i>	84
<i>carmustine</i>	20
<i>carteolol hcl</i>	97
<i>cartia xt</i>	51
<i>carvedilol</i>	49
<i>caspofungin acetate</i>	8
CAYSTON	2

Drug Name	Page #
<i>caziant</i>	115
<i>cefaclor</i>	2
<i>cefadroxil</i>	2
CEFAZOLIN	2
<i>cefazolin sodium</i>	2
<i>cefazolin sodium/dextrose</i>	2
<i>cefdinir</i>	2
<i>cefepime</i>	2
<i>cefepime hydrochloride</i>	2
<i>cefepime/dextrose</i>	2
<i>cefixime</i>	2
CEFOTAXIME SODIUM	2
<i>cefoxitin sodium</i>	2
<i>cefpodoxime proxetil</i>	2
<i>cefprozil</i>	2
<i>ceftazidime</i>	2
<i>ceftazidime/dextrose</i>	2
<i>ceftriaxone in iso-osmotic dextrose</i>	2
<i>ceftriaxone sodium</i>	3
<i>ceftriaxone/dextrose</i>	3
<i>cefuroxime axetil</i>	3
<i>cefuroxime sodium</i>	3
<i>celecoxib</i>	59
<i>cephalexin</i>	3
CERDELGA	137
CEREZYME	93
<i>cevimeline hydrochloride</i>	39
<i>charlotte 24 fe</i>	115
<i>chateal</i>	115
<i>chateal eq</i>	115
<i>chenodal</i>	101

Drug Name	Page #
<i>chloramphenicol sodium succinate</i>	3
<i>chlordiazepoxide hcl</i>	71
<i>chlordiazepoxide hydrochloride</i>	71
<i>chlordiazepoxide/amitriptyline</i>	76
<i>chlorhexidine gluconate</i>	93
<i>chloroquine phosphate</i>	10
<i>chlorothiazide sodium</i>	88
<i>chlorpromazine hcl</i>	76
<i>chlorpromazine hydrochloride</i>	76
<i>chlorthalidone</i>	88
<i>chlorzoxazone</i>	40
CHOLBAM	102
<i>cholestyramine</i>	48
<i>cholestyramine light</i>	48
<i>ciclodan</i>	143
<i>ciclopirox</i>	143
<i>ciclopirox nail lacquer</i>	143
<i>ciclopirox olamine</i>	143
<i>cidofovir</i>	11
<i>cilostazol</i>	43
CIMDUO	12
<i>cimetidine</i>	100
<i>cimetidine hcl</i>	100
<i>cimetidine hydrochloride</i>	100
CIMZIA	130
CIMZIA STARTER KIT	130
<i>cinacalcet hydrochloride</i>	124
CINRYZE	130

Drug Name	Page #
<i>ciprofloxacin</i>	3
CIPROFLOXACIN	93
<i>ciprofloxacin hcl</i>	3
<i>ciprofloxacin hydrochloride</i>	3
<i>ciprofloxacin hydrochloride</i>	93
<i>ciprofloxacin i.v.-in d5w</i>	3
<i>ciprofloxacin/dexamethasone</i>	95
<i>cisplatin</i>	20
<i>citalopram</i>	76
<i>citalopram hydrobromide</i>	76
<i>cladribine</i>	20
<i>claravis</i>	148
<i>clarithromycin</i>	3
<i>clarithromycin er</i>	3
<i>clemastine fumarate</i>	17
<i>clindamycin hcl</i>	3
<i>clindamycin hydrochloride</i>	3
<i>clindamycin palmitate hydrochloride</i>	3
<i>clindamycin phosphate</i>	3
<i>clindamycin phosphate</i>	143
<i>clindamycin phosphate in d5w</i>	3
<i>clindamycin phosphate/dextrose</i>	3
CLINIMIX 4.25%/DEXTROSE 10%	85
CLINIMIX 4.25%/DEXTROSE 5%	85
CLINIMIX 5%/DEXTROSE 15%	85

Drug Name	Page #
CLINIMIX 5%/DEXTROSE 20%	85
CLINIMIX E 2.75%/DEXTROSE 5%	85
CLINIMIX E 4.25%/DEXTROSE 10%	86
CLINIMIX E 4.25%/DEXTROSE 5%	86
CLINIMIX E 5%/DEXTROSE 15%	86
CLINIMIX E 5%/DEXTROSE 20%	86
<i>clinisol sf 15%</i>	86
<i>clinolipid</i>	86
<i>clobazam</i>	64
<i>clobetasol propionate</i>	145
<i>clobetasol propionate e</i>	145
<i>clobetasol propionate emollient</i>	145
<i>clodan</i>	145
<i>clofarabine</i>	20
<i>clomipramine hcl</i>	76
<i>clomipramine hydrochloride</i>	76
<i>clonazepam</i>	64
<i>clonazepam odt</i>	64
<i>clonidine hcl</i>	54
<i>clonidine hydrochloride</i>	54
<i>clopidogrel</i>	43
<i>clorazepate dipotassium</i>	71
<i>clotrimazole</i>	143
<i>clotrimazole/betamethasone dipropionate</i>	143

Drug Name	Page #
<i>clovique</i>	104
<i>clozapine</i>	77
<i>clozapine odt</i>	76
COARTEM	10
<i>codeine sulfate</i>	59
<i>colchicine</i>	128
<i>colesevelam hydrochloride</i>	48
<i>colestipol hcl</i>	48
<i>colestipol hydrochloride</i>	48
<i>colistimethate sodium</i>	3
COMBIVENT RESPIMAT	41
COMETRIQ	20
COMPLERA	12
<i>compro</i>	77
<i>constulose</i>	84
COPIKTRA	20
CORLANOR	53
CORTISONE ACETATE	105
<i>cortrophin</i>	125
COSENTYX	131
COSENTYX	148
COSENTYX	148
SENSOREADY PEN	
COSENTYX UNOREADY	131
COTELLIC	20
CREON	101
CRESEMBA	8
<i>cromolyn sodium</i>	96
<i>cromolyn sodium</i>	140
<i>crotan</i>	144
<i>cryselle-28</i>	115

Drug Name	Page #
CURITY GAUZE PADS 2"X2" 12 PLY	83
CUVRIOR	104
<i>cyclafem 1/35</i>	115
<i>cyclafem 7/7/7</i>	115
<i>cyclobenzaprine hydrochloride</i>	40
<i>cyclopentolate hcl</i>	98
CYCLOPHOSPHAMIDE	20
<i>cycloserine</i>	9
CYCLOSET	108
<i>cyclosporine</i>	95
<i>cyclosporine</i>	136
<i>cyclosporine modified</i>	136
CYLTEZO	131
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	131
CYLTEZO STARTER PACKAGE FOR PSORIASIS	131
CYRAMZA	21
<i>cyred</i>	115
<i>cyred eq</i>	115
CYSTADROPS	98
CYSTAGON	137
CYSTARAN	98
<i>cytarabine</i>	21
<i>cytarabine aqueous</i>	21
<i>dacarbazine</i>	21
<i>dactinomycin</i>	21
<i>dalfampridine er</i>	137

Drug Name	Page #
<i>danazol</i>	106
DAPAGLIFLOZIN PROPANEDIOL	108
DAPAGLIFLOZIN PROPANEDIOL/METFOR MIN HYDROCHLORIDE	108
<i>dapsone</i>	9
DAPTACEL	36
<i>daptomycin</i>	3
DARAPRIM	10
<i>darunavir</i>	12
DARZALEX	21
DARZALEX FASPRO	21
<i>dasetta 1/35</i>	115
<i>dasetta 7/7/7</i>	115
<i>daunorubicin hydrochloride</i>	21
DAURISMO	21
DAYBUE	73
<i>daysee</i>	115
<i>deblitane</i>	116
<i>decitabine</i>	21
<i>deferasirox</i>	104
<i>deferiprone</i>	104
<i>deflazacort</i>	105
DELSTRIGO	12
<i>delyla</i>	116
DENGVAXIA	37
<i>dentagel</i>	129
DEPO-MEDROL	105
DEPO-SUBQ PROVERA 104	125
DESCOVY	12

Drug Name	Page #
<i>desipramine hcl</i>	77
<i>desipramine hydrochloride</i>	77
<i>desloratadine</i>	18
<i>desmopressin acetate</i>	125
<i>desogestrel/ethinyl estradiol</i>	116
<i>desonide</i>	145
<i>desvenlafaxine er</i>	77
<i>dexabliss</i>	105
<i>dexamethasone</i>	105
<i>dexamethasone 10-day dose pack</i>	105
<i>dexamethasone 13-day dose pack</i>	105
<i>dexamethasone 6-day dose pack</i>	105
<i>dexamethasone 6-day therapy pack</i>	105
<i>dexamethasone intensol</i>	105
<i>dexamethasone sodium phosphate</i>	95
<i>dexamethasone sodium phosphate</i>	105
<i>dexmethylphenidate hcl</i>	62
<i>dexmethylphenidate hydrochloride</i>	62
<i>dexrazoxane</i>	139
<i>dextroamphetamine sulfate</i>	62
<i>dextroamphetamine sulfate er</i>	62
<i>dextrose</i>	86
<i>dextrose 10%/nacl 0.45%</i>	90
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	90

Drug Name	Page #
<i>dextrose 10%</i>	86
<i>dextrose 10%/nacl 0.2%</i>	90
<i>dextrose 2.5%/nacl 0.45%</i>	90
<i>dextrose 25%</i>	86
<i>dextrose 30%</i>	86
<i>dextrose 5%</i>	86
<i>dextrose 5%/lactated ringers</i>	90
<i>dextrose 5%/nacl 0.2%</i>	90
<i>dextrose 5%/nacl 0.33%</i>	90
<i>dextrose 5%/nacl 0.45%</i>	90
<i>dextrose 5%/nacl 0.9%</i>	90
<i>dextrose 50%</i>	86
<i>dextrose 70%</i>	86
<i>dextrose/sodium chloride</i>	90
DIACOMIT	64
DIASTAT ACUDIAL	71
DIASTAT PEDIATRIC	71
<i>diazepam</i>	71
<i>diazepam intensol</i>	71
DIAZEPAM RECTAL GEL	71
<i>diazoxide</i>	114
<i>dichlorphenamide</i>	129
<i>diclofenac potassium</i>	59
<i>diclofenac sodium</i>	95
<i>diclofenac sodium</i>	145
<i>diclofenac sodium dr</i>	59
<i>diclofenac sodium er</i>	59
<i>dicloxacillin sodium</i>	3
<i>dicyclomine hcl</i>	38
<i>dicyclomine hydrochloride</i>	38
DIFICID	3
<i>difluprednate</i>	95

Drug Name	Page #
<i>digitek</i>	53
<i>digox</i>	53
<i>digoxin</i>	53
<i>dihydroergotamine mesylate</i>	41
<i>dilantin</i>	64
<i>dilantin infatabs</i>	64
DILANTIN-125	64
<i>diltiazem hcl</i>	51
<i>diltiazem hcl cd</i>	51
<i>diltiazem hcl er</i>	51
<i>diltiazem hydrochloride</i>	52
<i>diltiazem hydrochloride er</i>	51
<i>dilt-xr</i>	51
<i>dimethyl fumarate</i>	134
<i>dimethyl fumarate starterpack</i>	134
DIPENTUM	98
<i>diphenhydramine hcl</i>	17
<i>diphenhydramine hydrochloride</i>	17
<i>diphenoxylate hydrochloride/atropine sulfate</i>	99
<i>diphenoxylate/atropine</i>	99
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	36
<i>dipyridamole</i>	56
<i>disopyramide phosphate</i>	53
<i>disulfiram</i>	128
<i>divalproex sodium</i>	64
<i>divalproex sodium dr</i>	64

Drug Name	Page #
<i>divalproex sodium er</i>	64
<i>docetaxel</i>	21
<i>dofetilide</i>	53
DOJOLVI	86
<i>dolishale</i>	116
<i>donepezil hcl</i>	39
<i>donepezil hydrochloride</i>	40
<i>donepezil hydrochloride odt</i>	39
DOPTELET	46
<i>dorzolamide hcl</i>	97
<i>dorzolamide hcl/timolol maleate</i>	97
<i>dorzolamide hydrochloride</i>	97
<i>dotti</i>	122
DOVATO	12
<i>doxazosin</i>	47
<i>doxazosin mesylate</i>	47
<i>doxepin hcl</i>	77
<i>doxepin hydrochloride</i>	77
DOXEPIN HYDROCHLORIDE	147
<i>doxercalciferol</i>	151
<i>doxorubicin hcl</i>	21
<i>doxorubicin hydrochloride</i>	21
<i>doxorubicin hydrochloride liposomal</i>	21
<i>doxy 100</i>	4
<i>doxycycline</i>	4
<i>doxycycline hyclate</i>	4
<i>doxycycline monohydrate</i>	4
DRIZALMA SPRINKLE	77
<i>dronabinol</i>	99

Drug Name	Page #
<i>drospirenone/ethinyl estradiol</i>	116
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	116
DROXIA	21
<i>droxidopa</i>	42
<i>duloxetine hcl</i>	77
<i>duloxetine hydrochloride</i>	77
DUPIXENT	140
DUPIXENT	148
<i>duramorph</i>	59
<i>dutasteride</i>	127
<i>dxevo 11-day</i>	105
E.E.S. 400	4
<i>ec-naproxen</i>	59
<i>econazole nitrate</i>	144
EDURANT	12
<i>efavirenz</i>	12
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	12
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	12
EGRIFTA SV	126
ELAPRASE	93
<i>eletriptan hydrobromide</i>	68
ELIGARD	123
<i>elinest</i>	116
ELIQUIS	43
ELIQUIS STARTER PACK	43
ELMIRON	137
<i>eluryng</i>	116

Drug Name	Page #
EMCYT	21
EMEND	99
EMFLAZA	105
EMGALITY	68
<i>emoquette</i>	116
EMPLICITI	21
EMSAM	70
<i>emtricitabine</i>	12
<i>emtricitabine/tenofovir disoproxil</i>	12
<i>emtricitabine/tenofovir disoproxil fumarate</i>	12
EMTRIVA	13
<i>emverm</i>	1
<i>enalapril maleate</i>	55
<i>enalapril maleate/hydrochlorothiazide</i>	55
ENBREL	131
ENBREL MINI	131
ENBREL SURECLICK	131
ENDARI	137
<i>endocet</i>	59
ENGERIX-B	37
<i>enilloring</i>	116
<i>enoxaparin sodium</i>	44
<i>enpresse-28</i>	116
<i>enskyce</i>	116
ENSPRYNG	134
<i>entacapone</i>	70
<i>entecavir</i>	13
ENTRESTO	55
ENTYVIO	102

Drug Name	Page #
<i>enulose</i>	84
EPCLUSA	13
EPIDIOLEX	64
<i>epinastine hcl</i>	96
<i>epinephrine</i>	42
<i>epirubicin hcl</i>	21
<i>epitol</i>	64
EPIVIR HBV	13
<i>eplerenone</i>	55
EPRONTIA	64
ERAXIS	8
ERBITUX	21
<i>ergoloid mesylates</i>	41
ERIVEDGE	21
ERLEADA	22
<i>erlotinib hydrochloride</i>	22
<i>errin</i>	116
<i>ertapenem</i>	4
<i>ertapenem sodium</i>	4
ERWINASE	22
<i>ery-tab</i>	4
<i>erythrocin lactobionate</i>	4
<i>erythrocin stearate</i>	4
<i>erythromycin</i>	4
<i>erythromycin</i>	93
<i>erythromycin base</i>	4
<i>erythromycin dr</i>	4
<i>erythromycin ethylsuccinate</i>	4
<i>erythromycin lactobionate</i>	4
<i>escitalopram oxalate</i>	77
<i>esomeprazole magnesium</i>	100
<i>estarylla</i>	116

Drug Name	Page #
<i>estradiol</i>	122
<i>estradiol valerate</i>	122
<i>estradiol/norethindrone acetate</i>	122
ESTRING	122
<i>eszopiclone</i>	71
<i>ethambutol hydrochloride</i>	9
<i>ethosuximide</i>	64
<i>ethynodiol diacetate/ethinyl estradiol</i>	116
<i>etodolac</i>	59
<i>etonogestrel/ethinyl estradiol</i>	116
<i>etoposide</i>	22
<i>etravirine</i>	13
<i>euthyrox</i>	126
EVENITY	128
<i>everolimus</i>	22
<i>everolimus</i>	136
EVOTAZ	13
EVRYSDI	138
<i>exemestane</i>	122
EXKIVITY	22
EXONDYS 51	128
EXTAVIA	134
<i>ezetimibe</i>	48
<i>ezetimibe/simvastatin</i>	48
FABHALTA	137
FABRAZYME	93
<i>falmina</i>	116
<i>famciclovir</i>	13
<i>famotidine</i>	100
FANAPT	77

Drug Name	Page #
FANAPT TITRATION PACK	77
FARXIGA	108
FASENRA	140
FASENRA PEN	140
<i>fayosim</i>	116
<i>febuxostat</i>	128
<i>felbamate</i>	64
<i>felodipine er</i>	52
<i>femynor</i>	116
<i>fenofibrate</i>	48
<i>fenofibrate micronized</i>	48
<i>fenofibric acid dr</i>	48
<i>fentanyl</i>	60
<i>fentanyl citrate oral transmucosal</i>	59
FERRIPROX	104
FETZIMA	77
FETZIMA TITRATION PACK	78
FIASP	108
FIASP FLEXTOUCH	108
FIASP PENFILL	108
FILSPARI	138
<i>finasteride</i>	127
<i>fingolimod</i>	134
FINTEPLA	65
<i>finzala</i>	116
FIRDAPSE	138
FIRMAGON	123
FIRVANQ	4
<i>flac</i>	95

Drug Name	Page #
<i>flavoxate hcl</i>	150
FLEBOGAMMA DIF	35
<i>flecainide acetate</i>	53
<i>fluconazole</i>	8
<i>fluconazole in nacl</i>	8
<i>fluconazole in sodium chloride</i>	8
<i>flucytosine</i>	8
<i>fludarabine phosphate</i>	22
<i>fludrocortisone acetate</i>	105
<i>flunisolide</i>	95
<i>fluocinolone acetonide</i>	95
<i>fluocinolone acetonide</i>	145
<i>fluocinolone acetonide body</i>	145
<i>fluocinolone acetonide ear drops</i>	95
<i>fluocinolone acetonide scalp</i>	145
<i>fluocinolone acetonide topical</i>	143
<i>fluocinonide</i>	145
<i>fluocinonide emulsified base</i>	145
<i>fluoride</i>	129
<i>fluorometholone</i>	95
<i>fluorouracil</i>	22
<i>fluorouracil</i>	148
<i>fluoxetine dr</i>	78
<i>fluoxetine hydrochloride</i>	78
<i>fluphenazine decanoate</i>	78
<i>fluphenazine hcl</i>	78
<i>fluphenazine hydrochloride</i>	78
<i>flurbiprofen</i>	60
<i>flurbiprofen sodium</i>	95

Drug Name	Page #
<i>flutamide</i>	22
<i>fluticasone propionate</i>	95
<i>fluticasone propionate</i>	145
FLUTICASONE PROPIONATE/SALMETER OL	42
<i>fluticasone propionate/salmeterol diskus</i>	42
<i>fluvoxamine maleate</i>	78
FML	95
FML FORTE	95
FOLOTYN	22
<i>fondaparinux sodium</i>	44
FORTEO	124
<i>fosamprenavir calcium</i>	13
<i>fosfomycin tromethamine</i>	17
<i>fosinopril sodium</i>	55
<i>fosinopril sodium/hydrochlorothiazide</i>	55
<i>fosphenytoin sodium</i>	65
FOSRENOL	89
FOTIVDA	22
FREAMINE III	86
FRUZAQLA	22
FULPHILA	46
FULVESTRANT	23
<i>furosemide</i>	88
FUZEON	13
FYCOMPA	65
FYLNETRA	46
<i>gabapentin</i>	65
GALAFOLD	138

Drug Name	Page #
<i>galantamine hydrobromide</i>	40
<i>galantamine hydrobromide er</i>	40
GAMASTAN	35
GAMMAGARD LIQUID	35
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	35
GAMMAKED	35
GAMMAPLEX	35
GAMUNEX-C	35
<i>ganciclovir</i>	13
GARDASIL 9	37
<i>gatifloxacin</i>	93
GATTEX	102
<i>gavilyte-c</i>	101
<i>gavilyte-g</i>	101
<i>gavilyte-n/flavor pack</i>	101
GAVRETO	23
<i>gefitinib</i>	23
<i>gemcitabine hcl</i>	23
<i>gemcitabine hydrochloride</i>	23
<i>gemfibrozil</i>	48
<i>gemmily</i>	116
<i>generlac</i>	84
<i>engraf</i>	136
GENOTROPIN	126
GENOTROPIN MINIQUICK	126
<i>gentak</i>	93
<i>gentamicin sulfate</i>	5
<i>gentamicin sulfate</i>	94
<i>gentamicin sulfate</i>	144

Drug Name	Page #
<i>gentamicin sulfate pediatric</i>	4
<i>gentamicin sulfate/0.9% sodium chloride</i>	4
GENVOYA	13
GILENYA	134
GILOTRIF	23
<i>glatiramer acetate</i>	134
<i>glatopa</i>	134
GLEOSTINE	23
<i>glimepiride</i>	108
<i>glipizide</i>	109
<i>glipizide er</i>	108
<i>glipizide xl</i>	109
<i>glipizide/metformin hydrochloride</i>	109
GLUCAGEN HYPOKIT	114
GLUCAGON EMERGENCY KIT	114
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	114
<i>glycopyrrolate</i>	38
<i>glydo</i>	147
GLYXAMBI	109
<i>granisetron hcl</i>	99
<i>granisetron hydrochloride</i>	100
GRANIX	46
GRASTEK	35
<i>griseofulvin microsize</i>	8
<i>griseofulvin ultramicrosize</i>	8
<i>guanfacine er</i>	73
<i>guanfacine hydrochloride</i>	54

Drug Name	Page #
<i>guanfacine hydrochloride</i>	73
GVOKE HYPOPEN 1-PACK	114
GVOKE HYPOPEN 2-PACK	114
GVOKE KIT	114
GVOKE PFS	114
HAEGARDA	130
<i>hailey 1.5/30</i>	116
<i>hailey 24 fe</i>	116
<i>hailey fe 1.5/30</i>	116
<i>hailey fe 1/20</i>	116
HALAVEN	23
<i>halobetasol propionate</i>	145
<i>haloette</i>	116
<i>haloperidol</i>	78
<i>haloperidol decanoate</i>	78
<i>haloperidol lactate</i>	78
HAVRIX	37
<i>heather</i>	117
<i>heparin sodium</i>	44
HEPARIN SODIUM/D5W	44
HEPARIN SODIUM/DEXTROSE	44
<i>heparin sodium/nacl 0.45%</i>	44
<i>heparin sodium/sodium chloride</i>	44
<i>heparin sodium/sodium chloride 0.9%</i>	44
<i>heparin sodium/sodium chloride 0.9% premix</i>	44
HEPLISAV-B	37

Drug Name	Page #
HETLIOZ LQ	71
HIBERIX	37
HUMATROPE	126
HUMIRA	132
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	131
HUMIRA PEN	132
HUMIRA PEN-CD/UC/HS STARTER	132
HUMIRA PEN-PEDIATRIC UC STARTER PACK	132
HUMIRA PEN-PS/UV STARTER	132
<i>hydralazine hcl</i>	54
<i>hydralazine hydrochloride</i>	55
<i>hydrochlorothiazide</i>	88
<i>hydrocodone bitartrate/acetaminophen</i>	60
<i>hydrocodone/acetaminophen</i>	60
<i>hydrocodone/ibuprofen</i>	60
<i>hydrocortisone</i>	105
<i>hydrocortisone</i>	146
<i>hydrocortisone butyrate</i>	145
<i>hydrocortisone valerate</i>	146
<i>hydrocortisone/acetic acid</i>	95
<i>hydromorphone hcl</i>	60
<i>hydromorphone hydrochloride</i>	60
<i>hydroxychloroquine sulfate</i>	10
<i>hydroxyurea</i>	23
<i>hydroxyzine hcl</i>	71

Drug Name	Page #
<i>hydroxyzine hydrochloride</i>	71
<i>hydroxyzine pamoate</i>	71
HYFTOR	148
<i>ibandronate sodium</i>	129
IBRANCE	23
<i>ibu</i>	60
<i>ibuprofen</i>	60
<i>icatibant acetate</i>	130
<i>iclevia</i>	117
ICLUSIG	23
<i>icosapent ethyl</i>	48
<i>idarubicin hcl</i>	23
<i>idarubicin hydrochloride</i>	23
IDHIFA	23
<i>ifosfamide</i>	24
<i>imatinib mesylate</i>	24
IMBRUVICA	24
IMFINZI	24
<i>imipenem/cilastatin</i>	5
<i>imipramine hcl</i>	78
<i>imipramine hydrochloride</i>	78
<i>imiquimod</i>	148
IMOVAX RABIES (H.D.C.V.)	37
IMPAVIDO	10
INBRIJA	70
<i>incassia</i>	117
INCRELEX	126
INCRUSE ELLIPTA	38
<i>indapamide</i>	88
INFANRIX	36
INFLECTRA	132

Drug Name	Page #
INGREZZA	83
INLYTA	24
INQOVI	24
INREBIC	24
INSULIN ASPART	109
INSULIN ASPART FLEXPEN	109
INSULIN ASPART PENFILL	109
INSULIN ASPART PROTAMINE/INSULIN ASPART	109
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	110
INSULIN LISPRO	110
INSULIN LISPRO JUNIOR KWIKPEN	110
INSULIN LISPRO KWIKPEN	110
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	110
INTELENCE	13
INTRALIPID	86
INTRON A	24
<i>introvale</i>	117
INVEGA HAFYERA	78
INVEGA SUSTENNA	78
INVEGA TRINZA	78
IOPIDINE	98
IPOL INACTIVATED IPV	37
<i>ipratropium bromide</i>	38

Drug Name	Page #
<i>ipratropium bromide/albuterol sulfate</i>	42
<i>irbesartan</i>	55
<i>irbesartan/hydrochlorothiazide</i>	55
<i>irinotecan hydrochloride</i>	24
ISENTRESS	13
ISENTRESS HD	13
<i>isibloom</i>	117
ISOLYTE-P/DEXTROSE 5%	90
ISOLYTE-S	90
ISOLYTE-S PH 7.4	90
<i>isoniazid</i>	9
<i>isosorbide dinitrate</i>	57
<i>isosorbide mononitrate</i>	57
<i>isosorbide mononitrate er</i>	57
<i>isotonic gentamicin</i>	5
<i>isotretinoin</i>	148
<i>itraconazole</i>	8
<i>ivermectin</i>	1
IWILFIN	24
IXCHIQ	37
IXIARO	37
<i>jaimiess</i>	117
JAKAFI	24
<i>jantoven</i>	44
JANUMET	110
JANUMET XR	110
JANUVIA	110
JARDIANCE	110
<i>jasmiel</i>	117

Drug Name	Page #
<i>javygtor</i>	138
JAYPIRCA	24
<i>jencycla</i>	117
JEVTANA	24
JOENJA	135
<i>jolessa</i>	117
<i>juleber</i>	117
JULUCA	13
<i>junel 1.5/30</i>	117
<i>junel 1/20</i>	117
<i>junel fe 1.5/30</i>	117
<i>junel fe 1/20</i>	117
<i>junel fe 24</i>	117
JUXTAPID	48
JYLAMVO	25
JYNARQUE	88
JYNNEOS	37
<i>kaitlib fe</i>	117
<i>kalliga</i>	117
KALYDECO	141
<i>kariva</i>	117
<i>kcl 0.075%/d5w/nacl 0.45%</i>	90
<i>kcl 0.15%/d5w/nacl 0.2%</i>	90
KCL 0.15%/D5W/NACL 0.225%	90
<i>kcl 0.15%/d5w/nacl 0.45%</i>	90
<i>kcl 0.15%/d5w/nacl 0.9%</i>	91
<i>kcl 0.3%/d5w/nacl 0.45%</i>	91
<i>kcl 0.3%/d5w/nacl 0.9%</i>	91
<i>kelnor 1/35</i>	117
<i>kelnor 1/50</i>	117
<i>kemoplat</i>	25

Drug Name	Page #
KENALOG-10	105
KEPIVANCE	147
KERENDIA	55
<i>ketoconazole</i>	9
<i>ketoconazole</i>	144
<i>ketorolac tromethamine</i>	95
KEVEYIS	129
KEYTRUDA	25
KINERET	132
KINRIX	36
KISQALI	25
KISQALI FEMARA 200 DOSE	122
KISQALI FEMARA 400 DOSE	122
KISQALI FEMARA 600 DOSE	122
<i>klayesta</i>	142
<i>klor-con</i>	91
<i>klor-con 10</i>	91
<i>klor-con 8</i>	91
<i>klor-con m10</i>	91
<i>klor-con m15</i>	91
<i>klor-con m20</i>	91
KLOXXADO	74
KORLYM	110
KOSELUGO	25
<i>kourzeq</i>	143
KRAZATI	25
KRINTAFEL	10
<i>kurvelo</i>	117
KYLEENA	117

Drug Name	Page #
KYNMOBI	70
KYNMOBI TITRATION KIT	70
KYPROLIS	25
<i>labetalol hydrochloride</i>	49
<i>lacosamide</i>	65
<i>lactated ringers</i>	91
<i>lactulose</i>	84
LAGEVRIO	13
<i>lamivudine</i>	14
<i>lamivudine/zidovudine</i>	14
<i>lamotrigine</i>	65
<i>lamotrigine er</i>	65
<i>lamotrigine odt</i>	65
<i>lamotrigine starter kit/blue</i>	65
<i>lamotrigine starter kit/green</i>	65
<i>lamotrigine starter kit/orange</i>	65
LAMPIT	10
<i>lanreotide acetate</i>	125
<i>lansoprazole</i>	100
<i>lansoprazole odt</i>	100
<i>lanthanum carbonate</i>	89
LANTUS	110
LANTUS SOLOSTAR	110
<i>lapatinib ditosylate</i>	25
<i>larin 1.5/30</i>	117
<i>larin 1/20</i>	117
<i>larin 24 fe</i>	117
<i>larin fe 1.5/30</i>	117
<i>larin fe 1/20</i>	118
<i>larissia</i>	118
<i>latanoprost</i>	97

Drug Name	Page #
<i>layolis fe</i>	118
LAZANDA	60
<i>leena</i>	118
<i>leflunomide</i>	132
<i>lenalidomide</i>	25
LENVIMA 10 MG DAILY DOSE	25
LENVIMA 12MG DAILY DOSE	25
LENVIMA 14 MG DAILY DOSE	25
LENVIMA 18 MG DAILY DOSE	25
LENVIMA 20 MG DAILY DOSE	26
LENVIMA 24 MG DAILY DOSE	26
LENVIMA 4 MG DAILY DOSE	26
LENVIMA 8 MG DAILY DOSE	26
<i>lessina</i>	118
<i>letrozole</i>	123
<i>leucovorin calcium</i>	128
LEUKERAN	26
LEUKINE	46
LEUPROLIDE ACETATE	123
<i>levalbuterol</i>	42
<i>levalbuterol hcl</i>	42
<i>levalbuterol hydrochloride</i>	42
LEVALBUTEROL TARTRATE HFA	42
<i>levetiracetam</i>	66

Drug Name	Page #
<i>levetiracetam er</i>	65
<i>levetiracetam/sodium chloride</i>	66
<i>levobunolol hcl</i>	97
<i>levocarnitine</i>	138
<i>levocarnitine sf</i>	138
<i>levocetirizine dihydrochloride</i>	18
<i>levofloxacin</i>	5
<i>levofloxacin</i>	94
<i>levofloxacin in d5w</i>	5
<i>levoleucovorin</i>	128
<i>levoleucovorin calcium</i>	128
<i>levonest</i>	118
<i>levonorgestrel and ethinyl estradiol</i>	118
<i>levonorgestrel/ethinyl estradiol</i>	118
<i>levora 0.15/30-28</i>	118
<i>levo-t</i>	127
<i>levothyroxine sodium</i>	127
<i>levoxyl</i>	127
LEXIVA	14
LIBTAYO	26
<i>lidocaine</i>	147
<i>lidocaine hcl</i>	54
<i>lidocaine hcl</i>	127
<i>lidocaine hcl</i>	147
<i>lidocaine hcl in d5w</i>	53
<i>lidocaine hcl jelly</i>	143
<i>lidocaine hcl jelly</i>	147
<i>lidocaine hcl viscous</i>	98

Drug Name	Page #
<i>lidocaine hcl/dextrose</i>	54
<i>lidocaine hydrochloride</i>	127
<i>lidocaine hydrochloride</i>	147
<i>lidocaine hydrochloride viscous</i>	98
<i>lidocaine patch 5%</i>	147
<i>lidocaine viscous</i>	98
<i>lidocaine/prilocaine</i>	147
LILETTA	118
<i>lillow</i>	118
<i>lincomycin hcl</i>	5
<i>linezolid</i>	5
LINZESS	102
<i>liothyronine sodium</i>	127
<i>lisinopril</i>	56
<i>lisinopril/hydrochlorothiazid e</i>	56
LITHIUM	68
<i>lithium carbonate</i>	68
<i>lithium carbonate er</i>	68
LIVMARLI	102
LIVTENCITY	14
LO LOESTRIN FE	118
LODOCO	138
<i>lojaimiess</i>	118
LOKELMA	89
LONSURF	26
<i>loperamide hcl</i>	99
<i>loperamide hydrochloride</i>	99
<i>lopinavir/ritonavir</i>	14
<i>lorazepam</i>	72
<i>lorazepam intensol</i>	72

Drug Name	Page #
LORBRENA	26
<i>loryna</i>	118
<i>losartan potassium</i>	56
<i>losartan potassium/hydrochlorothiazide</i>	56
<i>lovastatin</i>	48
<i>low-ogestrel</i>	118
<i>loxapine</i>	78
<i>loxapine succinate</i>	78
<i>lo-zumandimine</i>	118
LUBIPROSTONE	102
LUCEMYRA	42
LUMAKRAS	26
LUMIGAN	97
LUMIZYME	93
LUMOXITI	26
LUPKYNIS	136
LUPRON DEPOT (1-MONTH)	123
LUPRON DEPOT (3-MONTH)	123
LUPRON DEPOT (4-MONTH)	123
LUPRON DEPOT (6-MONTH)	123
LUPRON DEPOT-PED (1-MONTH)	123
LUPRON DEPOT-PED (3-MONTH)	123
<i>lurasidone hydrochloride</i>	79
<i>lutra</i>	118

Drug Name	Page #
LYBALVI	79
<i>lyleg</i>	118
<i>lyllana</i>	123
LYNPARZA	26
LYSODREN	26
LYTGOBI	26
<i>lyza</i>	118
<i>magnesium sulfate</i>	66
<i>maraviroc</i>	14
<i>marlissa</i>	118
MARPLAN	79
MATULANE	27
<i>matzim la</i>	52
MAVYRET	14
MAXIDEX	95
MAYZENT	135
MAYZENT STARTER PACK	135
<i>meclizine hcl</i>	100
<i>meclizine hydrochloride</i>	100
<i>medroxyprogesterone acetate</i>	125
<i>mefloquine hcl</i>	10
<i>megestrol acetate</i>	125
MEKINIST	27
MEKTOVI	27
<i>meloxicam</i>	60
<i>melphalan hydrochloride</i>	27
<i>memantine hcl titration pak</i>	73
<i>memantine hydrochloride</i>	73
MENACTRA	37
<i>menest</i>	123
MENQUADFI	37

Drug Name	Page #
MENVEO	37
<i>mercaptapurine</i>	27
MEROPENEM	5
<i>meropenem/sodium chloride</i>	5
<i>merzee</i>	118
<i>mesalamine</i>	98
<i>mesalamine dr</i>	98
<i>mesalamine er</i>	98
MESNEX	139
<i>metformin hydrochloride</i>	111
<i>metformin hydrochloride er</i>	110
<i>methadone hcl</i>	61
<i>methadone hydrochloride</i>	61
<i>methadone hydrochloride intensol</i>	61
METHADOSE	61
<i>methadose sugar-free</i>	61
<i>methazolamide</i>	97
<i>methenamine hippurate</i>	17
<i>methimazole</i>	127
<i>methitest</i>	106
<i>methocarbamol</i>	40
<i>methotrexate</i>	27
<i>methotrexate sodium</i>	27
<i>methoxsalen</i>	147
<i>methsuximide</i>	66
<i>methyldopa</i>	55
<i>methylphenidate hydrochloride</i>	63
<i>methylphenidate hydrochloride cd</i>	62

Drug Name	Page #
<i>methylphenidate hydrochloride er</i>	63
<i>methylprednisolone</i>	106
<i>methylprednisolone dose pack</i>	105
<i>methylprednisolone sodium succinate</i>	105
<i>methylprednisolone sodiumsuccinate</i>	106
<i>metoclopramide hcl</i>	103
<i>metoclopramide hydrochloride</i>	103
<i>metolazone</i>	89
<i>metoprolol succinate er</i>	49
<i>metoprolol tartrate</i>	50
<i>metoprolol/hydrochlorothiazide</i>	50
<i>metronidazole</i>	10
<i>metronidazole</i>	144
<i>metronidazole vaginal</i>	144
<i>metyrosine</i>	138
<i>mexiletine hcl</i>	54
<i>mexiletine hydrochloride</i>	54
<i>mibelas 24 fe</i>	118
<i>micafungin</i>	9
<i>miconazole 3</i>	144
<i>microgestin 1.5/30</i>	118
<i>microgestin 1/20</i>	118
<i>microgestin 24 fe</i>	118
<i>microgestin fe 1.5/30</i>	118
<i>microgestin fe 1/20</i>	119
<i>midazolam hcl</i>	72

Drug Name	Page #
<i>midazolam hydrochloride</i>	72
<i>midodrine hcl</i>	42
<i>midodrine hydrochloride</i>	42
<i>mifepristone</i>	111
<i>mifepristone</i>	139
<i>migergot</i>	69
<i>miglitol</i>	111
<i>miglustat</i>	138
<i>mili</i>	119
<i>mimvey</i>	123
<i>minitran</i>	57
<i>minocycline hcl</i>	5
<i>minocycline hydrochloride</i>	5
<i>minoxidil</i>	55
MIRENA	119
<i>mirtazapine</i>	79
<i>mirtazapine odt</i>	79
<i>misoprostol</i>	100
<i>mitomycin</i>	27
<i>mitoxantrone hcl</i>	27
M-M-R II	37
<i>modafinil</i>	63
<i>moexipril hcl</i>	56
<i>molindone hydrochloride</i>	79
<i>mometasone furoate</i>	146
<i>mondoxyne nl</i>	5
<i>mono-lynyah</i>	119
<i>montelukast sodium</i>	140
<i>morgidox 1x100mg</i>	5
<i>morgidox 2x100mg</i>	5
<i>morphine sulfate</i>	61
<i>morphine sulfate er</i>	61

Drug Name	Page #
MOTEGRITY	102
MOUNJARO	111
MOVANTIK	103
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	5
<i>moxifloxacin hydrochloride</i>	5
<i>moxifloxacin hydrochloride</i>	94
MOZOBIL	46
MULPLETA	46
MULTAQ	54
<i>multiple electrolytes injection type 1</i>	91
<i>mupirocin</i>	144
<i>mutamycin</i>	27
MYALEPT	124
MYCAPSSA	125
<i>mycophenolate mofetil</i>	136
<i>mycophenolic acid dr</i>	136
MYFEMBREE	123
MYLOTARG	27
<i>myorisan</i>	148
MYRBETRIQ	150
<i>nabumetone</i>	61
<i>nadolol</i>	50
NAFCILLIN	6
<i>nafcillin sodium</i>	6
<i>nafrinse</i>	129
NAGLAZYME	93
<i>nalbuphine hcl</i>	61
<i>naloxone hcl</i>	74
<i>naloxone hydrochloride</i>	74

Drug Name	Page #
<i>naltrexone hcl</i>	74
<i>naltrexone hydrochloride</i>	74
<i>naproxen</i>	61
<i>naratriptan hcl</i>	69
NATACYN	94
NATAZIA	119
<i>nateglinide</i>	111
NATPARA	124
NAYZILAM	66
<i>nebivolol</i>	50
<i>nebivolol hydrochloride</i>	50
<i>necon 0.5/35-28</i>	119
<i>nefazodone hydrochloride</i>	79
<i>nelarabine</i>	27
<i>neomycin sulfate</i>	6
<i>neomycin/bacitracin/polymyxin</i>	94
<i>in</i>	
<i>neomycin/polymyxin/bacitracin</i>	94
<i>in</i>	
<i>neomycin/polymyxin/bacitracin</i>	94
<i>in zinc</i>	
<i>neomycin/polymyxin/bacitracin</i>	95
<i>in/hydrocortisone</i>	
<i>neomycin/polymyxin/dexamethasone</i>	96
<i>neomycin/polymyxin/gramicidin</i>	94
<i>neomycin/polymyxin/hc</i>	96
<i>neomycin/polymyxin/hydrocortisone</i>	96
<i>neo-polycin</i>	94
<i>neo-polycin hc</i>	95

Drug Name	Page #
NERLYNX	27
NEULASTA	46
NEUPRO	70
<i>nevirapine</i>	14
<i>nevirapine er</i>	14
NEXPLANON	119
<i>niacin er</i>	49
<i>nicardipine hcl</i>	52
<i>nicardipine hydrochloride</i>	52
NICOTROL INHALER	39
NICOTROL NS	39
<i>nifediac cc</i>	52
<i>nifedipine er</i>	52
<i>nikki</i>	119
<i>nilutamide</i>	27
NINLARO	27
NIPENT	27
<i>nitazoxanide</i>	10
<i>nitisinone</i>	138
<i>nitrofurantoin macrocrystals</i>	17
<i>nitrofurantoin monohydrate</i>	17
<i>nitrofurantoin monohydrate/macrocrystals</i>	17
<i>nitroglycerin</i>	57
<i>nitroglycerin</i>	143
<i>nitroglycerin transdermal</i>	57
NITYR	138
<i>nora-be</i>	119
NORDITROPIN FLEXPRO	126
<i>norelgestromin/ethinyl estradiol</i>	119
<i>norethindrone</i>	119

Drug Name	Page #
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	119
<i>norethindrone acetate</i>	125
<i>norethindrone acetate/ethinyl estradiol</i>	119
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	119
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	119
<i>norgestimate/ethinyl estradiol</i>	119
<i>norlyda</i>	119
<i>norlyroc</i>	119
NORMOSOL -R	91
NORMOSOL-M/D5W	91
NORMOSOL-R	91
NORPACE CR	54
<i>nortrel 0.5/35 (28)</i>	119
<i>nortrel 1/35</i>	119
<i>nortrel 7/7/7</i>	119
<i>nortriptyline hcl</i>	79
<i>nortriptyline hydrochloride</i>	79
NORVIR	14
NOVOLIN 70/30	111
NOVOLIN 70/30 FLEXPEN	111
NOVOLIN N	111
NOVOLIN N FLEXPEN	111
NOVOLIN R	111
NOVOLIN R FLEXPEN	111
NOVOLOG	111
NOVOLOG FLEXPEN	111

Drug Name	Page #
NOVOLOG FLEXPEN RELION	111
NOVOLOG MIX 70/30	111
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	111
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	111
NOVOLOG MIX 70/30 RELION	112
NOVOLOG PENFILL	112
NOVOLOG RELION	112
NOXAFIL	9
<i>np thyroid 120</i>	127
<i>np thyroid 15</i>	127
<i>np thyroid 30</i>	127
<i>np thyroid 60</i>	127
<i>np thyroid 90</i>	127
NUBEQA	27
NUCALA	140
NUEDEXTA	73
NULOJIX	136
NUPLAZID	79
NUTRILIPID	87
NUTROPIN AQ NUSPIN 10	126
NUTROPIN AQ NUSPIN 20	126
NUTROPIN AQ NUSPIN 5	126
<i>nyamyc</i>	144
<i>nylia 1/35</i>	120
<i>nylia 7/7/7</i>	120
<i>nymyo</i>	120
<i>nystatin</i>	9

Drug Name	Page #
<i>nystatin</i>	144
<i>nystatin/triamcinolone</i>	146
<i>nystatin/triamcinolone acetonide</i>	146
<i>nystop</i>	144
NYVEPRIA	46
OCALIVA	103
<i>ocella</i>	120
OCREVUS	135
OCTAGAM	35
<i>octreotide acetate</i>	125
ODACTRA	35
ODEFSEY	14
ODOMZO	28
OFEV	140
<i>ofloxacin</i>	94
OGSIVEO	28
OJJAARA	28
<i>olanzapine</i>	79
<i>olanzapine odt</i>	79
<i>olanzapine/fluoxetine</i>	79
<i>olmesartan medoxomil</i>	56
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	52
<i>olmesartan medoxomil/hydrochlorothiazide</i>	56
<i>olopatadine hcl</i>	98
<i>omega-3-acid ethyl esters</i>	49
<i>omeprazole</i>	101
<i>omeprazole dr</i>	101

Drug Name	Page #
OMNIPOD 5 G6 INTRO KIT (GEN 5)	83
OMNIPOD 5 G6 PODS (GEN 5)	84
OMNIPOD 5 G7 INTRO KIT (GEN 5)	84
OMNIPOD 5 G7 PODS (GEN 5)	84
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	84
OMNIPOD CLASSIC PODS (GEN 3)	84
OMNIPOD DASH INTRO KIT (GEN 4)	84
OMNIPOD DASH PDM KIT (GEN 4)	84
OMNIPOD DASH PODS (GEN 4)	84
OMNITROPE	126
<i>ondansetron hcl</i>	100
<i>ondansetron hydrochloride</i>	100
<i>ondansetron odt</i>	100
ONGENTYS	70
ONUREG	28
OPDIVO	28
OPFOLDA	138
<i>opium</i>	99
<i>opium tincture</i>	99
OPSUMIT	142
OPVEE	74
<i>oralone dental paste</i>	146
ORENCIA	132
ORENCIA CLICKJECT	132

Drug Name	Page #
ORFADIN	138
ORGOVYX	124
ORIAHNN	124
ORLISSA	124
ORKAMBI	141
ORLADEYO	130
ORLADEYO	137
ORSERDU	28
<i>orsythia</i>	120
<i>oseltamivir phosphate</i>	14
OSMOPREP	101
OTEZLA	132
OXACILLIN SODIUM	6
<i>oxaliplatin</i>	28
<i>oxandrolone</i>	107
OXBRYTA	45
<i>oxcarbazepine</i>	66
OXERVATE	98
<i>oxybutynin chloride</i>	150
<i>oxybutynin chloride er</i>	150
<i>oxycodone hcl</i>	61
OXYCODONE HCL ER	61
<i>oxycodone hydrochloride</i>	61
OXYCODONE HYDROCHLORIDE ER	61
<i>oxycodone/acetaminophen</i>	61
OXYCONTIN	62
OZEMPIC	112
<i>pacerone</i>	54
<i>paclitaxel</i>	28
<i>paclitaxel protein-bound particles</i>	28

Drug Name	Page #
<i>paliperidone er</i>	79
PALYNZIQ	93
<i>pamidronate disodium</i>	129
PANRETIN	148
<i>pantoprazole sodium</i>	101
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	139
<i>paraplatin</i>	28
<i>paricalcitol</i>	151
<i>paromomycin sulfate</i>	10
<i>paroxetine</i>	79
<i>paroxetine hcl</i>	79
<i>paroxetine hydrochloride</i>	80
PAXLOVID	14
<i>pazopanib hydrochloride</i>	28
PEDIARIX	37
PEDVAX HIB	37
<i>peg-3350/electrolytes</i>	101
<i>peg-3350/nacl/na bicarbonate/kcl</i>	101
PEGASYS	14
PEMAZYRE	28
<i>pemetrexed</i>	28
<i>pemetrexed disodium</i>	28
PENBRAYA	37
<i>penciclovir</i>	144
<i>penicillamine</i>	104
<i>penicillin g potassium</i>	6
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	6

Drug Name	Page #
<i>penicillin g sodium</i>	6
<i>penicillin v potassium</i>	6
PENTACEL	37
PENTAM 300	10
<i>pentamidine isethionate</i>	10
PENTASA	99
<i>pentoxifylline er</i>	47
<i>perindopril erbumine</i>	56
PERIOGARD	94
PERJETA	28
<i>permethrin</i>	144
<i>perphenazine</i>	80
<i>perphenazine/amitriptyline</i>	80
<i>phenazopyridine hydrochloride</i>	147
<i>phenelzine sulfate</i>	80
<i>phenobarbital</i>	72
<i>phenytek</i>	66
<i>phenytoin</i>	66
<i>phenytoin infatabs</i>	66
<i>phenytoin sodium</i>	66
<i>phenytoin sodium extended</i>	66
<i>philith</i>	120
PIFELTRO	15
<i>pilocarpine hcl</i>	97
<i>pilocarpine hydrochloride</i>	40
<i>pimozide</i>	80
<i>pimtrea</i>	120
<i>pindolol</i>	50
<i>pioglitazone hcl</i>	112
<i>pioglitazone hcl/metformin hcl</i>	112

Drug Name	Page #
<i>pioglitazone hydrochloride</i>	112
<i>piperacillin sodium/tazobactam sodium</i>	6
PIQRAY 200MG DAILY DOSE	29
PIQRAY 250MG DAILY DOSE	29
PIQRAY 300MG DAILY DOSE	29
<i>pirfenidone</i>	140
<i>pirmella 1/35</i>	120
<i>pirmella 7/7/7</i>	120
<i>piroxicam</i>	62
PLASMA-LYTE A	91
PLASMA-LYTE-148	91
PLEGRIDY	15
PLEGRIDY	135
PLEGRIDY STARTER PACK	15
<i>plenamine</i>	87
<i>plerixafor</i>	47
<i>pnv prenatal plus multivitamin + dha</i>	151
<i>podofilox</i>	149
<i>polycin</i>	94
<i>polymyxin b sulfate/trimethoprim sulfate</i>	94
POMALYST	29
<i>portia-28</i>	120
<i>posaconazole</i>	9
<i>posaconazole dr</i>	9
<i>potassium chloride</i>	92

Drug Name	Page #
<i>potassium chloride cr</i>	91
<i>potassium chloride er</i>	91
<i>potassium chloride sr</i>	91
<i>potassium chloride/dextrose</i>	92
POTASSIUM CHLORIDE/DEXTROSE/L ACTATED RINGERS	92
<i>potassium chloride/dextrose/sodium chloride</i>	92
<i>potassium chloride/sodium chloride</i>	92
<i>potassium citrate er</i>	84
PRALUENT	49
<i>pramipexole dihydrochloride</i>	70
<i>prasugrel</i>	44
<i>pravastatin sodium</i>	49
<i>praziquantel</i>	1
<i>prazosin hydrochloride</i>	47
PRED MILD	96
<i>prednicarbate</i>	146
<i>prednisolone</i>	106
PREDNISOLONE ACETATE	96
<i>prednisolone sodium phosphate</i>	96
<i>prednisolone sodium phosphate</i>	106
<i>prednisone</i>	106
<i>prefest</i>	123
<i>pregabalin</i>	66
PREHEVBRIO	37

Drug Name	Page #
PREMARIN	123
<i>premasol</i>	87
<i>premium lidocaine</i>	143
<i>prenatal</i>	151
PRETOMANID	9
<i>prevalite</i>	49
<i>prevident 5000 dry mouth</i>	129
<i>prevident fluoride</i>	129
<i>previfem</i>	120
PREVYMIS	15
PREZCOBIX	15
PREZISTA	15
PRIFTIN	9
<i>primaquine phosphate</i>	10
<i>primidone</i>	66
PRIORIX	37
PRIVIGEN	36
<i>probenecid</i>	92
<i>probenecid/colchicine</i>	92
<i>procainamide hcl</i>	54
<i>procainamide hydrochloride</i>	54
PROCALAMINE	87
<i>prochlorperazine</i>	80
<i>prochlorperazine edisylate</i>	80
<i>prochlorperazine maleate</i>	80
PROCRIT	46
<i>procto-med hc</i>	146
<i>procto-pak</i>	146
<i>proctosol hc</i>	146
<i>proctozone-hc</i>	146
<i>progesterone</i>	125
PROGLYCEM	114

Drug Name	Page #
PROGRAF	136
PROLASTIN-C	142
PROLEUKIN	29
PROLIA	129
PROMACTA	46
<i>promethazine hcl</i>	17
<i>promethazine hydrochloride</i>	18
<i>promethazine hydrochloride plain</i>	18
<i>promethazine vc</i>	18
<i>promethazine/codeine</i>	141
<i>promethazine/phenylephrine</i>	18
<i>propafenone hcl</i>	54
<i>propafenone hydrochloride</i>	54
<i>proparacaine hcl</i>	98
<i>propranolol hcl</i>	50
<i>propranolol hcl er</i>	50
<i>propranolol hydrochloride</i>	50
<i>propranolol hydrochloride er</i>	50
<i>propylthiouracil</i>	127
PROQUAD	37
PROSOL	87
<i>protriptyline hcl</i>	80
PULMOZYME	141
PURIXAN	29
<i>pyrazinamide</i>	9
<i>pyridostigmine bromide</i>	40
<i>pyridostigmine bromide er</i>	40
<i>pyrimethamine</i>	10
PYRUKYND	45
PYRUKYND TAPER PACK	45
QBREXZA	149

Drug Name	Page #
QINLOCK	29
QTERN	112
QUADRACEL	36
<i>quetiapine fumarate</i>	80
<i>quetiapine fumarate er</i>	80
<i>quinapril hydrochloride</i>	56
<i>quinapril/hydrochlorothiazide</i>	56
<i>quinidine gluconate cr</i>	54
<i>quinidine gluconate er</i>	54
<i>quinidine sulfate</i>	54
<i>quinine sulfate</i>	11
QVAR REDHALER	106
RABAVERT	37
<i>rabeprazole sodium</i>	101
RADICAVA	73
RADICAVA ORS	73
RADICAVA ORS STARTER KIT	73
RAGWITEK	35
<i>raloxifene hydrochloride</i>	123
<i>ramelteon</i>	72
<i>ramipril</i>	56
<i>ranolazine er</i>	54
<i>rasagiline mesylate</i>	70
RAVICTI	85
REBIF	135
REBIF REBIDOSE	135
REBIF REBIDOSE TITRATION PACK	135
REBIF TITRATION PACK	135
<i>reclipsen</i>	120

Drug Name	Page #
RECOMBIVAX HB	37
RECTIV	149
<i>regonol</i>	40
REGRANEX	149
RELENZA DISKHALER	15
RELISTOR	103
RELYVRIO	73
RENFLEXIS	133
<i>repaglinide</i>	112
REPATHA	49
REPATHA PUSHTRONEX SYSTEM	49
REPATHA SURECLICK	49
RETACRIT	47
RETEVMO	29
RETROVIR IV INFUSION	15
REVCOVI	93
REXULTI	80
REYATAZ	15
REYVOW	69
REZLIDHIA	29
REZUROCK	138
RHOPRESSA	97
RIABNI	29
<i>ribavirin</i>	15
RIDAURA	104
<i>rifabutin</i>	9
<i>rifampin</i>	9
<i>riluzole</i>	74
<i>rimantadine hydrochloride</i>	15
<i>ringers injection</i>	92
<i>ringers irrigation</i>	89

Drug Name	Page #
RINVOQ	133
<i>risedronate sodium</i>	129
<i>risperidone</i>	80
<i>risperidone er</i>	80
<i>risperidone odt</i>	80
<i>ritonavir</i>	15
RITUXAN	29
<i>rivastigmine tartrate</i>	40
<i>rivastigmine transdermal system</i>	40
<i>rivelsa</i>	120
<i>rizatriptan benzoate</i>	69
<i>rizatriptan benzoate odt</i>	69
ROCKLATAN	97
<i>roflumilast</i>	142
ROLVEDON	47
<i>romidepsin</i>	29
<i>ropinirole hcl</i>	70
<i>ropinirole hydrochloride</i>	70
<i>rosadan</i>	144
<i>rosuvastatin calcium</i>	49
ROTARIX	38
ROTATEQ	38
ROWEEPRA	66
ROZLYTREK	29
RUBRACA	30
<i>rufinamide</i>	66
RUKOBIA	15
RUXIENCE	30
RYDAPT	30
SAIZEN	126

Drug Name	Page #
SAIZENPREP RECONSTITUTIONKIT	126
<i>sajazir</i>	130
SANDOSTATIN LAR DEPOT	125
SANTYL	149
SAPHNELO	136
<i>sapropterin dihydrochloride</i>	138
SAVELLA	74
SAVELLA TITRATION PACK	74
<i>saxagliptin hydrochloride</i>	112
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	112
SCEMBLIX	30
<i>scopolamine</i>	100
SECUADO	80
<i>selegiline hcl</i>	70
<i>selegiline hydrochloride</i>	71
<i>selenium sulfide</i>	144
SELZENTRY	15
SEREVENT DISKUS	43
<i>sertraline hcl</i>	80
<i>sertraline hydrochloride</i>	80
<i>setlakin</i>	120
<i>sevelamer carbonate</i>	89
<i>sevelamer hydrochloride</i>	89
<i>sf</i>	130
<i>sf 5000 plus</i>	130
<i>sharobel</i>	120
SHINGRIX	38

Drug Name	Page #
SIGNIFOR	125
SIKLOS	30
<i>sildenafil</i>	57
<i>sildenafil citrate</i>	57
<i>silver sulfadiazine</i>	144
<i>simliya</i>	120
<i>simpesse</i>	120
SIMPONI	133
SIMPONI ARIA	133
SIMULECT	137
<i>simvastatin</i>	49
<i>sirolimus</i>	137
SIRTURO	10
SIVEXTRO	6
SKYCLARYS	138
SKYLA	120
SKYRIZI	103
SKYRIZI	149
SKYRIZI PEN	149
<i>sodium bicarbonate</i>	84
<i>sodium chloride</i>	92
<i>sodium chloride 0.45%</i>	92
<i>sodium chloride 0.9%</i>	89
SODIUM FLUORIDE	130
<i>sodium fluoride 1.1</i>	130
<i>sodium fluoride 5000 plus</i>	130
<i>sodium fluoride 5000 ppm</i>	130
<i>sodium fluoride 5000 ppm dry mouth</i>	130
<i>sodium oxybate</i>	74
<i>sodium phenylbutyrate</i>	85
<i>sodium polystyrene sulfonate</i>	89

Drug Name	Page #
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	101
SOFOSBUVIR/VELPATAS VIR	16
SOHONOS	139
<i>solifenacin succinate</i>	150
SOLTAMOX	123
SOLU-CORTEF	106
SOLU-MEDROL	106
SOMATULINE DEPOT	126
SOMAVERT	126
<i>sorafenib</i>	30
<i>sorafenib tosylate</i>	30
<i>sorine</i>	50
<i>sotalol hcl</i>	50
<i>sotalol hcl (af)</i>	50
<i>sotalol hcl af</i>	50
<i>sotalol hydrochloride</i>	50
<i>sotalol hydrochloride (af)</i>	50
<i>sotalol hydrochloride af</i>	50
SOTYLIZE	51
SPIRIVA RESPIMAT	39
<i>spironolactone</i>	56
<i>spironolactone/hydrochlorothiazide</i>	56
SPRAVATO 56MG DOSE	80
SPRAVATO 84MG DOSE	80
<i>sprintec 28</i>	120
SPRITAM	67
SPRYCEL	30
<i>sps</i>	89
<i>sronyx</i>	120

Drug Name	Page #
<i>ssd</i>	144
STAMARIL	38
<i>stavudine</i>	16
STELARA	103
STELARA	149
<i>sterile water for irrigation</i>	89
STIMUFEND	47
STIOLTO RESPIMAT	39
STIVARGA	30
STRENSIQ	93
<i>streptomycin sulfate</i>	6
STRIBILD	16
<i>subvenite</i>	67
<i>subvenite starter kit/blue</i>	67
<i>subvenite starter kit/green</i>	67
<i>subvenite starter kit/orange</i>	67
SUCRAID	93
<i>sucralfate</i>	101
<i>sulfacetamide sodium</i>	94
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	96
<i>sulfadiazine</i>	6
<i>sulfamethoxazole/trimethoprim</i>	6
<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>sulfasalazine</i>	6
<i>sulindac</i>	62
<i>sumatriptan</i>	69
<i>sumatriptan succinate</i>	69
<i>sumatriptan succinate refill</i>	69

Drug Name	Page #
<i>sunitinib malate</i>	30
SUNLENCA	16
<i>suprax</i>	6
<i>syeda</i>	120
SYMDEKO	141
SYMLINPEN 120	112
SYMLINPEN 60	113
SYMPAZAN	67
SYMPROIC	103
SYMTUZA	16
SYNAGIS	16
SYNAREL	124
SYNERCID	6
SYNJARDY	113
SYNJARDY XR	113
SYNRIBO	30
SYNTHROID	127
TABLOID	30
TABRECTA	30
<i>tacrolimus</i>	137
<i>tacrolimus</i>	149
<i>tadalafil</i>	57
TADLIQ	57
TAFINLAR	30
TAGRISSE	30
TAKHZYRO	130
TAKHZYRO	137
TALTZ	149
TALZENNA	30
<i>tamoxifen citrate</i>	123
<i>tamsulosin hydrochloride</i>	41
<i>tarina 24 fe</i>	120

Drug Name	Page #
<i>tarina fe 1/20</i>	120
<i>tarina fe 1/20 eq</i>	120
TARPEYO	106
TASIGNA	31
<i>tasimelteon</i>	72
TAVALISSE	45
TAVNEOS	137
<i>taysofy</i>	120
<i>tazarotene</i>	149
<i>tazicef</i>	6
<i>taztia xt</i>	52
TAZVERIK	31
TDVAX	36
TECENTRIQ	31
TEFLARO	7
TEGSEDI	128
<i>telmisartan</i>	56
<i>telmisartan/amlodipine</i>	52
<i>telmisartan/hydrochlorothiazide</i>	56
<i>temazepam</i>	72
<i>temixys</i>	16
<i>temsirolimus</i>	31
<i>tencon</i>	62
TENIVAC	36
<i>tenofovir disoproxil fumarate</i>	16
TEPMETKO	31
<i>terazosin hcl</i>	47
<i>terazosin hydrochloride</i>	47
<i>terbinafine hcl</i>	9
<i>terbinafine hydrochloride</i>	9
<i>terbutaline sulfate</i>	43

Drug Name	Page #
<i>terconazole</i>	144
<i>teriflunomide</i>	135
TERIPARATIDE	124
<i>testosterone</i>	107
<i>testosterone cypionate</i>	107
<i>testosterone enanthate</i>	107
<i>testosterone pump</i>	107
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	36
<i>tetrabenazine</i>	83
<i>tetracycline hydrochloride</i>	7
THALOMID	135
<i>theo-24</i>	150
<i>theophylline</i>	150
<i>theophylline er</i>	150
<i>thioridazine hcl</i>	80
<i>thiotepa</i>	31
<i>thiothixene</i>	81
THYMOGLOBULIN	137
<i>tiadylt er</i>	52
<i>tiagabine hydrochloride</i>	67
TIBSOVO	31
TICOVAC	38
<i>tigecycline</i>	7
<i>tilia fe</i>	120
<i>timolol maleate</i>	51
<i>timolol maleate</i>	97
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	97
<i>tinidazole</i>	11

Drug Name	Page #
<i>tiotropium bromide</i>	39
TIROSINT-SOL	127
<i>tis-u-sol</i>	89
TIVICAY	16
TIVICAY PD	16
<i>tizanidine hcl</i>	40
<i>tizanidine hydrochloride</i>	41
TOBRADEX	96
TOBRADEX ST	96
<i>tobramycin</i>	7
<i>tobramycin</i>	94
<i>tobramycin sulfate</i>	7
<i>tobramycin sulfate</i>	94
<i>tobramycin/dexamethasone</i>	96
<i>tolterodine tartrate</i>	150
<i>tolterodine tartrate er</i>	150
<i>topiramate</i>	67
<i>toposar</i>	31
<i>topotecan hcl</i>	31
<i>toremifene citrate</i>	123
<i>toremide</i>	89
TOUJEO MAX SOLOSTAR	113
TOUJEO SOLOSTAR	113
<i>tovet</i>	146
TPN ELECTROLYTES	92
TRACLEER	142
<i>tramadol hydrochloride</i>	62
<i>tramadol hydrochloride/acetaminophe n</i>	62
<i>trandolapril</i>	56
<i>tranexamic acid</i>	43

Drug Name	Page #
<i>tranylcypromine sulfate</i>	113
TRAVASOL	87
<i>travoprost</i>	97
<i>trazodone hydrochloride</i>	81
TRECATOR	10
TRELEGY ELLIPTA	106
TRELSTAR MIXJECT	124
<i>treprostinil</i>	142
<i>tretinoin</i>	31
<i>tretinoin</i>	147
<i>trexall</i>	31
<i>tri femynor</i>	121
<i>triamcinolone acetonide</i>	106
<i>triamcinolone acetonide</i>	146
<i>triamcinolone acetonide dental paste</i>	146
<i>triamterene</i>	89
<i>triamterene/hydrochlorothiazide</i>	89
<i>triderm</i>	146
<i>trientine hydrochloride</i>	104
<i>tri-estarylla</i>	121
<i>trifluoperazine hcl</i>	81
<i>trifluoperazine hydrochloride</i>	81
<i>trifluridine</i>	94
<i>trihexyphenidyl hcl</i>	71
<i>trihexyphenidyl hydrochloride</i>	71
TRIJARDY XR	113
TRIKAFTA	141
<i>tri-legest fe</i>	121
<i>tri-linyah</i>	121

Drug Name	Page #
<i>tri-lo-estarylla</i>	121
<i>tri-lo-marzia</i>	121
<i>tri-lo-mili</i>	121
<i>tri-lo-sprintec</i>	121
<i>trimethoprim</i>	17
<i>trimethoprim sulfate/polymyxin b sulfate</i>	94
<i>tri-mili</i>	121
<i>trimipramine maleate</i>	81
TRINTELLIX	81
<i>tri-nymyo</i>	121
<i>tri-previfem</i>	121
<i>tri-sprintec</i>	121
TRIUMEQ	16
TRIUMEQ PD	16
<i>trivora-28</i>	121
<i>tri-vylibra</i>	121
<i>tri-vylibra lo</i>	121
TRIZIVIR	17
TROPHAMINE	88
<i>trospium chloride</i>	150
<i>trospium chloride er</i>	150
TRULICITY	113
TRUMENBA	38
TRUQAP	31
TRUSELTIQ	31
TRUXIMA	31
TUKYSA	31
<i>tulana</i>	121
TURALIO	32
<i>turqoz</i>	121
TWINRIX	38

Drug Name	Page #
<i>tyblume</i>	121
TYBOST	139
<i>tydemy</i>	121
TYKERB	32
TYMLOS	125
TYPHIM VI	38
TYSABRI	135
UBRELVY	69
UDENYCA	47
UDENYCA	47
UDENYCA ONBODY	47
<i>unithroid</i>	127
<i>ursodiol</i>	101
UZEDY	81
<i>valacyclovir hydrochloride</i>	17
VALCHLOR	149
<i>valganciclovir</i>	17
<i>valganciclovir hydrochloride</i>	17
<i>valproate sodium</i>	67
<i>valproic acid</i>	67
<i>valsartan</i>	56
<i>valsartan/hydrochlorothiazid e</i>	56
VALTOCO 10 MG DOSE	67
VALTOCO 15 MG DOSE	67
VALTOCO 20 MG DOSE	67
VALTOCO 5 MG DOSE	67
VANCOMYCIN	7
VANCOMYCIN HCL	7
<i>vancomycin hydrochloride</i>	7

Drug Name	Page #
VANCOMYCIN HYDROCHLORIDE/DEXT ROSE	7
<i>vandazole</i>	144
VANFLYTA	32
VAQTA	38
<i>varenicline starting month box</i>	39
<i>varenicline tartrate</i>	39
VARIVAX	38
VARIZIG	36
VECTIBIX	32
<i>velivet</i>	121
VELPHORO	89
VELTASSA	89
VENCLEXTA	32
VENCLEXTA STARTING PACK	32
VENLAFAXINE BESYLATE ER	81
<i>venlafaxine hcl</i>	81
<i>venlafaxine hydrochloride</i>	81
<i>venlafaxine hydrochloride er</i>	81
VENTAVIS	142
VEOZAH	74
<i>verapamil hcl</i>	52
<i>verapamil hcl er</i>	52
<i>verapamil hcl sr</i>	52
<i>verapamil hydrochloride</i>	53
<i>verapamil hydrochloride er</i>	52
VEREGEN	149
VERKAZIA	96

Drug Name	Page #
VERQUVO	57
VERSACLOZ	82
VERZENIO	32
VESICARE LS	150
<i>vestura</i>	121
VIBERZI	103
VICTOZA	113
<i>vienva</i>	121
<i>vigabatrin</i>	68
<i>vigadrone</i>	68
<i>vigpoder</i>	68
VIIBRYD STARTER PACK	82
VIJOICE	139
<i>vilazodone hydrochloride</i>	82
<i>vinblastine sulfate</i>	32
<i>vincasar pfs</i>	32
<i>vincristine sulfate</i>	32
<i>vinorelbine tartrate</i>	32
<i>viorele</i>	121
VIRACEPT	17
VIREAD	17
VITRAKVI	32
VIZIMPRO	33
<i>volnea</i>	121
VONJO	33
<i>voriconazole</i>	9
VOSEVI	17
VOWST	139
VOXZOGO	139
VPRIV	93
VRAYLAR	82
VUITY	97

Drug Name	Page #
<i>vyfemla</i>	121
<i>vylibra</i>	121
VYNDAMAX	54
VYNDAQEL	54
VYXEOS	33
WAKIX	63
<i>warfarin sodium</i>	44
WELIREG	33
<i>wera</i>	121
<i>wixela inhub</i>	43
<i>wymzya fe</i>	122
XALKORI	33
XARELTO	44
XARELTO STARTER PACK	44
XATMEP	33
XCOPRI	68
XDEMVI	95
XELJANZ	133
XELJANZ XR	133
XENLETA	8
XEOMIN	139
XERMELO	99
XGEVA	129
XIFAXAN	8
XIGDUO XR	113
XOLAIR	142
XOSPATA	33
XPOVIO 100 MG ONCE WEEKLY	33
XPOVIO 40 MG ONCE WEEKLY	33

Drug Name	Page #
XPOVIO 40 MG TWICE WEEKLY	33
XPOVIO 60 MG ONCE WEEKLY	33
XPOVIO 60 MG TWICE WEEKLY	33
XPOVIO 80 MG ONCE WEEKLY	34
XPOVIO 80 MG TWICE WEEKLY	34
XTANDI	34
<i>xulane</i>	122
XURIDEN	139
XYREM	74
XYWAV	74
<i>yargesa</i>	139
YERVOY	34
YF-VAX	38
YONDELIS	34
YONSA	34
YUFLYMA 1-PEN KIT	133
YUFLYMA 2-PEN KIT	133
YUFLYMA 2-SYRINGE KIT	133
YUFLYMA CD/UC/HS STARTER	133
<i>yuvafem</i>	123
<i>zafemy</i>	122
<i>zafirlukast</i>	140
<i>zaleplon</i>	72
ZALTRAP	34
ZANOSAR	34

Drug Name	Page #
<i>zarah</i>	122
ZARXIO	47
ZEGALOGUE	114
ZEJULA	34
ZELBORAF	34
ZEMAIRA	142
<i>zenatane</i>	149
ZENPEP	102
ZERBAXA	8
<i>zidovudine</i>	17
ZIEXTENZO	47
ZIMHI	74
ZINPLAVA	36
<i>ziprasidone hcl</i>	82
<i>ziprasidone hydrochloride</i>	82
<i>ziprasidone mesylate</i>	82
ZIRGAN	95
ZOKINVY	139
<i>zoledronic acid</i>	129
ZOLINZA	34
<i>zolmitriptan</i>	69
<i>zolmitriptan odt</i>	69
<i>zolpidem tartrate</i>	72
ZONISADE	68
<i>zonisamide</i>	68
ZORBTIVE	126
ZOSYN	8
<i>zovia 1/35</i>	122
<i>zovia 1/35e</i>	122
ZTALMY	68
<i>zumandimine</i>	122
ZURZUVAE	82

Drug Name	Page #
ZYDELIG	34
ZYKADIA	34
ZYPREXA RELPREVV	82



CareOregon Advantage Customer Service

Call: 503-416-4279 or toll-free 888-712-3258, TTY 711

Hours of operation:

8 a.m. to 8 p.m. seven days a week, October 1 to March 31

8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Formulary ID 24549, Version 13

This formulary was updated April 2024. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call TTY 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30, or visit careoregonadvantage.org/druglist.



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